Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2012 ca	endar year, or tax year beginning , and ending								
В	Check if a	applicable:	C Name of organization Korean Resource Center Inc D Em	ployer ide	entification number						
	Address	change	Doing Business As 95-387	79699	9						
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ephone nur	mber						
\equiv	Initial retu		900 S Crenshaw Blvd (323) 9	937-371	ρ						
=	Terminate		City, town or post office, state, and ZIP code	301-01 10	0						
=			ALCO CANADARIO	oss receipts	\$ 691.750						
=	Amended	171			001,700						
	Application	n pending	F Name and address of principal officer: H(a) Is this a gro								
			DAE J YOON 900 S CRANSHAW BLVD , LOS ANGELES, CA 90019 H(b) Are all affilia	ates include	ed? Yes No						
1 1	ax-exem	pt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," atta	ch a list. (s	see instructions)						
.1. \	Neheite	· • ww	w.krcla.org H(c) Group exem	nption num	ber ▶						
		rganization:		1983	M State of legal domicile: CA						
P	art I		mmary								
	1		escribe the organization's mission or most significant activities: To promote Korear	n history	and cultural						
			ation enhance Korean heritage in the Korean American commnity, provide social								
ce		services to the Korean community, empower the Korean American community through civic									
nar		educatio	on and civic participation, ensure community economic development and safe sanitary,								
Activities & Governance	2	Check th	his box I if the organization discontinued its operations or disposed of more than 2	25% of if	ts net assets.						
	3		of voting members of the governing body (Part VI, line 1a)	1	1						
	4		of independent voting members of the governing body (Part VI, line 1b)		1 14						
/itie	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)								
cti	6		mber of volunteers (estimate if necessary)	_							
Q.	7a		related business revenue from Part VIII, column (C), line 12								
	b		elated business taxable income from Form 990-T, line 34								
	D	ivet unit	Prior Y		Current Year						
	8	Contribu	tions and grants (Part VIII, line 1h)	439,30							
Revenue			service revenue (Part VIII, line 2g)	100,00	0 0						
	9		ent income (Part VIII, column (A), lines 3, 4, and 7d)		0 0						
Re	10		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,51	0						
	11		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	484,82							
	12	Occarto	and similar amounts paid (Part IX, column (A), lines 1–3).	404,02	0 000,027						
	13	Grants a	paid to or for members (Part IX, column (A), line 4)		0 0						
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	303,81	0						
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	303,6	12 375,511						
ens	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)	NO STORY	0						
Expenses	b	Total fur	draiding expended (i dir in a condition (2)) mis 20)	120 5	214 412						
ш	17	Other ex	openses (Part IX, column (A), lines 11a–11d, 11f–24e)	139,52							
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	443,33							
	19	Revenue	e less expenses. Subtract line 18 from line 12	41,49	The second secon						
Net Assets or Fund Balances			Beginning of C								
sset	20		sets (Part X, line 16)	852,76							
at A	21	Total liab	bilities (Part X, line 26)	282,67							
			ets or fund balances. Subtract line 21 from line 20	570,08	88 642,191						
Pa	art II	Sig	nature Block	of my knowl	ledge						
Und	er penalti	es of perjury	7. I declare that I have examined this return, including accompanying schedules and statements, and to the best of ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	v knowledc	re.						
anu	beller, it i	s tide, corre	A A N		4-2013						
Sig	gn			Date	7 2010						
He	re	1	Hee J Yoon A Chief Director								
			Type or print name and title								
_		Print	Type or print name and title /Type preparer's name Preparer's signature Date		PTIN						
D.	id	Filli	The file of the fi	Chec	ck if						
Pa		. SAN	NG HO YOO 10/28/201	1 0	employed P01441455						
	eparer	100	's name ► SANGHO YOO CPA AND COMPANY Firm's E	EIN ► 73	3-1637616						
US	e Only	V	's address ▶ 3435 WILSHIRE BLVD STE 1190, LOS ANGELES, CA 90010 Phone	no. 21	13-365-6603						
	u the Ir		s this return with the preparer shown above? (see instructions)		X Yes No						
IVId	y tile ir	13 discus	a una return mui une proparet enterni acerer (dee met acere).	2 60 8	1,00						

[⊃] art	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Χ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	i l		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	100 100 111 11 11 11 11 11 11 11 11 11 11 11		
	VII, VIII, IX, or X as applicable.	mak Paris	. 45	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ا ا	Ì	.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ا برا		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ا ا	V	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			U.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		V
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	125		V
	and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional.	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	$\overline{}$		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	, , , , ,	Ι	T \
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
16	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	×	
1Ω	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Par	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		i	[
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	i	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
Lyu	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		-	_
С		24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
d	Did the organization act as an on behalf of issuer to bonds outstanding at any time during the years.	Z4u		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			١.,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		Million.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
J	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ļ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	· ·	Х
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30	1	Х
	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
31		31		x
	Part I	<u> </u>	 	 ^`
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	32		X
	If "Yes," complete Schedule N, Part II	JZ		 ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		+^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	34		
	III, or IV, and Part V, line 1		 	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 -	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	254		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	Miller of the control	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

Form 9		3879699	F	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		444	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		4.5	. 1,19
_	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.		'	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ĺ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a		Х
b	If "Yes." enter the name of the foreign country:			
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	·- [,ii	7.7.	- 1 min
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1	l	
_	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).	- 19 m	1 y-v	k. ****
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	. 7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	. 7c	<u> </u>	X
d	If "Yes." indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3	? <u>7h</u>	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		i juli	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1 3	
	organization, have excess business holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.	"	1	
а	Did the organization make any taxable distributions under section 4966?	. 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter:	. arris d		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	- 1	1	ľ
а	Gross income from members or shareholders	 '		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	+	+-
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	 -	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	43-	+	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	X
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	-:		1
	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	 -		
С	Enter the amount of reserves on hand		-	·

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.

	Check if Schedule O contains a response to any question in this Part VI				
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	1	. 1	
	If there are material differences in voting rights among members of the governing body, or				ia.
	if the governing body delegated broad authority to an executive committee or similar		127		
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		1134	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	-		
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	supervision of officers, directors, or trustees, or key employees to a management company or othe	-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Χ_
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during		" '	- 1
	the year by the following:			ļ	
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Code.		r
	military and the standard standard and fillings		10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . If "Yes," did the organization have written policies and procedures governing the activities of such or such control or the control of the control	bantore	IUa	^	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	Х	
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	$\hat{}$	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ic iming the lotter.	"		1
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes."	1		-
C	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
	Did the organization have a written document retention and destruction policy?		14		X
14	Did the process for determining compensation of the following persons include a review and appro-	val by	*/#P*(*)	No. as	Walte.
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		***		
а	The organization's CEO, Executive Director, or top management official.		15a		Х
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			:
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?		16b		X
Sect	ion C. Disclosure	 .			
17	List the states with which a copy of this Form 990 is required to be filed CA	T (Section 501/5)/0	\o on!	ω.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	U-1 (Section 501(c)(3)s only	()	
	available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. X Upon request. Other (ex	plain in Schedule O)			
40	Own website Another's website X Upon request Other (ex Describe in Schedule O whether (and if so, how), the organization made its governing documents,				
19	policy, and financial statements available to the public during the tax year.	Commot Of Intelest			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
20	organization: Sangho Yoo	(213) 365-66	503		
	Organization. Physical Company of the Company of th	., /			

Page 7

ı	Office	550	(2.0	12)
	Рa	rt \	/11	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A.	Officers, Directors,	Trustees, Ke	y Employees,	, and Highest (Compensated	Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than one (D) (E) (F) (B) box, unless person is both an Reportable Reportable Estimated Name and Title Average compensation compensation hours per officer and a director/trustee) amount of week (list any from from related other Highest compensated employee Individual trustee Institutional trustee organizations compensation hours for the organization (W-2/1099-MISC) related employee from the (W-2/1099-MISC) organizations organization below dotted and related organizations 40.00 (1) HEE J YOON 40.00 Х 44,450 900 S CRANSHAW BLVD (7) (9) (11) (13)__. _____ (14)____

