

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

KOREATOWN YOUTH AND COMMUNITY CENTER

EIN or SSN

95-3779389

Name and title of officer or person subject to tax

JOE ST. JOHN**CHIEF OPERATING OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,289,972.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **CKP, LLP**

ERO firm name

to enter my PIN **90020**Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

5/11/23**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96169190020

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Privacy act and Paperwork Reduction Act Notice, see instructions.**Form **8879-TE** (2021)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

- **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	KOREATOWN YOUTH AND COMMUNITY CENTER	95-3779389
	Number, street, and room or suite no. If a P.O. box, see instructions. 3727 W. SIXTH STREET, 300	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90020	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JOE ST. JOHN

- The books are in the care of ► **3727 W. SIXTH STREET STE 300 - LOS ANGELES, CA 90020**

Telephone No. ► **213-365-7400**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2022)

EXTENDED TO MAY 15, 2023

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KOREATOWN YOUTH AND COMMUNITY CENTER**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3727 W. SIXTH STREET**300**

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90020**F** Name and address of principal officer: **JOE ST. JOHN****SAME AS C ABOVE****D** Employer identification number**95-3779389****E** Telephone number**213-365-7400****G** Gross receipts \$ **15,359,975.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.KYCCLA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1982** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A CONTINUUM OF COMMUNITY-BASED SERVICES TO THE CHILDREN AND FAMILIES OF KOREATOWN.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 17
	4	Number of independent voting members of the governing body (Part VI, line 1b) 17
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 233
	6	Total number of volunteers (estimate if necessary) 3553
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
	8	Contributions and grants (Part VIII, line 1h) 11,877,291.
	9	Program service revenue (Part VIII, line 2g) 1,238,297.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,293.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 44,488.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,191,369.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,254,400.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 416,865.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,521,368.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,775,768.
	19	Revenue less expenses. Subtract line 18 from line 12 415,601.
	20	Total assets (Part X, line 16) 5,959,356.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 1,539,432.
	22	Net assets or fund balances. Subtract line 21 from line 20 4,419,924.

Part II Signature Block

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.

Sign Here	Signature of officer		Date
	JOE ST. JOHN, CHIEF OPERATING OFFICER		
Paid	Print/Type preparer's name	Preparer's signature	Date
	KIHO CHOI		
Preparer Use Only	Firm's name ▶ CKP, LLP	Firm's EIN ▶ 20-2227407	Check if self-employed <input type="checkbox"/> PTIN P00545677
	Firm's address ▶ 3435 WILSHIRE BLVD STE 2240 LOS ANGELES, CA 90010	Phone no. 213-480-9100	

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

132001 12-09-21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:

KYCC'S PROGRAMS AND SERVICES ARE DIRECTED TOWARD RECENTLY IMMIGRATED, ECONOMICALLY DISADVANTAGED YOUTH AND THEIR FAMILIES, AND PROMOTE COMMUNITY SOCIO-ECONOMIC EMPOWERMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,893,283. including grants of \$) (Revenue \$ 457,504.)

THE ENVIRONMENTAL SERVICES UNIT PROVIDES FREE TREE PLANTING, TREE DISTRIBUTION, GRAFFITI REMOVAL, COMMUNITY CLEAN-UPS, AND ENVIRONMENTAL EDUCATION IN KOREATOWN AND CENTRAL AND SOUTH LOS ANGELES. KYCC BEAUTIFIES CANOPY-POOR AREAS OF LOS ANGELES BY PLANTING STREET TREES AND BY DISTRIBUTING FREE TREES TO PROPERTY OWNERS THROUGH THE MAYOR'S CITY PLANTS PROGRAM. KYCC ALSO PROVIDES GRAFFITI REMOVAL AND COMMUNITY CLEAN-UP SERVICES, FREE OF CHARGE, SEVEN DAYS A WEEK, FOR KOREATOWN AND CENTRAL LOS ANGELES. THROUGH NEIGHBORHOOD BEAUTIFICATION AND ENVIRONMENTAL EDUCATION, KYCC IS HELPING TO MAKE LOS ANGELES A SAFE, HEALTHY AND MORE BEAUTIFUL COMMUNITY.

4b (Code:) (Expenses \$ 2,202,711. including grants of \$) (Revenue \$ 33,333.)

THE PREVENTION EDUCATION UNIT PROVIDES PREVENTION EDUCATION WORKSHOPS BY WORKING WITH YOUTH, PARENTS AND THE LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD). THESE WORKSHOPS INCREASE COMMUNITY PROTECTIVE FACTORS, INCLUDING SOCIAL AND EMOTIONAL LEARNING, RESILIENCY, AS WELL AS DEVELOPING OPEN COMMUNICATION BETWEEN YOUTH AND PARENTS. THE PROGRAM ALSO DISCUSSES FACTS AND KNOWLEDGE ABOUT SUBSTANCE ABUSE, AND PROVIDES PARTICIPANTS THE TOOLS FOR BUILDING HEALTHY FAMILIES. KYCC ALSO BUILDS COALITIONS THAT ADDRESS POLICIES THAT ARE HEALTH-FOCUSED, INCLUDING REDUCING ACCESS AND AVAILABILITIES TO SUBSTANCES IN COMMUNITIES OF KOREATOWN, PICO-UNION, AND WESTLAKE. THE OUTCOME IS BUILDING RESILIENT AND EMPOWERED COMMUNITIES THAT REDUCE THE RATE OF SUBSTANCE ABUSE AND THE HARMS THAT ARE ASSOCIATED.

4c (Code:) (Expenses \$ 2,309,112. including grants of \$) (Revenue \$ 309,138.)

