

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

## 2018

**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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

|  |  |  |
|--|--|--|
| <p><b>B</b> Check if applicable:</p> <input checked="" type="checkbox"/> Address change<br><input checked="" type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p><b>C</b> Name of organization<br/><b>COMFORT WOMEN ACTION FOR REDRESS AND EDUCATION</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br/> <b>P.O. BOX 9627</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>GLENDALE CA 91226</b></p> | <p><b>D</b> Employer identification number<br/><b>46-1359706</b></p> <p><b>E</b> Telephone number<br/><b>213-992-1807</b></p> <p><b>F</b> Group Exemption Number ▶</p> |
| <p><b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____</p>   |  | <p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>                      |
| <p><b>I</b> Website: <b>COMFORTWOMENACTION.ORG</b></p>   |  |  |
| <p><b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>   |  |  |
| <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____</p>   |  |  |
| <p><b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>43,713</b></p>  |  |  |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

|   | Description  | Code          | Amount        |
|---|--|---------------|---------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>      | <b>43,647</b> |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>      |               |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>      |               |
|   | <b>4</b> Investment income   | <b>4</b>      | <b>66</b>     |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b>     |               |
|   | <b>b</b> Less: cost or other basis and sales expenses  | <b>5b</b>     |               |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b>     |               |
|   | <b>6</b> Gaming and fundraising events:  |               |               |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b>     |               |
|   | <b>b</b> Gross income from fundraising events (not including _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>     |               |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b>  |               |               |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>  |               |               |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>  |               |               |
| <b>b</b> Less: cost of goods sold   | <b>7b</b>  |               |               |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | <b>7c</b>  |               |               |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>   |               |               |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>   | <b>43,713</b> |               |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b>     |               |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b>     |               |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b>     |               |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b>     | <b>300</b>    |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b>     |               |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b>     |               |
|   | <b>16</b> Other expenses (describe in Schedule O)  | <b>16</b>     | <b>27,848</b> |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>  | <b>28,148</b> |               |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b>     | <b>15,565</b> |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | <b>19</b>     | <b>69,818</b> |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b>     |               |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b>     | <b>85,383</b> |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with columns (A) Beginning of year and (B) End of year. Rows include 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with rows 28, 29, 30, 31, 32. Columns include description of program services, grant amounts, and total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include PHYLLIS KIM CEO and JUNGRAN SHIN CFO.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

|   |           |            |           |
|---|-----------|------------|-----------|
|   |           | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I..... | <b>46</b> |            | <b>X</b>  |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|   |            |            |           |
|---|------------|------------|-----------|
|   |            | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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..... | <b>47</b>  |            | <b>X</b>  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.....   | <b>48</b>  |            | <b>X</b>  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....   | <b>49a</b> |            | <b>X</b>  |
| <b>b</b> If "Yes," was the related organization a section 527 organization?.....  | <b>49b</b> |            |           |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| <b>None</b>                         |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| <b>None</b>  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |  |                    |
|------------------|--|--------------------|
| <b>Sign Here</b> | Signature of officer<br><b>PHYLLIS KIM</b><br>Type or print name and title | Date<br><b>CEO</b> |
|------------------|--|--------------------|

|                               |   |                               |                         |  |                          |
|-------------------------------|---|-------------------------------|-------------------------|--|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>HEUNG W. YOUN</b>                        | Preparer's signature<br>_____ | Date<br><b>08/19/19</b> | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br><b>P00421627</b> |
|                               | Firm's name ▶ <b>YOUN &amp; ASSOCIATE, A PROF. CORP.</b>                  |                               |                         | Firm's EIN ▶ <b>27-3838521</b>                             |                          |
|                               | Firm's address ▶ <b>15901 E Imperial Hwy<br/>La Mirada, CA 90638-2515</b> |                               |                         | Phone no. <b>562-943-9700</b>                              |                          |

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

|   |   |
|---|---|
| Name of the organization<br><b>COMFORT WOMEN ACTION FOR REDRESS AND EDUCATION</b> | Employer identification number<br><b>46-1359706</b> |
|---|---|

**Part I 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s):

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 30,627   | 76,760   | 63,321   | 63,390   | 43,647   | 277,745   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 30,627   | 76,760   | 63,321   | 63,390   | 43,647   | 277,745   |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 277,745   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  | 30,627   | 76,760   | 63,321   | 63,390   | 43,647   | 277,745   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 69       | 13       | 38       | 73       |          | 193       |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 277,938   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 66        |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | 99.93% |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14   | <b>15</b> | 99.95% |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>  |           |        |
| <b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |        |
| <b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |        |