Page 8

P	art VII	Section A	. Offic	ers, D	irector	s, Tru	stees, Key Em	ploy	ees,	and	d Hi	ghes	t Co	ompensated En	ployees (conti	nued)	
		(A) Name an					(B) Average hours per	box	unle	Pos heck ss pe	erson Irrect	e than one of the state of the	h an tee)	(D) Reportable compensation	(E) Reportable compensation	{F Estim amou	ated
							week (list any hours for related organizations below dotted line)	or director	1	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth compen from organiz and re organiz	er sation the tation lated
(15)				.				1									
(16)								-									
(17)													İ				
(18)																	
(19)						-											
(20)																	
(21)									 								
(22)						1		-	 								
(23)								· · · ·									
(24)									<u> </u>	 							
(25)								_									
1b c	Sub-total Total from			eets t	o Part \		ction A						>	44,450 0 44,450			0
<u>d</u>	Total (add I	l ines 1b a l er of individ	nd 1c) duals (includ	ina but	not lin	nited to those li	sted a	abov	/e) v	vho	recei	ived	44,450 more than \$100		<u> </u>	U
	reportable o						>			0				· · · · · · · · · · · · · · · · · · ·		Ye	s No
3	Did the orga	anization li in line 1a?	st any If "Yes	forme	e r office nplete S	r, dire Schedu	ctor, or trustee, ule J for such ir	key e	emp ual .	loye	e, c			t compensated		3	X
4	For any indi	ividual liste	ed on li elated	ine 1a organ	, is the s	sum o s grea	f reportable co	mpen 000? <i>I</i>	isati 'f "Ye	on a es,"	con	nplete	e Sa	npensation from thedule J for suc	h	4	×
5	<i>individual</i> Did any per	son listed	on line	1a re	ceive o	г ассп	ue compensatio	on fro	m a	ny L	ınre	lated	org	anization or indi	vidual		. :
	for services tion B. Indep				ization?	γ II "Y∈	s," complete S	cnea	uie .	J 10f	Suc	in per	rsor	<u> </u>		5	X
1	Complete th	nis table fo	r vour	five hi	ighest c	ompe ort co	nsated indeper mpensation for	ndent the c	con	trac ndar	tors	that ar end	rece	eived more than with or within th	\$100,000 of e organization's	tax	
	<u> </u>			Name a	(A) nd busine	ess addr	ess							(B) Description of se	rvices	(C) Compensati	on
													-				0
													-				0
_																	0
2	Total number	er of inder	enden	t cont	ractors	(includ	ling but not lim	ited to	o the	se	liste	ed abo	l ove)	who received			0
-							organization	•				0				No. of the second secon	<i>i</i>

Part VIII Sta

Staten	ant	of R	PVP	nue
วาสเซเ	ıenı.	UI D	CVC	HUE

		Check if Schedule O contains	a response to a	iny question in th	nis Part VIII			
			The second secon	A Community of the comm	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
रवर्त सिक्ता	4.5	Endersted compaigns	1a	l n		revenue	Sidania: , week jarring / .	512, 513, or 514
ts tr	1a	Federated campaigns		0		all bases	AND PARTY OF THE P	
Grants	b	Membership dues		0	the state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Photogram of the Control of the	A COLUMN TO THE PROPERTY OF TH
S, A	C	Fundraising events		- 0	and the state of t		manufaction of the second	1 1 Corplete Shind before
Gifts, ilar An	d	Related organizations		0	a of software of the	Total Market 1		Zali statica ne
Sin.	е	Government grants (contributions		0			Secret Secretary	
er e	f	All other contributions, gifts, gran		000.050	Section 199		The state of the s	CONTINUE TO THE SAME AND A SAME A
d f		similar amounts not included abo			4 25	The state of the s	Hall want I Com	enddiall o' ark eus Avida (42 m)
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li		0	000.050	The section of the se	of the same of the	AMAZINE POR CONTRACTOR OF THE PARTY OF THE P
	h_	Total. Add lines 1a-1f	<u> </u>	Business Code	636,359		dikar, bered a	a military white and the company of
an e				Business Code			Control of the second section se	The second secon
Ve	2a				0	† · · · -		
až	b				0	 		
ž.	С				0	· · · · · · · · · · · · · · · · · · ·		
Ser	d				0			
Program Service Revenue	е				0	····		
og.	f	All other program service revenue			0		ALL	Marian Indiana Control
<u>-ā</u>	g	Total. Add lines 2a-2f		<u> </u>	0	and the second s	Ammus court Marco - 1	La basalis butteria bu tata
	3 4 5	Investment income (including divother similar amounts). Income from investment of tax-exerging Royalties.		ceeds	0			A QUICHES, 1777 A
				(ii) Personal	The second secon	age Military Months Court of the court of th	A South of September of September 19 and 19	Associated of Marie and Association
	6a	Gross rents	8,420		A company of the comp	and the control of the second	The second of th	Modellas organis de la constitución de la constituc
	b	Less: rental expenses			1 - Const And Themselfine	The state of the s		The second secon
	С	Rental income or (loss)	8,420	0	1.14	- 1 2 45 Partialization		Control of the Section of
	d	Net rental income or (loss)		· · · · · · · · ·	8,420			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	The second secon	Ville voorbel e hampfakki Ville voorbel e hampfakki	The second secon	and the second second
		assets other than inventory.	0	0	A constitution of the con-	To be a series of the contract		AND THE RESERVE OF THE PARTY OF
	b	Less: cost or other basis			and a principle	i maget Claffinh	The state of the s	The state of the s
		and sales expenses	0		Secretaria de la composición del composición de la composición de la composición del composición de la composición del composición	The state of the s	A CONTRACT OF THE CONTRACT OF	Market State of the Control of the C
	С	Gain or (loss)	0	0	and the second control of the second control	Common Control of the	Commence Sense	To the transfer of the second
	d	Net gain or (loss)		<u></u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	a	36,980	many of strong integrals	and grant of the property of t	Separation of the control of the con	The property of the control of the c
밭	b	Less: direct expenses		22,732	1	angushathidalam majanganligi et q 1 sl al 1 s	Control Control	Manual III
0	С	Net income or (loss) from fundrai		<u> ▶</u>	14,248	the Adel of Shinh hateless and "V"		Spindan . v
	9a	Gross income from gaming activi			1.1 11.2 (1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.	A contract contains to the set where the con-	The second secon	makin ali 1911 1914 1914 1914 1914
		See Part IV, line 19.		0	A A THE CONTRACT OF THE CONTRA		And the second of the second o	
	b	Less: direct expenses		0	Salar Sa			the production of the second
	С	Net income or (loss) from gaming	gactivities.	<u>, , , , , , , , , , , , , , , , , , , </u>	0	CPT P COMPANIES (Michigan Internal) profess (and the second s	. w=\mathread
	10a	Gross sales of inventory, less			and another the distance of the state of the	The transfer of the second of	And well and the second	A State of the sta
		returns and allowances		0	A new financial of the control of th			Marketing and the second secon
	b	Less: cost of goods sold		0	The second secon	A contract of the contract of	dependence programme que se se	new transfer and t
	C	Net income or (loss) from sales of	f inventory		C	The second secon		1.15.20.20.20.20.20.20.20.20.20.20.20.20.20.
		Miscellaneous Revenue		Business Code	Production (Vigilian Control to the Armonia C	Territorio de la companio del companio de la companio della compan	See See SEC. STILL SECTION SEEDS OF THE	The second secon
	11a				C	·		
	b				0	†		
	С				C	+		
	d	All other revenue			0	<u> </u>		
	е	Total. Add lines 11a-11d			0		Service of the servic	
	12	Total revenue. See instructions.		▶	659,027	1 0	0	0