THE CLINICAL SERVICES UNIT OFFERS CULTURALLY COMPETENT MENTAL HEALTH SERVICES FOR LOW-INCOME CHILDREN, YOUTH, AND THEIR FAMILIES. INDIVIDUAL, GROUP, AND FAMILY THERAPY IS PROVIDED FREE OF CHARGE IN OUT-PATIENT, SCHOOL-BASED, AND IN-HOME SETTINGS THROUGH CONTRACTS WITH THE COUNTY DEPARTMENT OF MENTAL HEALTH, COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES, AND OTHER FUNDERS. SERVICES ALSO INCLUDE MEDICATION MANAGEMENT, INDIVIDUAL AND FAMILY-BASED CASE MANAGEMENT, CHILD ABUSE PREVENTION/INTERVENTION, AND PARENTING EDUCATION. ALL SERVICES ARE AVAILABLE IN ENGLISH, SPANISH, AND KOREAN.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 6,145,741. including grants of \$) (Revenue \$ 1,587,530.)

4e Total program service expenses **13,550,847.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 233		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JOE ST. JOHN - 213-365-7400
3727 W. SIXTH STREET STE 300, LOS ANGELES, CA 90020

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHNG HO SONG EXECUTIVE DIRECTOR	40.00			X				215,000.	0.	38,922.
(2) FRANCESCA LERUE CHIEF PROGRAM DIRECTOR	40.00				X			152,284.	0.	23,556.
(3) JOSEPH ST. JOHN CHIEF OPERATING OFFCER	40.00			X				130,643.	0.	15,302.
(4) TEDDY ZEE PRESIDENT	2.00	X						0.	0.	0.
(5) JONG C. LIMB VICE PRESIDENT	2.00	X						0.	0.	0.
(6) FELICIA ROSENFELD SECRETARY	2.00	X						0.	0.	0.
(7) FRANK LOPEZ TREASURER	2.00	X						0.	0.	0.
(8) WONTAE CHA BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(9) FRANCIS PARK BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(10) EDWARD K. KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(11) KAREN S. KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(12) RICHARD KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(13) TED KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(14) SANDRA LEE BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(15) PAUL T. KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(16) PETE KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(17) EDWARD PAI BOARD OF DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VIVIAN I. KIM BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(19) NITA SONG BOARD OF DIRECTOR	2.00	X						0.	0.	0.
(20) PATRICIA L. WATTS BOARD OF DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								497,927.	0.	77,780.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								497,927.	0.	77,780.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	728,441.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,059,605.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,114,421.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 206,873.			
	h	Total. Add lines 1a-1f		12,902,467.			
	Program Service Revenue	2 a	KID'S TOWN	Business Code	624410	548,507.	548,507.
b		ENVIRONMENTAL SERVICES		811000	457,504.	457,504.	
c		CLINICAL SERVICES		624100	309,138.	309,138.	
d		SUPPORTING HOUSING		623990	201,070.	201,070.	
e		ECONOMIC DEVELOPMENT		561499	104,634.	104,634.	
f		All other program service revenue		611710	158,016.	158,016.	
g		Total. Add lines 2a-2f		1,778,869.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		6a					
		6b					
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a					
		7b					
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 728,441. of contributions reported on line 1c). See Part IV, line 18					
		8a	70,003.				
		8b	70,003.				
	c	Net income or (loss) from fundraising events			0.		
9 a	Gross income from gaming activities. See Part IV, line 19						
	9a						
	9b						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
	10a						
	10b						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	999999	608,636.	608,636.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		608,636.			
12	Total revenue. See instructions		15,289,972.	2,387,505.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	513,631.	119,161.	361,733.	32,737.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,876,344.	5,673,468.	994,130.	208,746.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,087.	124,775.	40,456.	7,856.
9 Other employee benefits	1,032,209.	841,700.	156,769.	33,740.
10 Payroll taxes	598,604.	474,277.	105,631.	18,696.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,475.		1,475.	
c Accounting	19,500.		19,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,385,625.	2,181,136.	196,491.	7,998.
12 Advertising and promotion	48,227.	41,694.	1,275.	5,258.
13 Office expenses	54,866.	36,794.	12,796.	5,276.
14 Information technology	103,716.	61,433.	40,138.	2,145.
15 Royalties				
16 Occupancy	566,722.	502,006.	45,666.	19,050.
17 Travel	2,811.		2,811.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,051.	6,222.	8,572.	6,257.
20 Interest	225.		225.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,545.	60,212.	64,333.	
23 Insurance	73,709.	12,426.	61,283.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EVENTS & SUPPLI	1,400,281.	1,358,711.	41,255.	315.
b AUTOMOBILE	176,783.	175,589.	355.	839.
c BAD DEBT	109,521.	0.	109,521.	0.
d TRAINING	108,073.	62,973.	44,802.	298.
e All other expenses	5,478.	1,818,270.	-1,880,446.	67,654.
25 Total functional expenses. Add lines 1 through 24e	14,396,483.	13,550,847.	428,771.	416,865.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	850,061.	1	1,861,243.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	25,000.	3	13,152.
	4 Accounts receivable, net	3,289,725.	4	3,774,263.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0.	8	
	9 Prepaid expenses and deferred charges	82,226.	9	91,410.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,071,742.		
	b Less: accumulated depreciation	10b 1,765,297.	10c	1,306,445.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	321,053.	13	318,178.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,743.	15	4,565.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,959,356.	16	7,369,256.	
Liabilities	17 Accounts payable and accrued expenses	1,098,697.	17	959,330.
	18 Grants payable		18	
	19 Deferred revenue	440,735.	19	1,096,513.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,539,432.	26	2,055,843.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,113,674.	27	5,090,496.
	28 Net assets with donor restrictions	306,250.	28	222,917.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,419,924.	32	5,313,413.
	33 Total liabilities and net assets/fund balances	5,959,356.	33	7,369,256.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,289,972.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,396,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	893,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,419,924.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,313,413.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