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

(Complete only if you checked the box on line 10 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> 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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage for 2017 Schedule A, Part III, line 15                        | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17                         | <b>18</b> | % |

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| 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 <b>Part VI</b> when and how the organization made the determination.   |     |    |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
| 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.  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| 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 <b>Part VI</b> , 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). |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 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 <b>Part VI</b> .   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 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).   |     |    |
| 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 <b>Part VI</b> .  |     |    |
| b   | 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 <b>Part VI</b> .   |     |    |
| 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 <b>Part VI</b> .  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.  |     |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  |     |    |



**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>  |  |  |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part V **See instructions**). All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | 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              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |  |   | Current Year |
|---|--|---|--------------|
| 1                                       | 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 |              |
| 5                                       | Income tax imposed in prior year   | 5 |              |
| 6                                       | <b>Distributable Amount</b> . 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 integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations(see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013 .....   |                             |  |   |
| <b>b</b> From 2014 .....   |                             |  |   |
| <b>c</b> From 2015 .....   |                             |  |   |
| <b>d</b> From 2016 .....   |                             |  |   |
| <b>e</b> From 2017 .....   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014 .....  |                             |  |   |
| <b>b</b> Excess from 2015 .....  |                             |  |   |
| <b>c</b> Excess from 2016 .....  |                             |  |   |
| <b>d</b> Excess from 2017 .....  |                             |  |   |
| <b>e</b> Excess from 2018 .....  |                             |  |   |

**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**

**Interset Income** **\$ 193**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**Name of the organization **COMFORT WOMEN ACTION FOR REDRESS  
AND EDUCATION**Employer identification number  
**46-1359706****Form 990-EZ, Part I, Line 16 - Other Expenses**

| Description | Amount |
|-------------|--------|
|-------------|--------|

**Expenses**

|               |        |
|---------------|--------|
| ADVERTISEMENT | \$ 100 |
|---------------|--------|

|                     |       |
|---------------------|-------|
| BANK SERVICE CHARGE | \$ 16 |
|---------------------|-------|

|                   |          |
|-------------------|----------|
| COMMUNITY SUPPORT | \$ 3,780 |
|-------------------|----------|

|                      |          |
|----------------------|----------|
| CONFERENCES/MEETINGS | \$ 9,948 |
|----------------------|----------|

|                        |        |
|------------------------|--------|
| INFORMATION TECHNOLOGY | \$ 937 |
|------------------------|--------|

|       |        |
|-------|--------|
| MEALS | \$ 723 |
|-------|--------|

|                |          |
|----------------|----------|
| MEMBERSHIP FEE | \$ 1,000 |
|----------------|----------|

|       |        |
|-------|--------|
| MISC. | \$ 125 |
|-------|--------|

|        |        |
|--------|--------|
| OFFICE | \$ 182 |
|--------|--------|

|         |        |
|---------|--------|
| PARKING | \$ 429 |
|---------|--------|

|                    |        |
|--------------------|--------|
| POSTAGE & DELIVERY | \$ 340 |
|--------------------|--------|

|                  |          |
|------------------|----------|
| PROGRAM SERVICES | \$ 1,192 |
|------------------|----------|

|                  |       |
|------------------|-------|
| TAXES & LICENSES | \$ 55 |
|------------------|-------|

|        |          |
|--------|----------|
| TRAVEL | \$ 9,021 |
|--------|----------|

|              |                  |
|--------------|------------------|
| <b>Total</b> | <b>\$ 27,848</b> |
|--------------|------------------|

**Form 990-EZ, Part III - Primary Exempt Purpose**

THE PURPOSE IS TO BUILD COMMUNITY PARTNERSHIPS TO EMPOWER THE KOREAN AMERICAN COMMUNITY, ADVANCE COMMUNITY DEVELOPMENT PROMOTING CIVIC PARTICIPATION AND PROVIDING CIVIC EDUCATION, STRENGTHEN MULTICULTURAL UNDERSTANDING IN THE COMMUNITY.