Part IX Statement of Functional Expenses

2 - 2 - 10/10/ drid 30 1(0/14) organizations mast complete all columns. All other organizations must complete column (A)	Section 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All other organizations must complete column (A).
--	---	--

Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0 2 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 44,450 44,450 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 221,855 40,557 262,412 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 9 39,780 39,780 Payroll taxes 10 28,869 25,069 3,800 11 Fees for services (non-employees): a 5,874 5,874 b Legal. 4,590 3,450 1,140 C Accounting. 4,600 4,600 d Lobbying 0 Professional fundraising services. See Part IV, line 17 e 0 f Investment management fees 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 0 12 Advertising and promotion 1.662 1.662 13 Office expenses. 16.255 9.328 6.927 14 Information technology 0 15 Royalties 0 16 Occupancy 0 17 Travel 18,833 16,330 2,503 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 Conferences, conventions, and meetings. 19 0 20 Interest 3,000 3,000 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization. 0 0 9,354 9,354 23 0 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Community Support 4,457 4,457 2,500 b Internship & Stipend Expense 48,782 46,282 Meals & Special Events 12,130 1,514 C 13,644 Postage & Delivery d 4,792 18.693 13.901 All other expenses 14,879 64,668 49.789 Total functional expenses. Add lines 1 through 24e 500.837 89,086 589,923 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 563,183 542,328 1 Cash—non-interest-bearing.... 0 2 2 Savings and temporary cash investments 0 0 3 Pledges and grants receivable, net 38,104 850 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use . . . 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 255,806 264,160 10c 10b b 11 0 11 Investments—publicly traded securities. 0 12 12 Investments-other securities. See Part IV, line 11. 0 0 13 Investments—program-related. See Part IV, line 11 13 0 0 14 14 57,177 45.429 15 15 852,767 914,270 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,531 17 5,550 17 Accounts payable and accrued expenses. 18 18 Grants payable. 48,119 19 61,700 19 Deferred revenue. 20 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L. 215,429 23 23 Secured mortgages and notes payable to unrelated third parties. 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 0 25 272,079 282,679 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 562,191 540,088 27 Unrestricted net assets . . . 80,000 30,000 28 28 Temporarily restricted net assets 29 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here 9 complete lines 30 through 34. Net Assets 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 570,088 33 914,270 852,767 Total liabilities and net assets/fund balances.

Form 9	990 (2012) Korean Resource Center Inc	95-387	79699	Pag	e 12
Part					
n0	Check if Schedule O contains a response to any question in this Part XI	g 50 g 040	a .	. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		659	,027
2	Total expenses (must equal Part IX, column (A), line 25)	2	207		,923
3	Revenue less expenses. Subtract line 2 from line 1	3		69	,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 12	570	,088
5	Net unrealized gains (losses) on investments	5	- 2		0
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		555
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
128	column (B))	10	33 - 45	639	9,192
Part	XII Financial Statements and Reporting			1	
	Check if Schedule O contains a response to any question in this Part XII		40 (40		
K. 86				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		200	MAAA	linging .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		14.00 (A.00)	and the second	the transfer of
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	a * *	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		7.65		
	Separate basis X Consolidated basis Both consolidated and separate basis			1	
1-			2b	X	ar s
b	Were the organization's financial statements audited by an independent accountant?	¥ 0 ¥	20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			errer or and a	
	separate basis, consolidated basis, or both:		170,40 180,40 180,40 180,40	and terminal and	ide her
	Separate basis X Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1. 3.5 Mb. 11 . 2. 1925 41	2.0	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	0 0 0	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				2.0
	Schedule O.				*
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		8	1007.01	i i
	the Single Audit Act and OMB Circular A-133?	8 8 K	3a	_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			16. 30	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 1 2	3b	X	
			Form	990	(2012)

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172
2012
Attachment

nterna Revenue Service (9

► See separate instructions.

Attach to your tax return.

Sequence No. 179

	Name(s) shown on return Business or activity to which this form relates Identifying number							
	rean Resource Center Inc	990				95-3879699		
Pa			perty Under Section 1					
			lete Part V before you comp	lete Part I			-	
	Maximum amount (see instruction		F				1	500.000
	Total cost of section 179 property						2	1,000
	Threshold cost of section 179 prop	SHADO SECTOR S - PROVINCE IN SUBSTITUTE TO SUBSTITUTE OF S		2014/1900/00/00/00/00/00/00/00/00/00/00/00/00/		* * * * * *	3	2,000,000
	Reduction in limitation. Subtract lin					2 2 2	4	0
5	Dollar limitation for tax year. Subtr	act line 4 from li	ne 1 If zero or less, enter	-0 If married	filing			500.000
//	separately, see instructions	· ·		<u> </u>	9 9		5	500,000
6	(a) Description of	property	(b) C	ost (business use	only)	(c) Elected cos	st	y W
3						-		w 6 T
100								2.5
	Listed property. Enter the amount		8 8 2	27 D 20	7	<u> </u>	_	
	Total elected cost of section 179 p	and the part of a new will be a second occurrence and		3 and 7		9 8 9	8	0
	Tentative deduction. Enter the sm					2 3 9 9	9	0
	Carryover of disallowed deduction					8 8	10	
	Business income limitation. Enter				ne 5 (see instru	ictions)	11	
12	Section 179 expense deduction. A	kdd lines 9 and 1	0, but do not enter more the	nan line 11			12	0
	Carryover of disallowed deduction			8 8 9	▶ 13		0	
	te: Do not use Part II or Part III bel							
	rt II Special Depreciation					property.) (See	instr	uctions.)
14	Special depreciation allowance for	r qualified prope	rty (other than listed prope	rty) placed in	service			
	during the tax year (see instruction					W 1 5	14	500
15 Property subject to section 168(f)(1) election								
16	Other depreciation (including ACR	(S)					16	
			ude listed property.) (Se	ee instructio	ns.)			
			Section A			X		
17	MACRS deductions for assets pla	ced in service in	tax years beginning befor	e 2012		2 8 8	17	8,836
	If you are electing to group any as				re			
	general asset accounts, check her				anazar Ar al la			
_	Section B - Asse	ts Placed in Se	rvice During 2012 Tax Ye	ar Using the	General Denre	ciation System		
	0001011 B 77330	(b) Month and	(c) Basis for depreciation	ar osing the	Jeneral Bepre	Johann Gyotom	\Box	
	(a) Classification of property	year placed	(business/investment use	(d) Recovery	(a) Convention	(f) Mathod	(g) Depreciation deduction	
	(a) Crassification of property	in service	only—see instructions)	period	(e) Convention	(f) Method	(9) 50	spreciation deduction
19	a 3-year property	alug a danabaa ka	Olitysee illistractions)	-			_	
10	b 5-year property		· -				-	
-	c 7-year property		600	 7	MO	200DB	\vdash	18
<u>60</u>	d 10-year property		500	7	MQ	20006	1	
		Harry Level Store		1	10.000 BB (I		100	NB 1904-
	e 15-year property		3.00 3.50			*	100	
	f 20-year property		<u> </u>		F	0.11	7,510	<u> </u>
-	g 25-year property	T 7 1 7 77		25 yrs.	100	S/L	-	·
	h Residential rental			27 5 yrs	MM	S/L	—	
	property			27.5 yrs.	MM	S/L	_	
	i Nonresidential real			39 yrs.	MM	S/L_		
	property				MM	S/L		
		Placed in Serv	rice During 2012 Tax Year	Using the Al	ternative Dep	reciation Systen	n	
20	a Class life			2013		S/L		
	b 12-year			12 yrs.		S/L		
	c 40-year			40 yrs.	MM	S/L		10 (V - 40 (M) - 3)
-	rt IV Summary (See instru					5000		w 2000
	Listed property. Enter amount from		(4 5) (4 5)	8 31 19 91 1		A 12 10 A	21	192 2
22	Total. Add amounts from line 12, I	ines 14 through	17, lines 19 and 20 in colu	ımn (g), and lii	ne 21.			
	Enter here and on the appropriate					50 10 10 N M	22	9,354
23	For assets shown above and place	ed in service dui	ing the current year, enter	the portion				A company of the comp
of the basis attributable to section 263A costs								

(Rev. January 2008)

Application To Adopt, Change, or Retain a Tax Year

► See separate instructions.