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).)
- 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 on 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		
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6771939.	8411681.	9326659.	12159813.	13343626.	50013718.
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	6771939.	8411681.	9326659.	12159813.	13343626.	50013718.
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.						50013718.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	6771939.	8411681.	9326659.	12159813.	13343626.	50013718.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,305.	4,494.	4,774.	31,293.	0.	45,866.
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.)	107,117.	112,088.	349,753.	84,574.	633,671.	1287203.
11 Total support. Add lines 7 through 10						51346787.
12 Gross receipts from related activities, etc. (see instructions)					12	8,179,775.
13 First 5 years. 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 stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.40	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.09	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
..... <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2020. 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 stop here. The organization qualifies as a publicly supported organization			
..... <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2021. 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 stop here. 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 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
..... <input type="checkbox"/>			
18 Private foundation. 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"/>			

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. 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 stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI 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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** 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? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** 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)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** 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?
- 2** 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described on line 2, above, 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.
- a** 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? 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.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b below.
- a** 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? If "Yes" or "No" provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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 VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
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	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):		
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	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 0.015 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 0.035.	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
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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.)

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

KOREATOWN YOUTH AND COMMUNITY CENTER

95-3779389

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KOREATOWN YOUTH AND COMMUNITY CENTER	95-3779389

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public Inspection**

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

132051 10-28-21

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	2,584,127.		1,365,855.	1,218,272.
c Leasehold improvements				
d Equipment				
e Other	487,615.		399,442.	88,173.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,306,445.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,658,867.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	92,019.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	276,876.
e	Add lines 2a through 2d	2e	368,895.
3	Subtract line 2e from line 1	3	15,289,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,289,972.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,765,378.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	92,019.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	276,876.
e	Add lines 2a through 2d	2e	368,895.
3	Subtract line 2e from line 1	3	14,396,483.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,396,483.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING (CASH)

FUNDRAISING (NON-CASH)

CONTRIBUTION PORTION FROM FUNDRAISING EVENT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING (CASH)

FUNDRAISING (NON-CASH)

CONTRIBUTION PORTION FROM FUNDRAISING EVENT

PART XII, LINE 2B

Part XIII Supplemental Information *(continued)*

LINE 2B CONSIST OF FUNDRAISING EXPENSES OF \$70,003, AND NON-CASH CONTRIBUTIONS (TOYS, BOOKS, ETC) OF \$206,873.

PART XII, LINE 2B

KYCC MAINTAINS A TAX-EXEMPT STATUS UNDER SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE AND 23701(D) OF THE STATE OF CALIFORNIA, REVENUE AND TAXATION CODE. KYCC'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2021, 2020 AND 2019 ARE SUBJECT TO EXAMINATION BY THE IRS AND FTB, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. AS REQUIRED BY THE INCOME TAXES TOPIC FOR THE FASB ASC, KYCC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. KYCC DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CONCERT (event type)	GOLF (event type)	1 (total number)		
Revenue	1	Gross receipts	269,985.	192,044.	336,415.	798,444.
	2	Less: Contributions	245,420.	175,104.	307,917.	728,441.
	3	Gross income (line 1 minus line 2)	24,565.	16,940.	28,498.	70,003.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	24,565.	16,940.	28,498.	70,003.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				70,003.
	11	Net income summary. Subtract line 10 from line 3, column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

IN 2021, THE EXECUTIVE COMMITTEE RECOMMENDED AN ADJUSTMENT TO THE EXECUTIVE DIRECTOR'S COMPENSATION TO THE CURRENT LEVEL, AND IT ACCEPTED AN ADJUSTMENT RECOMMENDATION MADE BY THE EXECUTIVED DIRECTOR TO THE CHIEF OPERATING OFFICER'S COMPENSATION TO THE CURRENT LEVEL. THERE WAS A REVIEW BY MEMBERS OF THE EXECUTIVE COMMITTEE AND APPROVAL FROM THE FULL BOARD. MODIFICATIONS TO COMPENSATION, INCLUDING BENEFITS, OF THE EXECUTIVE DIRECTOR AND CHIEF OPERATING/FINANCIAL OFFICER ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, IF SUCH MODIFICATIONS ARE NOT SUBSTANTIALLY SHARED BY ALL EMPLOYEES. COMPARABLE DATA, COMPENSATION SURVEYS, AND OTHER MEANS ARE USED TO DETERMINE THAT THE COMPENSATION IS 'JUST AND REASONABLE'.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS, BOOKS,)	X	55	177,053.	FMV
26 Other ▶ (TICKET, COUPO)	X	12	24,760.	FMV
27 Other ▶ (FOOD, AND BEV)	X	8	5,060.	FMV
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990)

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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021
Open to Public
Inspection