Name of the organization

Employer identification number

**COMFORT WOMEN ACTION FOR REDRESS**

**46-1359706**

**Form 990-EZ, Part III, Line 31 - All Other Accomplishment**

**We have installed Peace Monument in Glendale, Ca to remember the sufferings of comfort women during WWII by Japan.**

## **Filing Instructions**

### **COMFORT WOMEN ACTION FOR REDRESS AND EDUCATION**

#### **Annual Registration Renewal Fee Report to Attorney General of California**

#### **Taxable Year Ended December 31, 2018**

**Date Due:** November 15, 2019

**Remittance:** Your Form RRF-1 for the tax year ended 12/31/18 shows a balance due of \$25. Include a check payable to the Attorney General's Registry of Charitable Trusts in the amount of \$25. Write "E.I.N. 46-1359706, RRF-1 Balance Due for the year ended 12/31/18" on the check.

**Mail To:** Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

**Signature:** The return should be signed and dated by an officer representing the organization.

**Other:** A copy of the federal return should be attached and sent with the registration renewal.

COMFORT WOMEN ACTION FOR REDRESS  
AND EDUCATION  
P.O.BOX 9627  
GLENDALE, CA 91226

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470





034

**MAIL TO:**

Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**

[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

|  |  |
|--|--|
| State Charity Registration Number _____<br><b>COMFORT WOMEN ACTION FOR REDRESS</b><br>Name of Organization<br><b>P. O. BOX 9627</b><br>Address (Number and Street)<br><b>GLENDALE CA 91226</b><br>City or Town, State and ZIP Code | Check if:<br><input checked="" type="checkbox"/> Change of address<br><br><input type="checkbox"/> Amended report<br><br>Corporate or Organization No. <u>3512311</u><br><br>Federal Employer I.D. No. <u>46-1359706</u> |
|--|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/18 ending 12/31/18 ) list:  
 Gross annual revenue \$ 43,713 Total assets \$ 85,383

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|   | Yes | No       |
|---|-----|----------|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | <b>X</b> |
| 2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  |     | <b>X</b> |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?   |     | <b>X</b> |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  |     | <b>X</b> |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.   |     | <b>X</b> |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.   |     | <b>X</b> |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  |     | <b>X</b> |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  |     | <b>X</b> |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  |     | <b>X</b> |

Organization's area code and telephone number 213-992-1807

Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.**

\_\_\_\_\_  
 Signature of authorized officer      PHYLLIS KIM      CEO      \_\_\_\_\_  
 Printed Name      Title      Date

## **Filing Instructions**

### **COMFORT WOMEN ACTION FOR REDRESS AND EDUCATION**

#### **Form 8453-EO - California e-file Return Authorization for Exempt Organizations**

#### **Taxable Year Ended December 31, 2018**

**Date Due:** November 15, 2019

**Remittance:** None is required. Your Form 199 for the tax year ended 12/31/18 shows no balance due.

**Signature:** Form 8453-EO should be signed and dated by an authorized officer of the organization and returned to:

YOUN & ASSOCIATE, A PROF. CORP.  
15901 E Imperial Hwy  
La Mirada, CA 90638-2515

**Other:** Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of your return to the California Franchise Tax Board, it will delay processing of your return.

034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2018**

**California e-file Return Authorization for Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name **COMFORT WOMEN ACTION FOR REDRESS AND EDUCATION**

Identifying number  
**46-1359706**

**Part I Electronic Return Information**(whole dollars only)

|   |   |               |
|---|---|---------------|
| 1 Total gross receipts (Form 199, line 4)             | 1 | <b>43,713</b> |
| 2 Total gross income (Form 199, line 8)               | 2 | <b>43,713</b> |
| 3 Total expenses and disbursements (Form 199, Line 9) | 3 | <b>28,148</b> |

**Part II Settle Your Account Electronically for Taxable Year 2018**

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information**(Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_      7 Type of account:  Checking  Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider **if the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**

Signature of officer

08/25/19  
Date

CEO  
Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer**See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |   |  |   |  |                                |
|----------------------|---|--|---|--|--------------------------------|
| <b>ERO Must Sign</b> | ERO's signature                                     | Date   | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input checked="" type="checkbox"/> | ERO's PTIN<br><b>P00421627</b> |
|                      | Firm's name (or yours if self-employed) and address | <b>YOUN &amp; ASSOCIATE, A PROF. CORP.<br/>15901 E IMPERIAL HWY<br/>LA MIRADA CA</b> |   |  | FEIN<br><b>27-3838521</b>      |
|                      |   |  |   |  | ZIP code<br><b>90638-2515</b>  |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                                |   |      |   |                      |
|--------------------------------|---|------|---|----------------------|
| <b>Paid Preparer Must Sign</b> | Paid preparer's signature                           | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
|                                | Firm's name (or yours if self-employed) and address |      |   |                      |
|                                |   |      |   | FEIN<br>ZIP code     |

**TAXABLE YEAR** **California Exempt Organization**  
**2018 Annual Information Return**

FORM

**199**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **COMFORT WOMEN ACTION FOR REDRESS AND EDUCATION** California corporation number **3512311**

Additional information. See instructions. FEIN **46-1359706**

Street address (suite or room) **P.O. BOX 9627** PMB no.