OMB No 1545-0134

Attachment

Sequence No. 148

	rtment of the Treasury	► See separate i	nstructions.		Sequence No. 148		
<u>-4-6</u> 08	rt General	Information	1999				
		t complete Part I and sign below. See instructions.					
		sturn is filed, also enter spouse's name) (see instructions)	3 370	Filer's identifying number			
100	Korean Resource C			95-3879699			
- 1-		n or suite no. (if a P.O. box, see instructions)		Service Center where income tax i	return will be filed		
10/2/201	900 S Crenshaw Bl	w W		100,1000	1000 100 110 100 100		
-	City or town, state, and a		Filer's area code and telephone number/Fax number				
٥	Los Angeles, CA 90						
\sim $-$		ferent than the filer (see instructions)		Applicant's identifying number ((see instructions)		
7]	The state of the s			200 to 2			
	Name of person to conta	act (if not the applicant or filer, attach a power of attorney)		Contact person's area code and te	elephone number/Fax number		
1	Check the an	propriate box(es) to indicate the type of a	innlicant (see	instructions)			
	20.0		ipplicant (see	Passive foreign investment	t company (PEIC)		
	Individual	Cooperative (sec. 1381(a))		(sec. 1297)	(company (i i io)		
	Partnership	Controlled foreign corporation (CFC	(sec. 957)	S CONTROL WARRENCE			
	Estate	Foreign sales corporation (FSC) or I		Other foreign corporation			
	Domestic corp	domestic international sales corpora	tion (IC-DISC)	Tax-exempt organization			
	S corporation	Specified foreign corporation (SFC)	(sec. 898)	Homeowners Association ((sec. 528)		
	Personal serv			Other			
	corporation (F	300\ =	<i>l</i> .	(Specify entity and applica	ble Code section)		
	THE MEASUREMENT AND ASSESSMENT	Trust					
3	beginning Is the applicant	, 20 , and e 's present tax year, as stated on line 2b above	nding ► , also its current	, 20 t financial reporting year?	▶ ☐ Yes ☐ N		
	If "No," attach a	n explanation.		p - Pm			
4	Cash receip	olicant's present overall method of accounting ts and disbursements method Accord (specify)	rual method				
5	State the nature	e of the applicant's business or principal sourc	e of income.				
					<u> </u>		
	2000 B	Signature—All Filers (See Wh					
		eclare that I have examined this application, including accompa nd complete. Declaration of preparer (other than filer) is based			rledge		
		Filer*		Preparer (other than	ı filer)		
	oscasoney /	Signature and date		ignature of individual preparing the ap	10/28/2013 oplication and date		
		Name and title (print or type)	SANG HO	YOO Name of individual preparing the	e application		
ije su	on application is filed as	hobalf of a controlled foreign accounting and	SANCHO	YOO CPA AND COMPANY			
10.0		behalf of a controlled foreign corporation or a	SANGIO	Name of firm preparing the at	pplication		

Par			
• lo	dentify the revenue procedure under which this automatic approval request is filed		
Sect	ion ACorporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45,		
	or its successor)		
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?	(4.1)	
3	If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)	a 70000	-
	tion B — Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc.		1 (4
000	2006-46, or its successor)		ene e Den signa
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from		
-	using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions)		
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S	,	
	corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?		
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that		
	coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)?		
	Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information		F
	required to be submitted)	-	
7	Is the S corporation requesting an ownership tax year? (see instructions).	Trigue III	
8	Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)		
Soc	tion C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)	a I	
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?		
/E/S	tion D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	1 1 hq qq 1 hq 1 h	
10	Is the applicant a tax-exempt organization requesting a change?		
Par	i li O li A I the receto	n that	
Sec	tion A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination		
	by the IRS, before an appeals office, or a Federal court?		ļ
	If "Yes," see the instructions for information that must be included on an attached explanation.		or and the
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?	i jew i	mon.
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling,	31	
	or if not available, an explanation including the date approval was granted. If a letter ruling was not issued,		
	indicate when and explain how the change was implemented.		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected,	1	1.4
	denied, or not implemented?		
0	If "Yes," attach an explanation.		a.iii.
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?		
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		
b	If your business purpose is based on one of the natural business year tests under section 5.03, check the	1 p	
	applicable box.		
	Annual business cycle test Seasonal business test 25-percent gross receipts test	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test		
	period. (see instructions)	175.00	BO TO THE
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short		
	period. If necessary, estimate the amount for the short period.		- The state of the
	Short period \$ First preceding year \$	1	Contraction of the contraction o
	Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income.		Francisco II
	Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income.	2	10 melae 10 melae 10 melae 10 melae 10 melae 10 melae
	All other applicants, enter taxable income before net operating loss deduction and special deductions.	or Well Alexander	- 10000

Form 1	128 (Rev. 1-2008) Korean Resource Center Inc			95-387969		age J
6	Corporations only, enter the losses or credits, if any, tha	at were generated			Yes	No
		Generated	Expirii	ng		
	Net operating loss	<u> </u>	. \$	<u> </u>		
	Capital loss	Ď	. \$			1
		\$. \$		* **** *******************************	16.17.0
7	Enter the amount of deferral, if any, resulting from the c	nange (see secu	on 5.05(1), (2),	(3) and 0.01(7) 01		
0	Rev. Proc. 2002-39, or its successor)			•		
8a	If "Yes," attach a statement for each CFC providing the	name address i	dentifying numb	per tax year the		97 ta 6 - 1 1344 2 - 1445 114
	percentage of total combined voting power of the applic	cant, and the amo	unt of income i	ncluded in the gross		
	income of the applicant under section 951 for the 3 tax	years immediatel	y before the sh	ort period and for the		
	short period.					
h	Will each CFC concurrently change its tax year?					
	If "Yes" to line 8b, go to Part II, line 3.				N energy A energy An Leigh	
	If "No," attach a statement explaining why the CFC will	not be conformin	g to the tax yea	r requested by the U.S.	40 lv.	
	shareholder.					
9a	Is the applicant a U.S. shareholder in a PFIC as defined	d in section 1297	?		·	
	If "Yes," attach a statement providing the name, address	s, identifying num	iber, and tax ye	ar of the PFIC, the	1 1000 1000 1000 1000	1.76.m12 2.76.m12 2.76.m12
	percentage of interest owned by the applicant, and the	amount of distrib	utions or ordina	ry earnings and net	TOTAL CONTRACTOR	
	capital gain from the PFIC included in the income of the	e applicant.				
þ	Did the applicant elect under section 1295 to treat the F	PFIC as a qualifie	d electing fund	der of an Coorneration		7,275.5
10a	Is the applicant a member of a partnership, a beneficial	ry of a trust or est	ate, a snarenoi	ger of an S corporation,	.	
	a shareholder of an IC-DISC, or a shareholder of an FS If "Yes," attach a statement providing the name, address	se identifying nun	aber type of en	tity (nartnership, trust.	911,112 911,02 11 98	
	estate, S corporation, IC-DISC, or FSC), tax year, percentages	entage of interest	in canital and i	profits or percentage of	- 616	i da e
	interest of each IC-DISC or FSC and the amount of inc	ome received from	n each entity fo	r the first preceding year	-	
	and for the short period. Indicate the percentage of gro	ss income of the	applicant repre	sented by each amount.		Aistrian
b	Will any partnership concurrently change its tax year to	conform with the	tax year reque	sted?	·	
c	If "Yes" to line 10b, has any Form 1128 been filed for si	uch partnership?	<u> </u>	<u> </u>	>	17 5 : .
11	Does the applicant or any related entity currently have	any accounting m	iethod, tax yeai	r, ruling, or technical	(<u>-</u>	
	advice request pending with the IRS National Office?			and the second of the second o	-	
	If "Yes," attach a statement explaining the type of reque	est (method, tax y	ear, etc.) and t	ne specific issues	1	
	involved in each request.		1	Indication?	-	
12	Is Form 2848, Power of Attorney and Declaration of Re	epresentative, atta	ached to this ap	S National Office if the	1 4 4 5 T	
13	Does the applicant request a conference of right (in pe				>	
14	IRS proposes to disapprove the application? Enter amount of user fee attached to this application (s			▶ \$		
	ion B—Corporations (other than S corporations and	controlled foreig	n corporation			
15	Enter the date of incorporation.					
	Does the corporation intend to elect to be an S corpora	ation for the tax ve	ear immediately	following the short	Yes	No
, oa	period?			_	•	
b	If "Yes," will the corporation be going to a permitted S of				-	
	If "No" to line 16b, attach an explanation.	,				
17	Is the corporation a member of an affiliated group filing	a consolidated re	eturn?		-	
	If "Yes," attach a statement providing (a) the name, ad	dress, identifying	number used of	n the consolidated		- Magazina
	return, tax year, and Service Center where the applicant	nt files the return;	(b) the name,	address, and identifying	76.86 Jan.	
	number of each member of the affiliated group; (c) the				2000 A	
	immediately before the short period and for the short p				2177 : : 3180 :	+-
18a	Personal service corporations (PSCs): Attach a statem	ent providing eac	h shareholder's	name, type of entity		C Alacen
	(individual, partnership, corporation, etc.), address, ide	entifying number, t	ax year, percer	itage of ownership, and		
	amount of income received from the PSC for the first p	receding year an	d the short peri	od.	1	174
b	If the PSC is using a tax year other than the required to	ax year, indicate h	now it obtained	its tax year.	MNR11	
		Section 444 e	election (date of	relection)	335.5	1
	Letter ruling (date of letter ruling	(attach copy))			T200	12 1226

