Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 **2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

 A	For the	2016 calend	ar year, or tax year beginning , and ending								
В	Check if a	1	C Name of organization		D Employer identification number						
$\Box$	Address d		• .	]							
H	Name cha	inge	KOREAN AMERICAN FORUM OF CALIFORNIA	46	-1359706						
	Initial retu	ırn	Number and street (or P O box, if mail is not delivered to street address) Room	E Telep	hone number						
	Final retur	turn/terminated 701 S. KINGSLEY DR. RM/STE 301									
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exemption					
	Application	n pending	LOS ANGELES CA 90005		Numl	<u>ber</u> ▶					
G		ting Method	X Cash	H Che	ck 🕨 🗶	if the organization is not					
I	Websit	e: <b>&gt;_ WWW</b>	.kaforumca.org	requ	ured to atta	ach Schedule B					
<u>J</u> _	Tax-exe	mpt status (c	eck only one) — X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or 527	(Fo	rm 990, 99	0-EZ, or 990-PF)					
K	Form of	f organizatior	Corporation Trust Association Other								
			to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets								
<b>→</b>			re \$500,000 or more, file Form 990 instead of Form 990-EZ		\$						
₽	art f		ue, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions for	Part I)					
			f the organization used Schedule O to respond to any question in this Part I			<u>X</u>					
	1		gifts, grants, and similar amounts received		1	63,321					
	2	-	vice revenue including government fees and contracts		2						
	3	•	dues and assessments		3	38					
1,5	4 -	Investment i	1 1		4	36					
	5a		nt from sale of assets other than inventory  other basis and sales expenses  5b								
رَ : ۷ ک	b		rother basis and sales expenses from sale of assets other than inventory (Subtract line 5b from line 5a)	—   <sub>5c</sub>							
50	C		fundraising events	30							
ح	a	•	e from gaming (attach Schedule G if greater than								
(Q)	"	\$15,000)	6a								
end	ь	-	e from fundraising events (not including \$ of contributions								
C. C	-		sing events reported on line 1) (attach Schedule G if the								
3	2		gross income and contributions exceeds \$15,000) 6b								
	С		expenses from gaming and fundraising events 6c								
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
		line 6c)			6d						
	7a	Gross sales	of inventory, less returns and allowances 7a								
	b	Less cost of	goods sold RECENTRA								
	C	Gross profit	or (loss) from sales of inventory (Subtract line 76 from the M)		7c						
	8		ue (describe in Schedule O)		8						
_	9_	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 3 MAY 1 9 2017	<del></del>	▶ 9	63,359					
	10		similar amounts paid (list in Schedule 0)		10						
	11	,	of to or for members  or compensation, and employee benefits  OGDEN, UP		11	<del></del>					
es	12				12	300					
ens	13		fees and other payments to independent contractors		13	300					
Expenses	14		rent, utilities, and maintenance	15	304						
	15 16		olications, postage, and shipping ses (describe in Schedule O)		16	56,567					
	17		ses. Add lines 10 through 16		<b>▶</b> 17	57,171					
_	18		eficit) for the year (Subtract line 17 from line 9)	<del></del> .	18	6,188					
য়	19	-	or fund balances at beginning of year (from line 27, column (A)) (must agree with		10	0,200					
Net Assets			figure reported on prior year's return)		19	34,724					
et A	20	•	es in net assets or fund balances (explain in Schedule O)		20	<u></u>					
ž	21		or fund balances at end of year Combine lines 18 through 20	_	<b>▶</b> 21	40,912					

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)



Formt 990-EZ (2016)

23 Land and buildings

25 Total assets

Part II

Part III	Statement of Program Service Accom Check if the organization used Schedule O to	•				Expenses
Vhat is the org	ganization's primary exempt purpose?			···	(Red	quired for section
See Sched		<del></del>				(c)(3) and 501(c)(4)
	rganization's program service accomplishments for o		• • •			anizations, optional for
	by expenses. In a clear and concise manner, describ ited, and other relevant information for each program	· · · · · · · · · · · · · · · · · · ·	vided, the number of		othe	ers )
8	ited, and other relevant information for each program					
.0						
(Grants \$	) If this amount includes	foreign grants, che	ck here	▶□	28a	
!9						
				. 1		
(Grants \$_	) If this amount includes	foreign grants, che	ck here		29a	
30						
(Grants \$	) If this amount includes	foreign grants, che	ck here	▶	30a	
	gram services (describe in Schedule O)					
(Grants \$	) If this amount includes	foreign grants, che	ck here	▶ □	31a	57,171
	gram service expenses (add lines 28a through 31a)			<u> </u>	32	57,171
Part IV	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list eac ond to any questio	th one even if not compe on in this Part IV	nsated — see th	e instruc	ctions for Part IV)
		(b) Average	(c) Reportable compensation	(d) Health ber		(e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forme M/-2/1000 MISC)	benefit plans, deferred compe	and	other compensation
PHYLLIS	KIM	·	(ii not para, criter o )	GOIOMOG COMPO		T
CEO		20.00	0		0	0
JUNGRAN	SHIN					
CFO		3.00	0	<del></del>	0	0
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						<del></del>
				<del>-</del>		
						1
				<del></del>		<del>†                                      </del>
		ļ	ļ <del>-</del>			<del> </del>
		-		<del> </del>		<del> </del>
			1			
DAA		<u> </u>	·	<u> </u>		Form <b>990-EZ</b> (2016)
						(