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number
95-3779389

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

KYCC PROVIDES YOUTH SERVICES, KIDS TOWN AND ECONOMIC DEVELOPMENT SERVICES. YOUTH SERVICES INCLUDE AFTERSCHOOL PROGRAMS FOR YOUTH FROM 1ST GRADE THROUGH HIGH SCHOOL. KYCC ALSO OFFER A FULL-DAY SUMMER CAMP AT AN AFFORDABLE PRICE. KIDS TOWN SERVICES INCLUDE EARLY CHILDHOOD EDUCATION FOR CHILDREN AGES TWO AND A HALF MONTHS TO FIVE YEARS. THE PREVENTION EDUCATION UNIT PROVIDES PREVENTION EDUCATION WORKSHOPS BY WORKING WITH YOUTH, PARENTS AND THE LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD). THESE WORKSHOPS INCREASE COMMUNITY PROTECTIVE FACTORS, INCLUDING SOCIAL AND EMOTIONAL LEARNING, RESILIENCY, AS WELL AS DEVELOPING OPEN COMMUNICATION BETWEEN YOUTH AND PARENTS. THE PROGRAM ALSO DISCUSSES FACTS AND KNOWLEDGE ABOUT SUBSTANCE ABUSE, AND PROVIDES PARTICIPANTS THE TOOLS FOR BUILDING HEALTHY FAMILIES. KYCC ALSO BUILDS COALITIONS THAT ADDRESS POLICIES THAT ARE HEALTH-FOCUSED, INCLUDING REDUCING ACCESS AND AVAILABILITIES TO SUBSTANCES IN COMMUNITIES OF KOREATOWN, PICO-UNION, AND WESTLAKE. THE OUTCOME IS BUILDING RESILIENT AND EMPOWERED COMMUNITIES THAT REDUCE THE RATE OF SUBSTANCE ABUSE AND THE HARMS THAT ARE ASSOCIATED.

EXPENSES \$ 6,145,741. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,587,530.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING. IN COMPLIANCE WITH THE CALIFORNIA NONPROFIT INTEGRITY ACT OF 2004 (SB 1262), THE AUDIT COMMITTEE CONFERRED WITH THE INDEPENDENT AUDITORS TO SATISFY MEMBERS OF THE FINANCIAL AFFAIRS OF THE ORGANIZATION. THE AUDIT COMMITTEE DETERMINED TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

ACCEPT THE AUDIT AND SUBMITTED ITS OPINION TO ACCEPT THE AUDITED FINANCIALS TO A FULL VOTE OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ACCEPTED THE AUDIT. THE AUDITED FINANCIAL STATEMENTS WERE THE BASIS FOR COMPLETING THE FORM 990. PRIOR TO FILING, THE FORM 990 WAS DISTRIBUTED TO THE FULL BOARD ALONG WITH AN EXECUTIVE SUMMARY PROVIDED BY THE CHIEF OPERATING OFFICER. A PERIOD FOR QUESTIONS AND CLARIFICATIONS ABOUT THE FORM 990 WAS PROVIDED TO THE BOARD AND ANY ITEMS OF CONCERN WERE ADDRESSED PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND STAFF MEMBERS. BOARD MEMBERS ARE INTRODUCED TO THE POLICY DURING THEIR INITIAL ORIENTATION AND ARE EXPECTED TO DISCLOSE POTENTIAL CONFLICTS WITH THE EXECUTIVE DIRECTOR AND/OR A MEMBER OF THE EXECUTIVE COMMITTEE. ON AN ANNUAL BASIS, THE BOARD OF DIRECTORS REVIEWS THE POLICY (DURING THE JUNE MEETING OR, IF CANCELLED, THE FIRST BOARD OF DIRECTORS MEETING THEREAFTER). THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO REVIEW ANY CLAIMS OF CONFLICT OF INTEREST. IF CONFLICTS OF INTEREST EXIST, MEMBERS ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN ANY MATTER IN WHICH THEY MAY HAVE SUCH CONFLICT OF INTEREST. STAFF IS INTRODUCED TO THE POLICY DURING THEIR NEW HIRE ORIENTATION. THE MANAGEMENT TEAM IS RESPONSIBLE FOR REPORTING ANY POTENTIAL CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR. IF THE EXECUTIVE DIRECTOR FINDS MERIT IN THE REPORT, A REPORT IS FORWARDED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2021, THE EXECUTIVE COMMITTEE RECOMMENDED AN ADJUSTMENT TO THE EXECUTIVE

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

DIRECTOR'S COMPENSATION TO THE CURRENT LEVEL, AND IT ACCEPTED AN ADJUSTMENT RECOMMENDATION MADE BY THE EXECUTIVE DIRECTOR TO THE CHIEF OPERATING OFFICER'S COMPENSATION TO THE CURRENT LEVEL. THERE WAS A REVIEW BY MEMBERS OF THE EXECUTIVE COMMITTEE AND APPROVAL FROM THE FULL BOARD. MODIFICATIONS TO COMPENSATION, INCLUDING BENEFITS, OF THE EXECUTIVE DIRECTOR AND CHIEF OPERATING/FINANCIAL OFFICER ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, IF SUCH MODIFICATIONS ARE NOT SUBSTANTIALLY SHARED BY ALL EMPLOYEES. COMPARABLE DATA, COMPENSATION SURVEYS, AND OTHER MEANS ARE USED TO DETERMINE THAT THE COMPENSATION IS 'JUST AND REASONABLE'.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS FOR THE MOST CURRENT YEAR ARE AVAILABLE ON THE KYCC WEBSITE AND IN PERSON, UPON REQUEST. CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS ARE NOT GENERALLY MADE AVAILABLE BUT CONSIDERATION WOULD BE MADE TO A WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL SERVICE:

PROGRAM SERVICE EXPENSES	8,510.
MANAGEMENT AND GENERAL EXPENSES	45,188.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,698.

SUBCONTRACT & CLIENT SUPPORT:

PROGRAM SERVICE EXPENSES	1,883,388.
MANAGEMENT AND GENERAL EXPENSES	43,939.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,927,327.