44,000,000,000,000	128 (Rev. 1-2008) Korean Resource Center Inc 95-38796	70	Page 4
-01-000-0-00	on C—S Corporations (see instructions)	Yes	No
19	Enter the date of the S corporation election.		
20	Is any shareholder applying for a corresponding change in tax year? If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get	1 ************************************	
	advance approval to change its tax year.	L see	4
24	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year.	- A. A.	
21	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)	1261	
		100	8.35
SKN OPS		- 15,70	
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified	1	A IPAN
	subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying		
	number, tax year, percentage of ownership, and the amount of income each shareholder received from the S	P. S.	
	corporation for the first preceding year and for the short period.		<u></u>
7	on D—Partnerships (see instructions)	Yes	No
23	Enter the date the partnership's business began.	>	
24	is any partner applying for a corresponding change in tax year?		-
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust,	9	2.1
	corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of		
9-0096	interest in capital and profits.	-	12.00
26	is any partner a shareholder of a PSC as defined in Regulations section 1.441-5(c):	>	
	If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest	4 A LIVA	
	in capital and profits, and the amount of income received from each PSC for the first preceding year and for the	Tage.	1
	short period.		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.	4.3	Terree
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)		100
	Letter ruling (date of letter ruling (attach copy))	2.0	
ect	on E—Controlled Foreign Corporations (CFC)		
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address,		
	identifying number, tax year, percentage of total value and percentage of total voting power, and the amount		
	of income included in gross income under section 951 for the 3 tax years immediately before the short period		
	and for the short period.		
ect	ion F—Tax-Exempt Organizations	-	
29	Type of organization: ☐ Corporation ☐ Trust ☐ Other (specify) ▶	Yes	No
30	Date of organization.		
31	Code section under which the organization is exempt.	1.5	
32		F .	
33	Enter the date the tax exemption was granted. Attach a copy of the letter ruling granting		V/1-04
83790	exemption. If a copy of the letter ruling is not available, attach an explanation.		\$95° 19
34		_	
	ion G—Estates		2
35	Enter the date the estate was created.	20 100	
36 a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each per	son who)
	is an interested party of any portion of the estate.		
þ	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the	е	
	distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before	e the	

If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name,

short period and for the short period.

Section H—Passive Foreign Investment Companies

address, identifying number, and percentage of interest owned.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number Name of the organization 95-3879699 Korean Resource Center Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