City **GLENDALE** State **CA** Zip code **91226**

Foreign country name Foreign province/state/county Foreign postal code

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) ● \_\_\_\_\_  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990)  
 (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A**  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
 No filing fee is required.   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

|   |  |    |        |    |
|---|--|----|--------|----|
| <b>Receipts and Revenues</b>  | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 66     | 00 |
|   | 2 Gross dues and assessments from members and affiliates   | 2  |        | 00 |
|   | 3 Gross contributions, gifts, grants, and similar amounts received   | 3  | 43,647 | 00 |
|   | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$50,000, see General Information B | 4  | 43,713 | 00 |
|   | 5 Cost of goods sold   | 5  |        | 00 |
|   | 6 Cost or other basis, and sales expenses of assets sold   | 6  |        | 00 |
|   | 7 Total costs. Add line 5 and line 6   | 7  |        | 00 |
|   | 8 Total gross income. Subtract line 7 from line 4  | 8  | 43,713 | 00 |
| <b>Expenses</b>   | 9 Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 28,148 | 00 |
|   | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | 10 | 15,565 | 00 |
| <b>Filing Fee</b>   | 11 Total payments  | 11 | 10     | 00 |
|   | 12 Use tax. See General Information K  | 12 |        | 00 |
|   | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  | 13 | 10     | 00 |
|   | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12   | 14 |        | 00 |
|   | 15 Filing fee \$10 or \$25. See General Information F  | 15 | 10     | 00 |
| 16 Penalties and Interest. See General Information J  | 16   |    | 00     |    |
| 17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17   |    | 00     |    |

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer  Title **CEO** Date  Telephone **213-992-1807**

**Paid Preparer's Use Only** Preparer's signature  Date **08/19/2019** Check if self-employed  PTIN **P00421627**  
 Firm's name (or yours, if self-employed) and address **YOUN & ASSOCIATE, A PROF. CORP.**  
**15901 E IMPERIAL HWY**  
**LA MIRADA, CA 90638-2515** Firm's FEIN **27-3838521**  
 Telephone **562-943-9700**

May the FTB discuss this return with the preparer shown above? See instructions.  Yes  No

**COMFORT WOMEN ACTION FOR REDRESS**  
**46-1359706**

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

|                                    |    |  |   |    |               |    |
|------------------------------------|----|--|---|----|---------------|----|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions   | ● | 1  |               | 00 |
|                                    | 2  | Interest   | ● | 2  | <b>66</b>     | 00 |
|                                    | 3  | Dividends  | ● | 3  |               | 00 |
|                                    | 4  | Gross rents  | ● | 4  |               | 00 |
|                                    | 5  | Gross royalties  | ● | 5  |               | 00 |
|                                    | 6  | Gross amount received from sale of assets (See Instructions)   | ● | 6  |               | 00 |
|                                    | 7  | Other income. Attach schedule  | ● | 7  |               | 00 |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 |   | 8  | <b>66</b>     | 00 |
| <b>Expenses and Disbursements</b>  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule  | ● | 9  |               | 00 |
|                                    | 10 | Disbursements to or for members  | ● | 10 |               | 00 |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 1</b>                                    | ● | 11 |               | 00 |
|                                    | 12 | Other salaries and wages   | ● | 12 |               | 00 |
|                                    | 13 | Interest   | ● | 13 |               | 00 |
|                                    | 14 | Taxes  | ● | 14 |               | 00 |
|                                    | 15 | Rents  | ● | 15 |               | 00 |
|                                    | 16 | Depreciation and depletion (See instructions)  | ● | 16 |               | 00 |
|                                    | 17 | Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 2</b>  | ● | 17 | <b>28,148</b> | 00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                |   | 18 | <b>28,148</b> | 00 |