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	22,263.
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MANAGEMENT AND GENERAL EXPENSES	2,146.
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FUNDRAISING EXPENSES	1,260.
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TOTAL EXPENSES	25,669.
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CONSULTING:

PROGRAM SERVICE EXPENSES	118,059.
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MANAGEMENT AND GENERAL EXPENSES	26,400.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	144,459.
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OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	135,276.
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MANAGEMENT AND GENERAL EXPENSES	78,168.
---------------------------------	---------

FUNDRAISING EXPENSES	6,738.
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TOTAL EXPENSES	220,182.
----------------	----------

LICENSE FEES:

PROGRAM SERVICE EXPENSES	13,640.
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MANAGEMENT AND GENERAL EXPENSES	650.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	14,290.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,385,625.
--	------------

PART XII, LINE 2C

THERE IS NO CHANGE FROM THE PRIOR YEAR ON KYCC'S OVERSIGHT ON FINANCIAL

Name of the organization

KOREATOWN YOUTH AND COMMUNITY CENTER

Employer identification number

95-3779389

STATEMENTS. AUDIT COMMITTEE APPOINTS THE INDEPENDENT AUDITORS EACH
YEAR, AND THE INDEPENDENT AUDITORS REPORT THE AUDITED FINANCIAL
STATEMENTS TO THE AUDIT COMMITTEE, WHICH IN TURN REPORTS TO THE FULL
BOARD WHEN IT ACCEPTS THE AUDITED FINANCIAL STATEMENTS.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND CRENSHAW	09/23/03		.000		HM16	330,000.				330,000.			0.	
3	BUILDING-CRENSHAW	09/23/03	SL	39.00		MM17	1,467,325.				1,467,325.	574,751.		37,624.	612,375.
5	LEASEHOLD IMPROVEMENT	01/31/05	SL	10.00		HM17	338,254.				338,254.	214,647.		0.	214,647.
6	OFFICE EQUIPMENT	02/26/04	SL	5.00		HM17	37,482.				37,482.	26,282.		0.	26,282.
8	AUTOMOBILES	02/08/02	SL	5.00		HM17	164,131.				164,131.	76,420.		0.	76,420.
9	BUILDING	07/01/10	SL	5.00		HM17	5,410.				5,410.	3,466.		0.	3,466.
10	OFFICE EQUIPMENT	10/03/11	SL	5.00		HM17	2,950.				2,950.	2,360.		0.	2,360.
11	BUILDING	07/23/12	SL	5.00		HM17	13,861.				13,861.	13,861.		0.	13,861.
12	OFFICE EQUIPMENT	12/26/12	SL	5.00		HM17	3,402.				3,402.	3,402.		0.	3,402.
13	SHEVING UNITES FOR MENLO	09/03/13	SL	5.00		HM17	2,400.			1,200.	1,200.	1,200.		0.	1,200.
14	LANDA PRESSURE WASHER	07/22/13	SL	5.00		HM17	12,928.			6,464.	6,464.	6,464.		0.	6,464.
15	WATER RECLAMATION	11/12/13	SL	5.00		HM17	4,405.			2,203.	2,202.	2,202.		0.	2,202.
16	UPGRADE SERVER	10/21/13	SL	5.00		HM17	6,140.			3,070.	3,070.	3,070.		0.	3,070.
17	FORD F-150	09/03/13	SL	5.00		HM17	21,944.			10,972.	10,972.	10,972.		0.	10,972.
18	ICE MACHINES & WATER FILTER	08/26/14	SL	5.00		HM17	1,640.			820.	820.	820.		0.	820.
19	PRESSURE WASHER	01/23/15	SL	5.00		HM17	6,475.				6,475.	6,475.		0.	6,475.
20	SWINGLINE PAPER SHREDDER	02/10/15	SL	5.00		HM17	1,690.				1,690.	1,690.		0.	1,690.
21	BUILDING IMPROVEMENT-MENLO	12/27/17	SL	5.00		HM17	8,470.				8,470.	5,082.		1,694.	6,776.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	BUILDING IMPROVEMENT-MENLO	06/25/18	SL	5.00	HM17		27,165.				27,165.	16,299.		5,433.	21,732.
23	FORD-F350	08/14/18	SL	5.00	HM17		41,664.			41,664.				0.	0.
24	SIERRA	09/17/18	SL	5.00	HM17		38,506.			38,506.				0.	0.
25	LIFTGATE FOR TRUCK	10/22/18	SL	5.00	HM17		3,900.			3,900.				0.	0.
26	BUILDING IMPROVEMENT-MENLO	06/25/18	SL	5.00	HM17		20,000.				20,000.	12,000.		4,000.	16,000.
27	BUILDING IMPROVEMENT-MENLO	08/21/18	SL	5.00	HM17		44,785.			44,785.				0.	0.
28	BUILDING IMPROVEMENT-VS	11/05/18	SL	5.00	HM17		26,500.			26,500.				0.	0.
29	BUILDING IMPROVEMENT-VS	01/22/19	SL	5.00	HM17		5,390.			5,390.				0.	0.
30	BUILDING IMPROVEMENT-KOA #402	11/26/18	SL	5.00	HM17		5,850.			5,850.				0.	0.
31	BUILDING IMPROVEMENT-KOA #402	12/03/18	SL	5.00	HM17		40,000.			40,000.				0.	0.
32	BUILDING IMPROVEMENT-KOA #410	12/20/18	SL	5.00	HM17		7,000.			7,000.				0.	0.
33	BUILDING IMPROVEMENT-KOA #410	01/02/19	SL	5.00	HM17		16,968.			16,968.				0.	0.
34	BUILDING IMPROVEMENT-KOA #402	01/14/19	SL	5.00	HM17		1,800.			1,800.				0.	0.
35	BUILDING IMPROVEMENT-KOA #402	01/28/19	SL	5.00	HM17		50,000.			50,000.				0.	0.
36	BUILDING IMPROVEMENT-KOA #410	01/28/19	SL	5.00	HM17		11,882.			11,882.				0.	0.
37	BUILDING IMPROVEMENT-KOA #410	03/18/19	SL	5.00	HM17		2,200.			2,200.				0.	0.
38	BUILDING IMPROVEMENT-KOA #402	04/01/19	SL	5.00	HM17		1,650.			1,650.				0.	0.
39	BUILDING IMPROVEMENT-KOA #402	04/18/19	SL	5.00	HM17		55,260.			55,260.				0.	0.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
40	BUILDING IMPROVEMENT-CRENSHAW	07/27/20	SL	5.00	HY17	10,500.				10,500.			2,100.	2,100.
41	BUILDING IMPROVEMENT-CRENSHAW	07/27/20	SL	5.00	HY17	7,500.				7,500.			1,500.	1,500.
42	BUILDING IMPROVEMENT-CRENSHAW	08/19/20	SL	5.00	HY17	7,500.				7,500.			1,500.	1,500.
43	BUILDING IMPROVEMENT-CRENSHAW	11/16/20	SL	5.00	HY17	4,500.				4,500.			900.	900.
44	BUILDING IMPROVEMENT-CRENSHAW	02/25/21	SL	5.00	HY17	1,885.				1,885.			377.	377.
45	BUILDING IMPROVEMENT-CRENSHAW	03/01/21	SL	5.00	HY17	5,500.				5,500.			1,100.	1,100.
46	BUILDING IMPROVEMENT-CRENSHAW	03/23/21	SL	5.00	HY17	1,885.				1,885.			377.	377.
47	BUILDING IMPROVEMENT-CRENSHAW	04/27/21	SL	5.00	HY17	5,500.				5,500.			1,100.	1,100.
48	BUILDING IMPROVEMENT-CRENSHAW	07/19/21	SL	5.00	MC19E	2,000.			2,000.				2,000.	
49	BUILDING IMPROVEMENT-CRENSHAW	08/01/21	SL	5.00	MC19E	3,719.			3,719.				3,719.	
50	BUILDING IMPROVEMENT-CRENSHAW	09/01/21	SL	5.00	MC19E	1,553.			1,553.				1,553.	
51	BUILDING IMPROVEMENT-CRENSHAW	02/24/22	SL	5.00	MC19E	2,000.			2,000.				2,000.	
52	BUILDING IMPROVEMENT-CRENSHAW	02/24/22	SL	5.00	MC19E	850.			850.				850.	
53	BUILDING IMPROVEMENT-CRENSHAW	02/24/22	SL	5.00	MC19E	2,000.			2,000.				2,000.	
54	BUILDING IMPROVEMENT-CRENSHAW	02/24/22	SL	5.00	MC19E	850.			850.				850.	
55	BUILDING IMPROVEMENT-CRENSHAW	05/23/22	SL	5.00	MC19E	2,975.			2,975.				2,975.	
56	BUILDING IMPROVEMENT-CRENSHAW	05/23/22	SL	5.00	MC19E	2,975.			2,975.				2,975.	
57	VEHICLE	06/23/22	SL	5.00	MC19E	43,521.			43,521.				43,521.	