h (i) Na	(i) A personand (iii) A famil (iii) A 35%	on who directly on who directly on the govening the govening member of a properties of the controlled entity	or indirectly controls, eigerning body of the supperson described in (i) and of a person described attention about the supports (distribution) (described on lines 1-9 above or IRC section (see instructions))	ther alone ported orga above? . I in (i) or (ii	or together anization?) above? ation(s).	er with pe	ou notify ization in of your	cribed in (vi) organizal (i) organi		11g(i) 11g(ii) 11g(iii) (vii) Am	Yes wount of my support	No X X X X Onetary
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	(i) A personand (iii) A famil (iii) A 35%	on who directly on who directly on the govening the govening member of a properties of the controlled entity	or indirectly controls, ei erning body of the supperson described in (i) a of a person described	ther alone ported orga above? . I in (i) or (ii	or togethe anization?) above?	er with pe	rsons des	ne scribed in		11g(ii) 11g(iii)		X X X
-	(i) A perso and (iii) (ii) A famil	on who directly on below, the government of a post-	or indirectly controls, ei erning body of the supperson described in (i) (ther alone ported orga above? .	or togethe anization?	er with pe	rsons des	ne scribed in		11g(ii)	Yes	X
-	(i) A perso	on who directly on below the gove	or indirectly controls, ei	ther alone ported orga	or togethe	er with pe	rsons des	scribed in			Yes	Х
-	(i) A nerso	n who directly o	or indirectly controls, ei	ther alone	or togeth	er with pe	rsons des	ne scribed in	(ii)		Yes	
•	TOHOWING DEC			, ,	OF COURTE	oution from	n any of th	ne				
g	Since August following pers		ne organization accept	ed anv qift								
'	organization	check this box					er er er er er					
f	If the organize	ection 509(a)(2) ation received a	written determination f	rom the IR	S that it is	s a Type I,	Type II,	or Type III	supporti	ng		[]
			n managers and other t	han one o	r more pu	iblicly sup	ported or	gariization	13 4000172			
е	By checking to	his box, I certify	that the organization is	not contr	olled direc	ctly or indi	rectly by o	one or mo	ire disqua is describ	unea ied in se	ection	
	a Type I	b ☐ Tv	pell c Type	III-Function	onally inte	grated c	1 <u>X</u> 1)	pe III–No	n-junctio	idily iliu	egrated	1
	509(a)(3). Che	eck the box that	describes the type of s	upportina.	organizat	ion and co	mpiete ii	nes ne a	nough i	, , ,		
11 X	numacon of a	na ar mara publi	d operated exclusively icly supported organiza	ations desc	cribed in s	ection but	$\theta(a)(1)$ or	SECTION 2	UU(A)(E).	000 00	ction	
10	An organizatio	n organized and	d operated exclusively	to test for	public sat	ety. See s	ection at	us(a)(4). uns of ort	o carry o	ut the		
	acquired by th	e organization a	ifter June 30, 1975. Se	e section	509(a)(2)	. (Comple	le rait iii	.)				
	support from o	ross investment	t income and unrelated	business	taxable in	icome (ies	ss section	i Jili tax)	from busi	nesses		
9	An organizatio	n that normally i	receives: (1) more than to its exempt functions	1 33 1/3% :	of its supp to certain	oort from o exception	contributions, and (2	ns, memi !) no more	than 33	1/3% of	its	
8	A community t	rust described ir	section 170(b)(1)(A)	(vi). (Comp	plete Part	II.)			aarabin fo	ne and	aross	
' L	described in s	ection 170(b)(1)) (A)(vi). (Complete Pai	rt II.)								
6 <u> </u>] An organizatio	n that normally r	eceives a substantial p	part of its s	support fro	om a gove	rnmental	unit or fro	m the ge	neral pu	ıblic	
• –	in section 170	(b)(1)(A)(iv). (C	omplete Part II.) nment or governmenta	Lunit desc	ribed in s e	ection 170	D(b)(1)(A)	(v).				
5	An organizatio	n operated for th	ne benefit of a college	or universi	ty owned	or operate	ed by a go	overnmen:	tal unit de	escribed		
4	hosnital's nam-	 city and state 	**									
4 =	A hospital or a	cooperative hos arch organizatio	pital service organizati n operated in conjunct	ion describ	hospital d	lescribed i	in section	າ 170(b)(1)(A)(iii).	Enter th	е	
3	1	bed in section	170(b)(1)(A)(ii). (Attacl	n Scheauk	⇒ ⊏.) sed in sec	tion 170(b)(1)(A)(i	ii).				
2 <u> </u>	 A school descri 	had in caction "		h Cabadul	ς Ε \		, ,, ,					
1	A church, convi A school descri	bod in coction	es, or association of cl	10101100 00								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	446,258	506,945	588,681	439,307		1,981,191
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	446,258	506,945	588,681	439,307	0	1,981,191
5	The portion of total contributions by each	The Control of the Co	and regarded to proceed a second of the seco		The state of the s	A play house in a warm and a space of the property of the prop	
	person (other than a governmental unit		PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR	Addition of the control of the contr	- Tree Carrier Day		
	or publicly supported organization)	and the state of t	R P Dalyanda contact contestions of the Co.	No. 1		Ameginia i manipi i mentipi i mentip	
	included on line 1 that exceeds 2%	(i.i. 1) and the supplies of t	And the second s	و براه استوالی کی در		ppingerbalogo personal value of the control of the	
	of the amount shown on line 11,	A PARTY NAME OF THE PARTY OF TH		A Comment of the Comm	The second secon	Andrew Company	
	column (f)	The state of the s		Control of the state of the sta	The state of the s	and the second second	
6	Public support. Subtract line 5 from line 4.	- Neckledenkan (1991)	ဂိုဗြော ကြည် မြော်	Aspainimimim	References to the control of the con	Sympletic Action September 1	1,981,191
Sect	ion B. Total Support		181.2				
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	446,258	506,945	588,681	439,307	0	1,981,191
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business		•				
-	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part IV.)				The state of the s	dude Manuald when a Austria 150	0
11	Total Support: Had in los I this age.	And the second s	Order plants and a control of the co		The state of the s		1,981,191
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the org		t, second, third	, fourth, or fifth	tax year as a se	ection 501(c)(3)	. \Box
	organization, check this box and stop here.						<u> ▶ </u>
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2012 (line 6, co	olumn (f) divide	d by line 11, co	lumn (f))		14	0.00%
15	Public support percentage from 2011 Schedu	ile A, Part II, lin	e 14			15	0.00%
16a	33 1/3% support test—2012. If the organiza	tion did not che	ck the box on i	ne 13, and line	14 is 33 1/3%	or more, check t	this box
	and stop here. The organization qualifies as	a publicly supp	orted organiza	tion			▶
b	33 1/3% support test—2011. If the organizar	tion did not che	ck a box on line	e 13 or 16a, an	d line 15 is 33 1	1/3% or more, ch	neck this
	box and stop here . The organization qualifie	s as a publicly :	supported orga	nization			▶ 🔛
17a	10%-facts-and-circumstances test-2012.	If the organizat	ion did not che	ck a box on line	e 13, 16a, or 16	b, and line 14	
	is 10% or more, and if the organization meets	s the "facts-and	l-circumstances	s" test, check th	nis box and sto j	o here . Explain i	n
	Part IV how the organization meets the "facts	s-and-circumsta	inces" test. The	organization of	jualifies as a pu	iblicly supported	
	organization						▶ []
b	10%-facts-and-circumstances test—2011.	If the organizat	ion did not che	ck a box on line	e 13, 16a, 16b,	or 1/a, and line	ain in
	15 is 10% or more, and if the organization ma	eets the "facts-	and-circumstar	ces" test, chec	k this box and \$	stop nere. Expl	ain in
	Part IV how the organization meets the "facts	s-and-circumsta	ances" test. The	e organization o	qualifies as a pu	ipliciy	
	supported organization						🟲 🗀
18	Private foundation. If the organization did n						
	instructions						▶ ∟

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						o
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	,					
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf		-	· · · · · · · · · · · · · · · · · · ·			0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
_	organization without charge	0	0	0	-		0
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		U	0	0	0	0
7a	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						0
b	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	ment at the model of the party of the second); i j.,		english yener (This I'm) is the freely	material compression of the second	
	line 6.)	To a service of the Committee of the Com		The state of the s		Accomplying to the Committee of the Comm	0
Sec	tion B. Total Support	•					
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	o	oi	0	0.	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources			;			0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	. 0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets				1		0
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	О	o	0		0
14	First five years. If the Form 990 is for the organiza					0]	0
17	organization, check this box and stop here			•	•	, , ,	▶ □
Saci	tion C. Computation of Public Support						
15	Public support percentage for 2012 (line 8, column i		13 column (ft)			15	0.00%
16	Public support percentage from 2011 Schedule A, P	•	• • • •			16	0.00%
	tion D. Computation of Investment Inco						3.3370
17	Investment income percentage for 2012 (line 10c, c			mn (f))		17	0.00%
18	Investment income percentage from 2011 Schedule		-			18	0.00%
19a	33 1/3% support tests—2012. If the organization of					and line 17 is	
	not more than 33 1/3%, check this box and stop he	-	•		0		a a a ▶ 🛄
b	33 1/3% support tests—2011. If the organization of						
	line 18 is not more than 33 1/3%, check this box and	d stop here . The	organization qu	ialifies as a public	cly supported or	ganization	🕨 🛄
20	Private foundation. If the organization did not ched	ck a box on line 1	4 19a or 19b o	check this how an	id see instruction	ne	

			0-EZ) 201	2 Kor	ean Re	source C	enter Ind	С					95	5-38796	99	Page 4
Par	IV	Part	plemen II, line uctions	ital Info i 17a or 1)	matio 7b; and	n. Comp d Part III	olete th	is part t 2. Also	complet	le the ex e this pa	planation art for ar	ons req ny addi	uired by tional in	Part II	I, line 10 ion. (Se); e
				• •												
			-													
-																
					-		-									
-							-							-		
												-				
						-									-	
			-													
													-			

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

Korean Resource Center Inc		95-3879699				
Organization type (check one	9):	00 00 0000				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	lation				
	527 political organization					
Form 990-PF 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n				
	501(c)(3) taxable private foundation					
· -	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	more (in money or				
Special Rules						
sections 509(a)(1) and) organization filing Form 990 or 990-EZ that met the 33 1/3% support test 170(b)(1)(A)(vi) and received from any one contributor, during the year, a softhe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	contribution of the greater				
the year, total contribu), (8), or (10) organization filing Form 990 or 990-EZ that received from an tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, sciel or the prevention of cruelty to children or animals. Complete Parts I, II, an	ntific, literary, or				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file at answer "No" on Part IV, line 2 of its Form 990; or check the box on line Fig. to certify that it does not meet the filing requirements of Schedule B (For	H of its Form 990-EZ or on				

Name of organizationEmployer identification numberKorean Resource Center Inc95-3879699

Korean Ke	esource Center inc		95-3679699
Part I	Contributors (see instructions). Use duplicate copie	es of Part Lif additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organizationEmployer identification numberKorean Resource Center Inc95-3879699

Part II	Noncash Property (see instructions). Use duplicate co	copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date received				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date received				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (see instructions) Date received				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (see instructions) Date received				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date received				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date received				
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of org	ganization source Center Inc			95-3879699						
Part III	Exclusively religious, charitable, etc., in total more than \$1,000 for the year. Com	plete columns (a) through (e) and the	1(c)(7), (8), or (10) organizations following line entry.						
	For organizations completing Part III, enter contributions of \$1,000 or less for the year									
	Use duplicate copies of Part III if additional									
(a) No. from Part I	(b) Purpose of gift		Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, and a	7IP + 4	Relationship of transferor to transferee							
	Transieree's name, address, and a		· · · · · · · · · · · · · · · · · · ·	or transfer to transfer to						
	For. Prov. Country									
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held						
<u> </u>										
			-							
	·	= =								
		(e) Ti	ransfer of gift							
	T County was added and and	71D + 4	Polation	ship of transferor to transferee						
	Transferee's name, address, and a	ZIP + 4	Kelations	sinp of transferor to transferee						

	For Prov. Country									
(a) No.										
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held						
_										
=			•							
	(e) Transfer of gift									
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transferor to transferee						
(a) No.	For. Prov. Country			(d) Description of how sife is hold						
from Part I	(b) Purpose of gift	(C)	Use of gift	(d) Description of how gift is held						
				•						
		(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee						
	-		- · · -							
	For Prov Country	· .								