**Schedule L Balance Sheet**

**Beginning of taxable year**

**End of taxable year**

|  | (a) | (b)    | (c) | (d)    |
|--|-----|--------|-----|--------|
| <b>Assets</b>  |     |        |     |        |
| 1 Cash   |     | 69,818 | ●   | 85,383 |
| 2 Net accounts receivable                            |     |        | ●   |        |
| 3 Net notes receivable                               |     |        | ●   |        |
| 4 Inventories  |     |        | ●   |        |
| 5 Federal and state government obligations           |     |        | ●   |        |
| 6 Investments in other bonds                         |     |        | ●   |        |
| 7 Investments in stock                               |     |        | ●   |        |
| 8 Mortgage loans                                     |     |        | ●   |        |
| 9 Other investments. Attach schedule                 |     |        | ●   |        |
| 10 a Depreciable assets                              |     |        |     |        |
| b Less accumulated depreciation                      | ( ) |        | ( ) |        |
| 11 Land  |     |        | ●   |        |
| 12 Other assets. Attach schedule                     |     |        | ●   |        |
| 13 <b>Total assets</b>                               |     | 69,818 |     | 85,383 |
| <b>Liabilities and net worth</b>                     |     |        |     |        |
| 14 Accounts payable                                  |     |        | ●   |        |
| 15 Contributions, gifts, or grants payable           |     |        | ●   |        |
| 16 Bonds and notes payable                           |     |        | ●   |        |
| 17 Mortgages payable                                 |     |        | ●   |        |
| 18 Other liabilities. Attach schedule                |     |        | ●   |        |
| 19 Capital stock or principal fund                   |     |        | ●   |        |
| 20 Paid-in or capital surplus. Attach reconciliation |     |        | ●   |        |
| 21 Retained earnings or income fund                  |     | 69,818 | ●   | 85,383 |
| 22 <b>Total liabilities and net worth</b>            |     | 69,818 |     | 85,383 |

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

|   |   |   |        |    |  |   |        |
|---|---|---|--------|----|--|---|--------|
| 1 | Net income per books  | ● | 15,565 | 7  | Income recorded on books this year not included in this return. Attach schedule      | ● |        |
| 2 | Federal income tax  | ● |        | 8  | Deductions in this return not charged against book income this year. Attach schedule | ● |        |
| 3 | Excess of capital losses over capital gains                                       | ● |        | 9  | Total. Add line 7 and line 8   | ● |        |
| 4 | Income not recorded on books this year. Attach schedule                           | ● |        | 10 | Net income per return. Subtract line 9 from line 6                                   | ● | 15,565 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● |        |    |  |   |        |
| 6 | <b>Total.</b> Add line 1 through line 5   |   | 15,565 |    |  |   |        |

**California Statements**

**Statement 1 - Form 199, Part II, Line 11 - Officer Compensation**

| Name         |          | Address  |       |  | Title | Avg Hrs | Compensation Amount |
|--------------|----------|----------|-------|--|-------|---------|---------------------|
|              | City     | State    | Zip   |  |       |         |                     |
| PHYLLIS KIM  |          | P.O. BOX | 9627  |  |       |         |                     |
|              | GLENDALE | CA       | 91226 |  | CEO   | 40.00   |                     |
| JUNGRAN SHIN |          | P.O. BOX | 9627  |  |       |         |                     |
|              | GLENDALE | CA       | 91226 |  | CFO   | 10.00   |                     |
| Total        |          |          |       |  |       |         | <u>0</u>            |

**California Statements****Statement 2 - Form 199, Part II, Line 17 - Other Expenses**

| <u>Description</u>     | <u>Amount</u>    |
|------------------------|------------------|
| ADVERTISEMENT          | \$ 100           |
| BANK SERVICE CHARGE    | 16               |
| COMMUNITY SUPPORT      | 3,780            |
| CONFERENCES/MEETINGS   | 9,948            |
| INFORMATION TECHNOLOGY | 937              |
| LEGAL & PROFESSIONAL   | 300              |
| MEALS                  | 723              |
| MEMBERSHIP FEE         | 1,000            |
| MISC.                  | 125              |
| OFFICE                 | 182              |
| PARKING                | 429              |
| POSTAGE & DELIVERY     | 340              |
| PROGRAM SERVICES       | 1,192            |
| TAXES & LICENSES       | 55               |
| TRAVEL                 | 9,021            |
| Total                  | \$ <u>28,148</u> |