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990 PAGE 10 DEPR						2,936,640.			440,527.	2,496,113.	981,463.		120,148.	1,039,168.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,874,197.			378,084.	2,496,113.	981,463.			1,039,168.
	ACQUISITIONS						62,443.			62,443.	0.	0.			0.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,936,640.			440,527.	2,496,113.	981,463.			1,039,168.
	ENDING ACCUM DEPR											1,479,695.			
	ENDING BOOK VALUE											1,456,945.			

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization
(Including Information on Listed Property) **990**
▶ Attach to your tax return.

OMB No. 1545-0172

2021
Attachment
Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

KOREATOWN YOUTH AND COMMUNITY CENTER

FORM 990 PAGE 10

95-3779389

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	62,443.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	57,705.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	120,148.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2021 tax year:

43 Amortization of costs that began before your 2021 tax year **43****44** **Total.** Add amounts in column (f). See the instructions for where to report **44**

TAXABLE YEAR

2021

California Exempt Organization Annual Information Return

128941 12-29-21
FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name

KOREATOWN YOUTH AND COMMUNITY CENTER

California corporation number

1155897

Additional information. See instructions.

FEIN

95-3779389

Street address (suite or room)

3727 W. SIXTH STREET, NO. 300

PMB no.

City

LOS ANGELES

State

CA

ZIP code

90020

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. ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

O 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,457,508	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	12,902,467	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	15,359,975	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	15,359,975	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	14,422,664	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	937,311	00
Filing Fee	11	Total payments	11		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		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		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	Date	Telephone	
Paid Preparer's Use Only	Preparer's signature	CHIEF OPERATIN		213-365-7400	
	Firm's name (or yours, if self-employed) and address	CKP, LLP		PTIN	
		3435 WILSHIRE BLVD STE 2240		P00545677	
		LOS ANGELES, CA 90010		Firm's FEIN	
				20-2227407	
				Telephone	
				213-480-9100	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