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501((c)(4), (5), or (6) or	ganizations: Complete Part III.		,	
Name of organiz	zation			Employe	er identification number
Korean Resou	rce Center Inc				95-3879699
Part I-A		he organization is exempt und			organization.
		ne organization's direct and indirect p	political campaign a		
	•			▶ \$	
3 Volunteer	r hours .				45
Part I-B		he organization is exempt und			
		excise tax incurred by the organization			
		excise tax incurred by organization m			. —
3 If the orga	anization incurre	d a section 4955 tax, did it file Form	4720 for this year?		Yes X No
4a Was a co	rrection made?	$(x_1, x_2, \dots, x_n, x_n) = (x_1, x_1, \dots, x_n, x_n) \in \mathcal{A}$			Yes X No
b If "Yes," o	describe in Part I	V			4) (2)
Part I-C		he organization is exempt und			(c)(3).
1 Enter the	amount directly	expended by the filing organization	for section 527 exe		
activities				▶ \$	
		ling organization's funds contributed nction activities .	to other organizati		
		enditures. Add lines 1 and 2. Enter h		- · · · · · · · · · · · · · · · · · · ·	
3 Total exe		enditares. And lines if and 2. Enter i		· · · · · · · · · · · · · · · · · · ·	0
-		file Form 1120-POL for this year?			Yes No
5 Enter the	names address	ses and employer identification numb			ons to which the filing
organizat	ion made payme	ents. For each organization listed, er	iter the amount pai	d from the filing organizatio	on's funds. Also enter
the amou	int of political cor	ntributions received that were promp	tly and directly deli	vered to a separate politica	al organization, such
as a sepa	arate segregated	fund or a political action committee	(PAC). If additional	space is needed, provide	Information in Part IV.
(a) !	Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
			1		<u> </u>
(3)					
(2)					
(2)					
(3)	,				

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection
	Check ▶ if the filing organization bel name, address, EIN, exper	ongs to an affiliated group (and list in Part IV nses, and share of excess lobbying expenditu	ires).	up member's
В	Check ▶ if the filing organization che	ecked box A and "limited control" provisions a	pply.	
		ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publi		0	
b	Total lobbying expenditures to influence a leg		0	
С	Total lobbying expenditures (add lines 1a and	0	0	
d	Other exempt purpose expenditures		0	
е	Total exempt purpose expenditures (add lines	0	0	
f	Lobbying nontaxable amount. Enter the amou			
	columns.		0	0
ĺ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	we mind a	Strong Section 1
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	100 mg 1 m	Fig. 1. Sec. 1
	Over \$17,000,000	\$1,000,000.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g	Grassroots nontaxable amount (enter 25% of		0	0
h	Subtract line 1g from line 1a. If zero or less, e	enter -0	0	0
i	Subtract line 1f from line 1c. If zero or less, er		0	0
j	If there is an amount other than zero on eithe section 4911 tax for this year?	r line 1h or line 1i, did the organization file Form 47.	20 reporting	Yes No
	4-Ye	ear Averaging Period Under Section 501(h)		

4-Year Averaging Period Under Section 501(n) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

_		Lobbying Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))	The property of the Company of the C		April was that I manufold be the first of the control of the contr	sorgia Distriction and Section 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	0
С	Total lobbying expenditures	6,821	7,534	4,851	3,580	22,786
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))	Age, it, to make the second of			A ANDREAS OF THE STATE OF THE S	0
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2012

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 5768
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(2	1)	(b)
	e lobbying activity.	Yes	No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		
j	Total Add lines 1c through 1i.	• • •		(
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	15	Х	
þ	If "Yes," enter the amount of any tax incurred under section 4912		,	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	• •		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-\(E\		
Par	Complete if the organization is exempt under section 501(c)(4), section 501(J(0)	, or s	ection
	501(c)(6).			V N-
	2 U 1000/			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	C)(5) OR (b	, or se o) Par	ection t III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		1	
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	(
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
	lobbying and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)	·	5	(
Pari				
Com list), Part	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information. II-B Line 1I MEALS EXPENSE \$750, AND TRAVEL EXPENSE \$1756, OFFICE SUPPLY EXPENSE \$10 ITING \$965 FOR IMMIGRATION, HEALTH PLICY NEWSLETTER, AND ADVOCACY TO STATE LEGIS	9, AN	iD .	
PRIN	HING \$300 FOR IMMIRKATION, DEALTH PLICT MEMORET LEW, AND ADVOCACT TO STATE LEGIS		NO E	,,

Pai	rt IV	Supple	<u>ementa</u>	<u>l Inform</u>	nation (continue	ed)			 					
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2012
Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name	of the organization	Employer identification number
Kore	an Resource Center Inc	95-3879699
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	in a second complete in
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)
2	Aggregate contributions to (during year)	
3	Aggregate continuation to (during year)	
	Aggregate value at end of year	
4		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for	r any other
	purpose conferring impermissible private benefit?	Yes No
Par	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
'		on historically insured at least and
		an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
_	easement on the last day of the tax year.	
	and the state of the say of the say year.	Held at the End of the Tax Year
•	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
C		20
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	indling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	ements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	id expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	al statements that describes
	the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve	nue statement and halance sheet
Iu	works of art, historical treasures, or other similar assets held for public exhibition, education,	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	
L	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	
b		
	works of art, historical treasures, or other similar assets held for public exhibition, education,	or research in fultrierance
	of public service, provide the following amounts relating to these items:	▶ . ↑
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	P \$
2	If the organization received or held works of art, historical treasures, or other similar assets f	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	\$

Part	VI Land, Buildings, and Equipmen	t. See Form 990, Pa	art X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	200,000		200,000
b	Buildings	0	49,572	13,868	35,704
C	Leasehold improvements	0	0	0	(
d	Equipment	0	113,500	93,398	20,102
e	Other	0	0	0	(
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 10(c).)	255,800

