

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)

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 2007 calendar year, or tax year beginning, 2007, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: KOREAN COMMUNITY SERVICES, INC. D Employer identification number: 95-3245254. E Telephone number: (714) 527-6561. F Acctg. method: Cash, Accrual, Other (specify)

G Website: www.kcservices.org. H & I are not applicable to sec 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

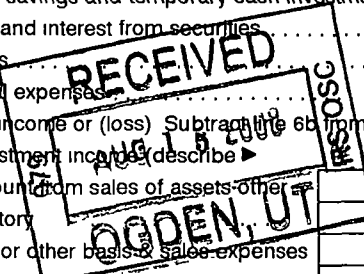
J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527. K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. I Group Exemption Number: 0000.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 2,234,761. M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c), and Total amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

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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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach sch.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule) . . . . .	23				
24	Benefits paid to or for members (attach schedule) . .	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . .	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B . . . . .	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	26	1,191,306	1,191,306		
27	Pension plan contributions not included on lines 25a, b, and c . . . . .	27				
28	Employee benefits not included on lines 25a - 27 . .	28	77,766	77,766		
29	Payroll taxes . . . . .	29	96,277	96,277		
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31	4,800	4,800		
32	Legal fees . . . . .	32	1,050	1,050		
33	Supplies . . . . .	33	88,989	48,161	40,828	
34	Telephone . . . . .	34	31,575	31,575		
35	Postage and shipping . . . . .	35	5,434	5,434		
36	Occupancy . . . . .	36	252,179	252,179		
37	Equipment rental and maintenance . . . . .	37	6,263	6,263		
38	Printing and publications . . . . .	38	10,216	10,216		
39	Travel . . . . .	39	15,304	15,304		
40	Conferences, conventions, and meetings . . . . .	40	16,417	16,417		
41	Interest . . . . .	41				
42	Depreciation, depletion, etc. (attach schedule) #.1	42	18,942	18,942		
43	Other expenses not covered above (itemize):					
a	See attachment #2	43a	448,131	448,131		
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	2,264,649	2,217,971	46,678	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) 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 the instructions)

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.

What is the organization's primary exempt purpose? ▶ See attachment #3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a</b> See attachment #4         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	94,094
<b>b</b>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	852,918
<b>c</b>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	184,315
<b>d</b>         	
(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	507,610
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	579,034
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶	2,217,971

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	45 Cash -- non-interest-bearing . . . . .	264,655	45	321,618
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .	50,765		
	b Less: allowance for doubtful accounts . . . . .		47c	50,765
	48a Pledges receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .		48c	
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .			
	b Less: allowance for doubtful accounts . . . . .		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	14,864	53	14,615
	54a Investments -- publicly-traded securities . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments -- other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments -- land, buildings, and equipment: basis . . . . .				
b Less: accumulated depreciation (attach schedule) . . . . .		55c		
56 Investments -- other (attach schedule) . . . . .		56		
57a Land, buildings, and equipment: basis #5 . . . . .	293,461			
b Less: accumulated depreciation (attach schedule) . . . . .	170,830	57c	122,631	
58 Other assets, including program-related investments (describe <b>See attachment #6</b> ) . . . . .	17,054	58	17,054	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	547,275	59	526,683	
<b>L I A B I L I T I E S</b>	60 Accounts payable and accrued expenses . . . . .	54,943	60	64,239
	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) . . . . .		64b	
	65 Other liabilities (describe <b>Other liabilities</b> ) . . . . .		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	54,943	66	64,239	
<b>N E T A S S E T B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted . . . . .	492,332	67	462,444
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	492,332	73	462,444
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	547,275	74	526,683

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,234,761
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	2,234,761
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	2,234,761

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,264,649
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	2,264,649
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	2,264,649

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 compensation plans	(E) Expense account and other allowances
See attachment #7				

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) Yes No

<p><b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ <u>6</u></span></p> <p><b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .</p> <p><b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . . If "Yes," attach a statement that includes the information described in the instructions</p> <p><b>d</b> Does the organization have a written conflict of interest policy? . . . . .</p>	<b>75b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>75c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>75d</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions )

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

**Part VI Other Information** (See the instructions) Yes No

<p><b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .</p> <p><b>77</b> 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.</p> <p><b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .</p> <p><b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .</p> <p><b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .</p> <p><b>80a</b> 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? . . . . .</p> <p><b>b</b> If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</p> <p><b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <span style="float: right;"><b>81a</b> <u>N/A</u></span></p> <p><b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .</p>	<b>76</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>77</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>78a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>78b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>79</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>80a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶	<b>81a</b>	<input type="checkbox"/>	<input type="checkbox"/>
▶	<b>81b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
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? . . . . .		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? . . . . .	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		X
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 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		X
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
88a	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 . . . . .	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	89g	X
90a	List the states with which a copy of this return is filed ▶ <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .	90b	43
91a	The books are in care of ▶ <u>See attachment #8</u> Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b	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)? . . . . . If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a See attachment #9					2,219,564
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
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 or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	2,219,564
105 Total (add line 104, columns (B), (D), and (E))					2,219,564

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the 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).
▼	See attachment #10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the 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 the 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).