KOREATOWN YOUTH AND COMMUNITY CENTER

95-3779389

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.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	70,003	00
	2	Interest	2		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 SEE STATEMENT 1	7	2,387,505	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,457,508	00
	9	Contributions, gifts, grants, and similar amounts paid	9		00
	10	Disbursements to or for members	10		00
Expenses and Disbursements	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	464,190	00
	12	Other salaries and wages	12	6,876,344	00
	13	Interest	13	225	00
	14	Taxes	14	598,604	00
	15	Rents	15	566,722	00
	16	Depreciation and depletion (See instructions)	16	130,164	00
	17	Other expenses and disbursements SEE STATEMENT 3	17	5,786,415	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	14,422,664	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		850,061		1,861,243
2 Net accounts receivable		3,289,725		3,774,263
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 STMT 4		321,053		318,178
10 a Depreciable assets	3,009,299		3,071,742	
b Less accumulated depreciation	(1,640,751)	1,368,548	(1,765,297)	1,306,445
11 Land				
12 Other assets STMT 5		107,226		104,562
13 Total assets		5,959,356		7,369,256
Liabilities and net worth				
14 Accounts payable		1,098,697		959,330
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 6		440,735		1,096,513
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		4,419,924		5,313,413
22 Total liabilities and net worth		5,959,356		7,369,256

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	937,311	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	937,311
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	937,311		

CA 199	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER REVENUE		608,636.
ENVIRONMENTAL SERVICES		457,504.
ECONOMIC DEVELOPMENT		104,634.
CLINICAL SERVICES		309,138.
YOUTH SERVICES		102,717.
OTHER PROGRAM FEES		21,966.
KID'S TOWN		548,507.
PREVENTION EDUCATION		33,333.
SUPPORTING HOUSING		201,070.
TOTAL TO FORM 199, PART II, LINE 7		2,387,505.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHNG HO SONG 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	EXECUTIVE DIRECTOR 40.00	199,950.
FRANCESCA LERUE 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	CHIEF PROGRAM DIRECTOR 40.00	144,082.
JOSEPH ST. JOHN 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	CHIEF OPERATING OFFCER 40.00	120,158.
TEDDY ZEE 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	PRESIDENT 2.00	0.
JONG C. LIMB 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	VICE PRESIDENT 2.00	0.
FELICIA ROSENFELD 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	SECRETARY 2.00	0.
FRANK LOPEZ 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	TREASURER 2.00	0.

KOREATOWN YOUTH AND COMMUNITY CENTER95-3779389

WONTAE CHA 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
FRANCIS PARK 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
EDWARD K. KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
KAREN S. KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
RICHARD KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
TED KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
SANDRA LEE 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
PAUL T.KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
PETE KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
EDWARD PAI 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
VIVIAN I. KIM 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.
NITA SONG 3727 W. SIXTH STREET, 300 LOS ANGELES, CA 90020	BOARD OF DIRECTOR 2.00	0.

KOREATOWN YOUTH AND COMMUNITY CENTER

95-3779389

PATRICIA L. WATTS
3727 W. SIXTH STREET, 300
LOS ANGELES, CA 90020

BOARD OF DIRECTOR
2.00

0.

TOTAL TO FORM 199, PART II, LINE 11

464,190.

CA 199

OTHER EXPENSES

STATEMENT 3

DESCRIPTION

AMOUNT

PROGRAM EVENTS & SUPPLI	1,400,281.
AUTOMOBILE	176,783.
BAD DEBT	109,521.
TRAINING	108,073.
RENTAL EXPENSES(COMMON)	0.
DIRECT EXPENSES OF FUNDRAISING EVENTS	70,003.
PENSION PLAN CONTRIBUTIONS	173,087.
OTHER EMPLOYEE BENEFITS	1,032,209.
LEGAL FEES	1,475.
ACCOUNTING FEES	19,500.
OTHER PROFESSIONAL FEES	2,385,625.
ADVERTISING AND PROMOTION	48,227.
OFFICE EXPENSES	54,866.
INFORMATION TECHNOLOGY	103,716.
TRAVEL	2,811.
CONFERENCES AND CONVENTIONS	21,051.
INSURANCE	73,709.
ALL OTHER EXPENSES	5,478.

TOTAL TO FORM 199, PART II, LINE 17

5,786,415.

CA 199

OTHER INVESTMENTS

STATEMENT 4

DESCRIPTION

BEG. OF YEAR

END OF YEAR

INVESTMENT IN LP	321,053.	318,178.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	321,053.	318,178.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	25,000.	13,152.
PREPAID EXPENSES AND DEFERRED CHARGES	82,226.	91,410.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	107,226.	104,562.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	440,735.	1,096,513.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	440,735.	1,096,513.

2021

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-3779389

Corporation name

California corporation number

KOREATOWN YOUTH AND COMMUNITY CENTER

1155897

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7 Listed property (elected IRC Section 179 cost)		7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		8	
9 Tentative deduction. Enter the smaller of line 5 or line 8		9	
10 Carryover of disallowed deduction from prior taxable years		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12		13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 7		2,936,640.	1,169,531.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	130,164

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	130,164
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	120,148
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	10,016