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 41 42a 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form **990-EZ** (2016)

DAA

01111 000-2	ROREAN AMERICAN FORCE	OM OF CALL	PORN.	IA 46-13	39/06				age <del>-</del>
	the organization engage, directly or indirectly, in political indidates for public office? If "Yes," complete Schedule		s on beh	alf of or in oppos	sition		46	Yes	No X
Part VI	<del></del>	swer questions 47			•	tables for I		<u> </u>	
	Check if the organization used Schedule O	to respond to any	questic	on in this Part	<u>/ </u>			Yes	
17 Did t	he organization engage in lobbying activities or have a	section 501(h) elec	tion in ef	fect during the ta	ax			res	No
year	? If "Yes," complete Schedule C, Part II						47		X
	e organization a school as described in section 170(b)						48		X
	the organization make any transfers to an exempt non-		ganızatıd	ου,			49a	ļ	X
	es," was the related organization a section 527 organiz		(-11 11		_4		49b	<u> </u>	
	iplete this table for the organization's five highest comp loyees) who each received more than \$100,000 of con	· · ·	•			•			
emp	loyees) who each received more than \$100,000 or con	(b) Average		Reportable		n benefits,			
	(a) Name and title of each employee	hours per week devoted to position	co	mpensation W-2/1099-MISC)	contributions benefit p	to employee lans, and empensation	(e) Estimate other con		
None									
					-				
	<del></del>				 I				
						<u> </u>			
<del></del>	<del></del>		<u>L</u>				<u> </u>		
-	Il number of other employees paid over \$100,000			. • <del></del>					
	plete this table for the organization's five highest comp 0,000 of compensation from the organization. If there is			ictors who each	receivea mo	ore than			
	(a) Name and business address of each independent co			<b>(b)</b> Typ	e of service		(c) Compe	nsation	1
None		<del></del>	<u></u>						
		· · · · · · · · · · · · · · · · · · ·					<del></del> -		
		·			<del></del>		<del></del>		
d Tota	al number of other independent contractors each receive	ung over \$100,000		<u> </u>			<del></del>		
52 Did	the organization complete Schedule A? Note: All section leads to the schedule A?	•	ations m	nust attach a			➤ X Ye:		No
Under pena	alties of perjury, I declare that I have examined this return, incit, and complete. Declaration of preparer (other than officer) is	luding accompanying s s based on all informati	chedules on of whi	and statements, a	ind to the bes y knowledge	st of my knowl			
	MU								
Sign	Signature of officer				nte				
Here	PHYLLIS KIM			CEO					
	Type or print name and title			<del>_</del>	<del>- 1</del>	<del></del>			
	Print/Type preparer's name	Preparer's signature			Date		, 🗶 if PTII	•	
Paid		OUNG BYUN CPA			05/:	5/17 self-e		19499	
Preparer				<del></del>		Firm's EIN ▶	10-00	081	.24
Use Only	Firm's address ) 695 S Vermont Av Los Angeles, CA	e Ste 1008 90005	3			Phone no 2	213-739	9-20	80
May the I	RS discuss this return with the preparer shown above?	See instructions					<b>▶</b>	'es 📗	No
				<del> </del>			Form 99	0-FZ	(2016

