

Return of Organization Exempt From Income Tax

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

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning JANUARY 01, 2003, and ending DECEMBER 31, 2003

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: KOREAN COMMUNITY SERVICES, INC.
Number and street (or P.O. box if mail is not delivered to street address): 4416 W. BEVERLY BLVD.
City or town, state or country, and ZIP + 4: Los Angeles CA 90004

D Employer identification number: 95-3245254
E Telephone number: (714) 449-1339
F Acctg. method: Cash, Accrual, Other (specify)

G Website: www.kcservices.org
J Organization type: 501(c)(3)

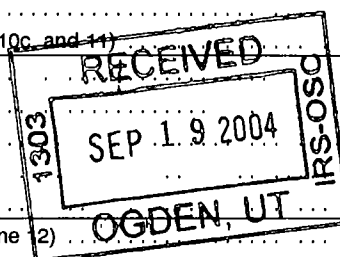
K Check here if the organization's gross receipts are normally not more than \$25,000.

H & I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,734,932

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c), and Total amount. Includes revenue from contributions, program services, and expenses for program services.



For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 28 2004

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instructions.)

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 18 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	8,500	8,500	
26	Other salaries and wages	26	870,256	870,256	
27	Pension plan contributions	27			
28	Other employee benefits	28	54,973	54,973	
29	Payroll taxes	29	74,222	74,222	
30	Professional fundraising fees	30			
31	Accounting fees	31	5,400		5,400
32	Legal fees	32	9,075	9,075	
33	Supplies	33	62,019	32,497	29,522
34	Telephone	34	15,570	15,570	
35	Postage and shipping	35	3,722	3,722	
36	Occupancy	36	125,940	125,940	
37	Equipment rental and maintenance	37	8,422	8,422	
38	Printing and publications	38	2,667	2,667	
39	Travel	39	9,608	9,608	
40	Conferences, conventions, and meetings	40	9,966	9,966	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) #1	42	20,439	20,439	
43	Other expenses not covered above (itemize) a PROFESSIONAL	43a	29,033	29,033	
	b AUTO EXPENSE	43b	16,133	16,133	
	c BANK SERVICE CHARGE	43c	8,340	8,340	
	d COUNTY FEES	43d	87,638	87,638	
	e See attachment 6	43e	88,096	88,096	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1,510,019	1,466,597	43,422
					0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See instructions.)

What is the organization's primary exempt purpose? COMMUNITY CHEST FOR EDUCATION	Program Service Expenses (Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)
a FODUI-EDUCATION AND COUNSELING OF THE FIRST TIME OFFENDER DRIVING UNDER THE INFLUENCE (Grants and allocations \$ _____)	94,359
b O C DDP FUND-ALCOHOL AND DRUG ABUSE EDUCATION AND COUNSELING (Grants and allocations \$ _____)	632,650
c PC1000 PROGRAM-DRUG DIVERSION PROGRAM (Grants and allocations \$ _____)	80,740
d BAT-BATTERER TREATMENT PROGRAM CAT-CHILD ABUSERS TREATMENT PROGRAM PC1210 AND OTHER MISC. PROGRAMS (Grants and allocations \$ _____)	658,848
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,466,597

Part IV Balance Sheets (See Specific Instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
A S S E T S	45 Cash -- non-interest-bearing	25,536	45	237,094
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 88,141		
	b Less: allowance for doubtful accounts	47b	107,750	47c 88,141
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		5,756	53 6,464
	54 Investments -- securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments -- land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments -- other (attach schedule)			56	
57a Land, buildings, and equipment: basis #2	57a 157,496			
b Less: accumulated depreciation (attach schedule)	57b 91,757	86,178	57c 65,739	
58 Other assets (describe ▶ See attachment #3)		12,612	58 12,612	
59 Total assets (add lines 45 through 58) (must equal line 74)		237,832	59 410,050	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	63,060	60	54,987
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule) #4		44,622	64b
	65 Other liabilities (describe ▶)			65
66 Total liabilities (add lines 60 through 65)		107,682	66 54,987	
N E T A S S E T S O R S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	130,150	67	355,063
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	130,150	73	355,063
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	237,832	74	410,050

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions)

a Total revenue, gains, and other support per audited financial statements . . . ▶	a 1,734,932
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ _____	
(2) Donated services & use of facilities \$ _____	
(3) Recoveries of prior year grants \$ _____	
(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c 1,734,932
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 1,734,932

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements ▶	a 1,510,019
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services & use of facilities. \$ _____	
(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c 1,510,019
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) . . . ▶	d
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 1,510,019

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
REV. MATTHEW Y. AHN 10555 BEL AIR DR.	CHAIRMAN 10	8500		
HI WOO NAM 1106 3/4 KINGSLEY DR.	SECRETARY 1			
JANG HEE CHO 1912 CHANTILLY LANE	C.F.O. 1			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
If "Yes," attach schedule -- see Specific Instructions.