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22					

CA 3885

DEPRECIATION

STATEMENT 7

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAND CRENSHAW	09/23/03	330,000.			.000	0.	
3 BUILDING-CRENSHAW	09/23/03	1,467,325.	574,751.	SL	39.00	37,624.	
5 LEASEHOLD IMPROVEMENT	01/31/05	338,254.	200,553.	SL	10.00	0.	
6 OFFICE EQUIPMENT	02/26/04	37,482.	26,282.	SL	5.00	0.	
8 AUTOMOBILES	02/08/02	164,131.	76,420.	SL	5.00	0.	
9 BUILDING	07/01/10	5,410.	2,384.	SL	5.00	0.	
10 OFFICE EQUIPMENT	10/03/11	2,950.	1,918.	SL	5.00	0.	
11 BUILDING	07/23/12	13,861.	11,319.	SL	5.00	0.	
12 OFFICE EQUIPMENT	12/26/12	3,402.	3,060.	SL	5.00	0.	
13 SHEVING UNITES FOR MENLO	09/03/13	2,400.	2,400.	SL	5.00	0.	
14 LANDA PRESSURE WASHER	07/22/13	12,928.	12,928.	SL	5.00	0.	
15 WATER RECLAMATION	11/12/13	4,405.	4,405.	SL	5.00	0.	
16 UPGRADE SERVER	10/21/13	6,140.	6,140.	SL	5.00	0.	
17 FORD F-150	09/03/13	21,944.	21,944.	SL	5.00	0.	
18 ICE MACHINES & WATER FILTER	08/26/14	1,640.	1,640.	SL	5.00	0.	
19 PRESSURE WASHER	01/23/15	6,475.	6,475.	SL	5.00	0.	
20 SWINGLINE PAPER SHREDDER	02/10/15	1,690.	1,690.	SL	5.00	0.	
21 BUILDING IMPROVEMENT-MENLO	12/27/17	8,470.	5,082.	SL	5.00	1,694.	
22 BUILDING IMPROVEMENT-MENLO	06/25/18	27,165.	16,299.	SL	5.00	5,433.	
23 FORD-F350	08/14/18	41,664.	24,304.	SL	5.00	8,333.	
24 SIERRA	09/17/18	38,506.	21,178.	SL	5.00	7,701.	
25 LIFTGATE FOR TRUCK	10/22/18	3,900.	2,080.	SL	5.00	780.	
26 BUILDING IMPROVEMENT-MENLO	06/25/18	20,000.	12,000.	SL	5.00	4,000.	
27 BUILDING IMPROVEMENT-MENLO	08/21/18	44,785.	25,378.	SL	5.00	8,957.	
28 BUILDING IMPROVEMENT-VS	11/05/18	26,500.	14,133.	SL	5.00	5,300.	
29 BUILDING IMPROVEMENT-VS	01/22/19	5,390.	2,605.	SL	5.00	1,078.	
30 BUILDING IMPROVEMENT-KOA #402	11/26/18	5,850.	3,023.	SL	5.00	1,170.	

KOREATOWN YOUTH AND COMMUNITY CENTER

95-3779389

31 BUILDING IMPROVEMENT-KOA #402					
12/03/18	40,000.	20,667.	SL	5.00	8,000.
32 BUILDING IMPROVEMENT-KOA #410					
12/20/18	7,000.	3,500.	SL	5.00	1,400.
33 BUILDING IMPROVEMENT-KOA #410					
01/02/19	16,968.	8,485.	SL	5.00	3,394.
34 BUILDING IMPROVEMENT-KOA #402					
01/14/19	1,800.	900.	SL	5.00	360.
35 BUILDING IMPROVEMENT-KOA #402					
01/28/19	50,000.	24,167.	SL	5.00	10,000.
36 BUILDING IMPROVEMENT-KOA #410					
01/28/19	11,882.	5,742.	SL	5.00	2,376.
37 BUILDING IMPROVEMENT-KOA #410					
03/18/19	2,200.	990.	SL	5.00	440.
38 BUILDING IMPROVEMENT-KOA #402					
04/01/19	1,650.	743.	SL	5.00	330.
39 BUILDING IMPROVEMENT-KOA #402					
04/18/19	55,260.	23,946.	SL	5.00	11,052.
40 BUILDING IMPROVEMENT-CRENSHAW					
07/27/20	10,500.		SL	5.00	2,100.
41 BUILDING IMPROVEMENT-CRENSHAW					
07/27/20	7,500.		SL	5.00	1,500.
42 BUILDING IMPROVEMENT-CRENSHAW					
08/19/20	7,500.		SL	5.00	1,500.
43 BUILDING IMPROVEMENT-CRENSHAW					
11/16/20	4,500.		SL	5.00	900.
44 BUILDING IMPROVEMENT-CRENSHAW					
02/25/21	1,885.		SL	5.00	377.
45 BUILDING IMPROVEMENT-CRENSHAW					
03/01/21	5,500.		SL	5.00	1,100.
46 BUILDING IMPROVEMENT-CRENSHAW					
03/23/21	1,885.		SL	5.00	377.
47 BUILDING IMPROVEMENT-CRENSHAW					
04/27/21	5,500.		SL	5.00	1,100.
48 BUILDING IMPROVEMENT-CRENSHAW					
07/19/21	2,000.		SL	5.00	367.
49 BUILDING IMPROVEMENT-CRENSHAW					
08/01/21	3,719.		SL	5.00	682.
50 BUILDING IMPROVEMENT-CRENSHAW					
09/01/21	1,553.		SL	5.00	259.
51 BUILDING IMPROVEMENT-CRENSHAW					
02/24/22	2,000.		SL	5.00	133.
52 BUILDING IMPROVEMENT-CRENSHAW					
02/24/22	850.		SL	5.00	57.
53 BUILDING IMPROVEMENT-CRENSHAW					
02/24/22	2,000.		SL	5.00	133.
54 BUILDING IMPROVEMENT-CRENSHAW					
02/24/22	850.		SL	5.00	57.
55 BUILDING IMPROVEMENT-CRENSHAW					
05/23/22	2,975.		SL	5.00	50.
56 BUILDING IMPROVEMENT-CRENSHAW					
05/23/22	2,975.		SL	5.00	50.
57 VEHICLE					
06/23/22	43,521.		SL	5.00	0.
TOTAL TO FORM 3885	2,936,640.	1169531.			130,164.