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

			KOREAN AME	RICAN FORUM	OF CAL	LIFOR	NIA	46-135	9706			
P	urt l	Reaso	on for Public Char	ity Status (All orga	anizations r	must co	mplete	this part ) See instruction	ns.			
he	orgai		a private foundation bec									
1	$\bigcap$		evention of churches, or	•		•		•				
2	$\sqcap$							X X X Y				
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	H	•	·	_		•		n 170(b)(1)(A)(iii). Enter the h	senitalie nama			
7	Ш		<u>-</u>	ated in conjunction with	n a nospital u	escribed	III Secuo	n 170(b)(1)(A)(iii). Enter the hi	ospitars marrie,			
_	$\Box$	city, and state		- <b>6</b> 4 - <b>6</b> - <b>1</b> 4 - <b></b>								
5					ersity owned o	or operate	ed by a go	overnmental unit described in				
_	section 170(b)(1)(A)(iv). (Complete Part II )											
6												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
					I-4- D4							
8	$\vdash$		trust described in section									
9	Ш	-	_				-	unction with a land-grant collec	je			
		•	or a non-land grant colle	ge of agriculture (see it	nstructions) i	Enter the	name, ci	ty, and state of the college or				
40		university	an that name all , as as	a. (4) magas than 22 4/2	0/ of the own-		4					
10		•	•	• •	• •			ons, membership fees, and gro 2) no more than 33 1/3% of its	SS			
								511 tax) from businesses				
			he organization after Jur									
11			on organized and operat									
12	$\Box$	-	•		-	-			ses			
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
		the suppo	orted organization(s) the	power to regularly app	oint or elect a	a majority	of the di	rectors or trustees of the				
		supportin	g organization You mus	st complete Part IV, S	ections A ar	nd B.						
	b							rted organization(s), by having				
						ame pers	ons that	control or manage the supporte	ed			
		organizat	ion(s) You must comp	lete Part IV, Sections	A and C.							
	C							n, and functionally integrated w	th,			
			rted organization(s) (see						- (-)			
	d		•	,, ,	•			n with its supported organizatio	• •			
			ent (see instructions) Ye	•	•	•		requirement and an attentivene	:55			
	е		•	•	-		•	s a Type I, Type II, Type III				
	·		lly integrated, or Type III					s a Type I, Type II, Type III				
	f		nber of supported organ			0 0						
	g	Provide the fo	ollowing information abo	ut the supported organ	ızatıon(s)				<u> </u>			
(	) Nam	e of supported	(ii) EIN	(iii) Type of orga	anization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	org	ganization		(described on li		listed in you	-	support (see	other support (see			
				above (see instr	uctions))	docur	nent?	instructions)	instructions)			
						Yes	No					
(A)												
			<del></del>			<u> </u>			<del></del>			
(B)												
(C)												
,												
(D)												
(E)												
				· · · · · · · · · · · · · · · · · · ·								
Tot:	ıl											

Page 2

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 t	inder the tests	isted below, pl	ease complete	Part III.)	
_	ion A. Public Support		<del></del>				
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,935	63,144	30,627	76,760	63,321	252,787
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	18,935	63,144	30,627	76,760	63,321	252,787
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						252,787
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	18,935	63,144	30,627	76,760	63,321	252,787
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		14	69	13	38	134
11	Total support. Add lines 7 through 10						252,921
12	Gross receipts from related activities, etc	(see instructions)			-	12	38
13	First five years. If the Form 990 is for the	organization's first	second, third, four	th, or fifth tax year	as a section 501(	c)(3)	
	organization, check this box and stop her		·				<b>&gt;</b>
<u>Sec</u>	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2016 (line 6		=	<b>(f)</b> )		14	99.95%
15	Public support percentage from 2015 Sch					15	99.96%
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, ch	eck this	<b>⊾</b> •
_	box and stop here. The organization qual		· -				► X
b	33 1/3% support test—2015. If the organ				s is 33 1/3% or mo	re, check	<b>.</b> —
	this box and stop here. The organization	•			401	44	
17a	10%-facts-and-circumstances test—201	<del>-</del>					
	10% or more, and if the organization meet				•		
	Part VI how the organization meets the "fa	icts-and-circumstar	ices test The orga	anization qualines	as a publicly supp	onea	▶ [
h	organization 10%-facts-and-circumstances test—201	IS If the organization	on did not check a	hoy on line 13 16:	a 16h or 17a and	line	
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization me				-	alicly	
	supported organization		J. 34.110.411000 103	. The organization	quamico ao a pui	JJ.,	▶ □
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a. 16b	, 17a, or 17b. che	ck this box and see	•	-
••	instructions			,	300		▶ [

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

• • • • • • • • • • • • • • • • • • • •	
(Complete only if you checked the box on line 10 of Part I o	ir if the organization failed to qualify under Part II
(Somplete only if you checked the box on the 10 of 1 art 10	in the organization falled to quality and or i are in
If the argenization fails to qualify under the tests listed heles	v places complete Part II \