Part VII Investments—Other Securit	i es. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(<u>A)</u>			
<u>(B)</u>			
(C)	-		
(D)	-		
(E)			
(F)	-		
(G)	-		<u>. </u>
(H)	-		
(I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	· フェリンを使われている。 ・ フェリンを呼かれている。 ・ フェリン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	
Part VIII Investments—Program Rela	ited. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val	uation:
(a) Description of investment type	(b) book value	Cost or end-of-year m	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	. 0	NASA Priparati	And the second of the second o
Part IX Other Assets. See Form 990.	<u></u>		<u> </u>
	(a) Description		(b) Book value
(1) Cash Reserved for Interest Expense			18,429
			30,000
(2) Relocation Fund for Moving Expense			
(2) Relocation Fund for Moving Expense (3) Prepaid Expense			1,498
(2) Relocation Fund for Moving Expense (3) Prepaid Expense (4) Other Receivable Fund			
(3) Prepaid Expense			
(3) Prepaid Expense (4) Other Receivable Fund			
(3) Prepaid Expense (4) Other Receivable Fund (5)			
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8)			
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9)			
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10)	vol. (B) line 15.)		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, Column (b) must equal Form 990, Part X, Column (b) must equal Form 990, Part X, Column (column (d) must equal Form 990, Part X, Column (d) must equal Form 990, Part X	col. (B) line 15.)		
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 9	990, Part X, line 25.	▶	7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. See Form 91.	990, Part X, line 25. (b) Book value	A CO	7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes	990, Part X, line 25.		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4)	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4) (5)	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4)	990, Part X, line 25. (b) Book value	・ 「「「「「「「「「」」」」」」。 ・ 「「「」」」。 ・ 「「」」」。 ・ 「」」。 ・ 「」 ・ 「」」。 ・ 「」」。 ・ 「」 ・ 「」 ・ 「」 ・ 「」 ・ 「」 ・ 「」 ・ 「」 ・ 「 」 ・ 「 。 「 」 ・ 「 」 ・ 「 。 「 。 「 。 「 。 」 ・ 「 。 「 。 「 。 」 ・ 「 。 「 。 」 ・ 「 。 「 。 「 。 「 。 「 。 「 。 「 。 「 。 「 。 「	7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4) (5) (6)	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4) (5) (6) (7) (8) (9)	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of hability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4) (5) (6) (7) (8) (9) (10)	990, Part X, line 25. (b) Book value		7,250
(3) Prepaid Expense (4) Other Receivable Fund (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 9 1. (a) Description of liability (1) Federal income taxes (2) Credit card payable (3) Deferred Grant Revenue (4) (5) (6) (7) (8) (9)	990, Part X, line 25. (b) Book value 0		7,250

Sched	fule D (Form 990) 2012 Korean Resource Center Inc	95-3879699	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c 2c	- Armer 	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b.	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments	112	
С	Other losses 2c 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Par	t XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and 2l	b;
Part	V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any	
	tional information.		
_			
		. = =	

Schedule D (Fo	orm 990) 2012	Korean Resou	rce Center Ind				95-	3879699	Page 5
Part XIII	Suppler	mental Inforr	nation (con	tinued)	-				
				•					
		-							
				•				• •	= =
_		. = -				-			
			•						-
									* *
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			-						

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047
2012

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public

	D					Employer Identificati	
Korea	an Resource Center Inc	20-00 loka if the		·		95-387	
Par	Fundraising Activities. (Form 990-EZ filers are no		-		erea tes to Forr	n 990, Part IV, IIn	e 17.
1	Indicate whether the organization			_	a activities. Check	all that apply	
' a	Mail solicitations	raised lurius (ilic			f non-government g		
b	Internet and email solicitations		=		f government grants		
	Phone solicitations		=		raising events	•	
С.	=		g [X] S	peciai iuliu	raising events		
d	In-person solicitations		4:41-		(- #F		
2a	Did the organization have a writter key employees listed in Form 990,						Yes X No
b	If "Yes," list the ten highest paid in			sers) pursu	ant to agreements u	nder which the fund	draiser is
	to be compensated at least \$5,000	by the organiza	tion.				
			1				
	(3) Name and address of upduridual		(iii) Did fur	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		or control of outlans?	from activity	fundraiser listed in	(or retained by) organization
		 		,		col (i)	
			Yes	No			
1					o		0
2		-			0	0	0
2					0	0	0
3							
					0	0	0
4							
				<u>_</u> .	0	0	0
5							
			<u> </u>		0	0	0
6					0	اه	0
7							
'					o	o	0
8							
					0	0	0
9					_	_	
		-		 	0	9	0
10					o	o	0
_		<u> </u>					
Γotal				•	О	0	0
3	List all states in which the organiza	ation is registere	d or license	d to solicit (contributions or has	been notified it is e	
	registration or licensing.	· ·					
				. = =			
		=					
		•					
				· .			

Part II			Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List					
			fundraising event contr lipts greater than \$5,00	_	icome on Form 990-EZ	, lines 1 and 6b. List		
		events with gross rece	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col (c))		
	1	Gross receipts	36,980		0	36,980		
ď	2	Less. Contributions			0	0		
	3	Gross income (line 1 minus line 2)	36,980		0	36,980		
	4	Cash prizes			0	0		
	5	Noncash prizes		<u> </u>	0	0		
euse	6	Rent/facility costs		<u>.</u>	0	0		
Direct Expenses	7	Food and beverages			0	0		
	8	Entertainment			0	0		
	9	Other direct expenses			0	0		
Pá	10 11 rt III	Direct expense summary. Add Net income summary. Combin Gaming. Complete if than \$15,000 on Form	<u>ne line 3, column (d), and l</u> the organization answe	ine 10	▶ 00, Part IV, line 19, or re	(0) 36,980 eported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1	Gross revenue				0		
ses	2	Cash prizes			,	0		
Expenses	3	Noncash prizes				0		
Direct E	4	Rent/facility costs						
_		,				0		
	5	Other direct expenses				0		
	5 6	·	Yes %	Yes %	Yes %			
		Other direct expenses	No No	No	No No			
	6	Other direct expenses Volunteer labor	No lines 2 through 5 in colur	nn (d)	No ►	The state of the s		
	6 7 8 El a ls	Other direct expenses Volunteer labor Direct expense summary. Add	No I lines 2 through 5 in colur Combine line 1, column c	nn (d) d, and line 7	No ▶	- make the state of the state o		
	6 7 8 8 E 1 s b 1 f	Other direct expenses Volunteer labor Direct expense summary. Add Net gaming income summary nter the state(s) in which the or	No I lines 2 through 5 in colur Combine line 1, column of ganization operates gamin perate gaming activities in	No nn (d) d, and line 7 ng activities each of these states?	No	(0)		

Sched	lule G (For	m 990 or 9	90-EZ) 2012	Korean R	esource Cente	r Inc				95-3879	699	Page 3
11	Does t	the organ	nization of	oerate gam.	ing activities wi	ith nonmembe	ers?				'es	No
12	Is the	organiza	tion a gra	ntor, benefi	clary or trustee	of a trust or a	a member of a	partnership or	other entity		'es [No
13 a b 14	Indicat The or An out	te the pe ganization side facion the nam	rcentage on's facilit lity .	of gaming a y	activity operate	d in: 	ganization's ga			13a 13b		% %
	Name	.										
	Addres	ss 🕨 .										
15a b c	revenu If "Yes amour	ie? ," enter t it of gam	he amour ing reven	it of gaming ue retained		ved by the or	om the organiz ganization ► 0		•	. [] Ү	es _] No
	Name	.										
	Addres	ss 🕨										
16	Gamin	g manag	er inform	ation:								
	Name Gamin		 jer compe		▶ \$			·				
	Descri	ption of s	services p	rovided	>					-		
	Dir	ector/offi	icer		Employee		Independen	t contractor				
17 a b	Is the coretain for spen	organizat the state he amou ht in the Supple (iii) and	gaming li int of distr organizati mental l (v), and	cense? ibutions rec on's own ex nformatic Part III, lir	quired under st kempt activities on, Complete	ate law to be siduring the tall this part to b, 15b, 15c,	provide the e 16, and 17b,	ther exempt or \$ explanations	ganizations required by F	Part I, line 2] No 0 umns
		-										
							-					
				٠			•				-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Korean Resource Center Inc			95-3879699
	gram Service Expenses. 137,247, G	rants and allocations: 0,	
Revenue. 0 KRC provides to en	sure community economic developm	nent and safe sanitary, and	
affordable housing for primarily le	ow income persons in the city of Los	s Angeles	
Form 990, Part III, Line 4d: Prog	gram Service Expenses: 25,000, Gra	ants and allocations: 0,	
Revenue 0 KRC provides assis	stances for cultural activity programs		
			•

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
Korean Resource Center Inc	95-3879699
<u></u>	