Part VI Other Information (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed ► CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	35
91	The books are in care of ► JUNG HOON OH, CPA Telephone no. ► (213) 382-6062 Located at ► 3470 WILSHIRE BLVD. #1034, LOS ANGELES ZIP + 4 ► 90010		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a FODUI					94,792
b OC DDP					730,587
c PC-1000					108,836
d PC-1210					15,642
e BAT, CAT & OTHER					129,407
f Medicare/Medicaid payments . . .					
g Fees & contracts from govt. agencies					634,467
94 Membership dues & assessments . .					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities			14	1,802	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . .					
102 Gross profit/(loss) from sales of inventory .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .		0		1,802	1,713,731
105 Total (add line 104, columns (B), (D), and (E))					1,715,533

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a-g	The purpose of K.C. Services, Inc. is to provide diversified human welfare, educational & charitable service to people residing and working in southern California.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.)


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

- (a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign 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.

 Date 9/15/04

CEO

Date _____ Check if _____ Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Supplementary Information -- (See separate instructions.)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization
KOREAN COMMUNITY SERVICES, INC.

Employer identification number
95-3245254

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
ELLEN AHN 1912 CANTILLY LN	COO 40	61,200		
Total number of other employees paid over \$50,000	1			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	1	

Part III Statements About Activities (See the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property? **2a** X
- b** Lending of money or other extension of credit? **2b** X
- c** Furnishing of goods, services, or facilities? **2c** X
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** X
- e** Transfer of any part of its income or assets? **2e** X
- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) **3a** X
- b** Do you have a section 403(b) annuity plan for your employees? **3b** X
- 4** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4** X

Part IV Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) . . .					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . .	1,514,463	1,319,738	1,200,602	977,104	5,011,907
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22 . . .	1,514,463	1,319,738	1,200,602	977,104	5,011,907
24 Line 23 minus line 17					
25 Enter 1% of line 23	15,145	13,197	12,006	9,771	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c N/A
d Add. Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d N/A
e Public support (line 26c minus line 26d total) ▶					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 5,011,907 20 _____ 21 _____ . . ▶					27c 5,011,907
d Add: Line 27a total _____ and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e 5,011,907
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶					27f 5,011,907
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to.		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table --		
If the amount on line 40 is -- The lobbying nontaxable amount is --		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule of Other Expenses

Attachment 6: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2003 or tax period beginning 01-01-2003, and ending 12-31-2003.		
Name of Organization KOREAN COMMUNITY SERVICES, INC.			Employer Identification Number 95-3245254

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
EDUCATION & TRAINING	7,750	7,750		
INSURANCE	15,975	15,975		
LICENSE & PERMITS	3,872	3,872		
OUTSIDE SERVICES	4,855	4,855		
REPAIR & MAINTENANCE	29,436	29,436		
STATE FEES	9,853	9,853		
UTILITIES	16,355	16,355		
Page Total	88,096	88,096		
TOTAL	88,096	88,096		

Schedule of Land, Building & Equipment

Attachment 2: page 1 - 990 Page 3, Part IV, Line 57a-c

Open to Public Inspection	For calendar year 2003 or tax period beginning 01-01-2003, and ending 12-31-2003.		
Name of Organization	KOREAN COMMUNITY SERVICES, INC.		Employer Identification Number 95-3245254

Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
FF&E	157,496	91,757	65,739	
Total	157,496	91,757	65,739	

Schedule of Other Assets

Attachment 3: page 1 - 990 Page 3, Part IV, line 58

Open to Public Inspection	For calendar year 2003 or tax period beginning 01-01-2003, and ending 12-31-2003.	
Name of Organization KOREAN COMMUNITY SERVICES, INC.	Employer Identification Number 95-3245254	

Description	End of Year Book Value	End of Year FMV (Form 990-PF Only)
SECURITY DEPOSITS	12,612	
Page Totals	12,612	
Totals	12,612	