Sec	tion A. Public Support				orriproto i die ii		
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>			<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				‡		
8	Public support. (Subtract line 7c from line 6)				1		
Sec	tion B. Total Support			<u> </u>	1	<u> </u>	L
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(,	(, _ 5, . 5	(0) = 0	(=) = 0.10	(0,20.0	(7) 512.
10a	Gross income from interest, dividends,						
IVA	payments received on securities loans, rents, royalties and income from similar sources	<del></del>					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			ļ			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's fire	st second third fo	ourth or fifth tay ve	ar as a section 50	1(c)(3)	L
.~	organization, check this box and stop here	-	, 5000a, time, 10	or martax ye	40 2 000(011 00	. (5)(6)	▶ □
Sec	tion C. Computation of Public Su		itage	<del>-</del>	<del></del>	<del></del>	
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2015 Sche		-			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2016 (li	ine 10c, column (	divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2015	Schedule A, Parl	III, line 17			18	%
19a	33 1/3% support tests—2016. If the orga	nization did not c	neck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this be	-	-	•	• • •		▶ ∟
b	33 1/3% support tests—2015. If the orga						
	line 18 is not more than 33 1/3%, check the	_	-	· ·		•	
20	Private foundation. If the organization did	not check a box	on line 14, 19a, o	r 190, check this b	ox and see instruc	zions	

Schedule A (Form 990 or 990-EZ) 2016 Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Sect	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complian A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		,	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	<b> </b>	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	<u> </u>	L
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	}		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a_	<u> </u>	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	Į.	1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	1	]
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	1	1
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	1
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	"		
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	100	1	
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	1	1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100	1	
~	Die die eigenbeder nere unt expess seemess neidige in the tax feat; (Coo Congulo C, i Onli 7/20, (C	,	4	4

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determine whether the organization had excess business holdings )

Schedule A (Form 990 or 990-EZ) 2016 KOREAN AMERICAN FORUM OF	CALIF	ORNIA 46-1359	706 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			ee
instructions. All other Type III non-functionally integrated supporting organizations			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		•
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·	<del></del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			***************************************
instructions for short tax year or assets held for part of year)	_		
Average monthly value of securities	1a		
b Average monthly cash balances	1b		· · · · · · · · · · · · · · · · · · ·
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		· · · · · · · · · · · · · · · · · · ·
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4 Enter greater of line 2 or line 3	4		<u> </u>
5 Income tax imposed in prior year	5		<del></del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			· · · · · · · · · · · · · · · · · · ·
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Type III	supporting organization (	

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990-EZ) 2016 KOREAN AMERICAN FORUM OF CALIFORNIA 46-1359706 Page 7							
Pari		upporting Organizat	tions (continued)				
Secti	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpos			<u> </u>			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity	<del></del>					
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations					
<u> </u>	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
<u>-6</u>	Other distributions (describe in Part VI) See instructions	<del></del>	<u> </u>				
<u>7</u>	Total annual distributions. Add lines 1 through 6	tion is responsible					
0	Distributions to attentive supported organizations to which the organiza (provide details in Part VI) See instructions	tion is responsive					
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Line o amount divided by Line 9 amount	(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI) See		'				
	instructions		i				
3	Excess distributions carryover, if any, to 2016						
a			<del> </del>	***************************************			
<u> </u>							
	From 2013		***************************************				
-	From 2014						
	From 2015						
	Total of lines 3a through e						
_	Applied to underdistributions of prior years		······································				
<u>n</u>	Applied to 2016 distributable amount  Carryover from 2011 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f		***************************************				
4	Distributions for 2016 from						
-	Section D, line 7.						
a	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if	· · · · · · · · · · · · · · · · · · ·					
•	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions						
-6	Remaining underdistributions for 2016 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in			ļ			
	Part VI See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7						
a							
b	Excess from 2013						
c	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

KOREAN AMERICAN FORUM OF CALIFORNIA 46-1359706

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Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Part II, Line 10 - Other Income Detail

Interest Income

\$

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SCHEDULE O . (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

KOREAN AMERICAN FORUM OF CALIFORNIA 4

Employer identification number 46-1359706

Form	990-EZ,	Part	I,	Line	16	-	Other	Expenses
Desci	ciption							Amount

## Expenses

F									
Advertising and Promotion		\$	950						
Information Technology		\$	156						
Travel		\$	21,616						
Public Officials Travel/Entertainment \$									
Conferences/Meetings		\$	30,801						
Bank Fees		\$	13						
Community Support		\$	1,375						
Membership Fee		\$	1,000						
Taxes & Licenses		\$	35						
Supplies		\$	64						
Refunds		\$	200						
Misc.		\$	60						
	Total	\$	56,567						

Form 990-EZ, Part III - Primary Exempt Purpose

THE PURPOSE IS TO BUILD COMMUNITY PARTNERSHIPS TO EMPOWER THE KOREAN

AMERICAN COMMUNITY, ADVANCE COMMUNITY DEVELOPMENT PROMOTIOING CIVIC

PARTICIPATION AND PROVIDING CIVIC EDUCATION, STRENGHTEN MULTICULTURAL

UNDERSTANDING IN THE COMMUNITY.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment
We have installed Peace Monumnet in Glendale, Ca to remember the sufferings

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization

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KOREAN AMERICAN FORUM OF CALIFORNIA

Employer identification number

46-1359706

of comfort women during WWII by Japan.