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

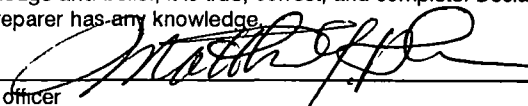
**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				


**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

**Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer  Date 8/11/08  
 Rev. Matthew Ahn President  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date 8/4/08 Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 JUNG HOON OH, CPA  
3470 WILSHIRE BLVD STE 1034  
Los Angeles CA 90010 EIN             
 Phone no. 213-382-6062

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

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**

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

Name of the organization <b>KOREAN COMMUNITY SERVICES, INC.</b>	Employer identification number <b>95-3245254</b>
--	---

**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
See attachment #11				

Total number of other employees paid over \$50,000 ▶ **2**

**Part II-A 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 ▶ **0**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **0**

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

Schedule A (Form 990 or 990-EZ) 2007

<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
<b>1</b>	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) . . . . .		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			
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		X
<b>b</b>	Lending of money or other extension of credit? . . . . .		X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b>	Transfer of any part of its income or assets? . . . . .		X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? if "Yes," attach a detailed statement . . . . .		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .		X
<b>b</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		0
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ _____		0

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

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III -- Functionally Integrated       Type III -- Other

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

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ..					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	29,983	22,113	45,157	19,399	116,652
<b>16</b> Membership fees received					
<b>17</b> 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	1,819,942	1,938,531	1,793,071	1,713,731	7,265,275
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	690	1,775	5,128	1,802	9,395
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,850,615	1,962,419	1,843,356	1,734,932	7,391,322
<b>24</b> Line 23 minus line 17	30,673	23,888	50,285	21,201	126,047
<b>25</b> Enter 1% of line 23	18,506	19,624	18,434	17,349	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	N/A
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>	N/A
<b>d</b> Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	N/A
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	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:

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

**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 11b, 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

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

<b>c</b> Add Amounts from column (e) for lines	15 _____ 116,652 16 _____ 17 _____ 7,265,275 20 _____ 21 _____	<b>27c</b>	7,381,927
<b>d</b> Add: Line 27a total and line 27b total		<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	7,381,927
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		<b>27f</b>	7,391,322
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	99.87 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	0.13 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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) 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? .....		
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? .....		
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.)			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
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 .....		

**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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table --		
	<b>If the amount on line 40 is --</b> <b>The lobbying nontaxable amount is --</b>		
	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	<b>41</b>	
	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 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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.)

N/A

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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(I) Cash		X
	(II) Other assets		X
<b>b</b>	Other transactions:		
	(I) Sales or exchanges of assets with a noncharitable exempt organization		X
	(II) Purchases of assets from a noncharitable exempt organization		X
	(III) Rental of facilities, equipment, or other assets		X
	(IV) Reimbursement arrangements		X
	(V) Loans or loan guarantees		X
	(VI) Performance of services or membership or fundraising solicitations		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**SCHEDULE OF DEPRECIATION AND DEPLETION**

Attachment 1: page 1 - 990 Page 2, Part II, Line 42

Open to Public Inspection		For Calendar year 2007, or tax year period beginning and ending					
Name of Organization		Employer Identification Number					
KOREAN COMMUNITY SERVICES, INC.		95-3245254					
Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year	
FURNITURE, FIXTURE & EQUIPMENT		293,461	170,830	VARIOUS		18,942	
<b>Total</b>		<b>293,461</b>	<b>170,830</b>			<b>18,942</b>	

## SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection	For calendar year 2007 or tax period beginning	, and ending
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
AUTO EXPENSES	22,073	22,073		
BANK CHARGE	15,080	15,080		
COUNTY FEES	120,786	120,786		
DUES AND SUBSCRIPTIONS	1,371	1,371		
EDUCATION AND TRAINING	31,239	31,239		
INSURANCE	69,153	69,153		
LICENSE & PERMITS	135	135		
OUTSIDE SERVICES	64,885	64,885		
PAYROLL PROCESSING FEE	13,244	13,244		
PROGRAM REFUNDS	1,531	1,531		
PROFESSIONAL FEES	42,668	42,668		
REPAIRS AND MAINTENANCE	8,383	8,383		
STATE FEES	23,122	23,122		
UTILITIES	34,461	34,461		
<b>Total</b>	<b>448,131</b>	<b>448,131</b>		

# PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning	, and ending
Name of Organization KOREAN COMMUNITY SERVICES, INC.	Employer Identification Number 95-3245254	

## Primary Purpose

KC SERVICES, INC. PROMOTES PROJECTS AND PROGRAMS THAT PROVIDE CULTURALLY AND PROFESSIONALLY COMPETENT SERVICES TO POPULATIONS IN NEED. KCS BELIEVES THAT HEALTHIER INDIVIDUALS AND COMMUNITIES RESULT FROM A COMBINATION OF OUTREACH, TREATMENT, AND PREVENTION EFFORTS. AS SUCH, THE GOAL OF KCS IS TO ENABLE AND MANAGE PROGRAMS AND PROJECTS THAT PROVIDE EDUCATION, COUNSELING, INFORMATION, RESOURCES, AND TECHNICAL ASSISTANCE IN A QUALITY YET COST EFFECTIVE MANNER.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	, and ending
Name of Organization KOREAN COMMUNITY SERVICES, INC.		Employer Identification Number 95-3245254

Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 94,094

Exempt Purpose Achievements

FODUI - FIRST OFFENDER DRIVING UNDER THE INFLUENCE PROGRAM COUNSELING AND EDUCATION OF FIRST TIME DUI OFFENDER Our mission is to contribute to the public health and safety of our community by providing treatment and educational services to convicted offenders and by providing prevention efforts to the community at large.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 2 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	, and ending
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Name of Organization KOREAN COMMUNITY SERVICES, INC.	Employer Identification Number 95-3245254
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	852,918
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Exempt Purpose Achievements

O.C. DDP - ORANGE COUNTY ALCOHOL AND DRUG ABUSE EDUCATION AND COUNSELING  
K.C. Services' mission is to provide through treatment and prevention programs. comprehensive substance abuse services which enhance the quality of life for individuals and communities.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 3 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning		, and ending	
Name of Organization KOREAN COMMUNITY SERVICES, INC.			Employer Identification Number 95-3245254	
Part III - Statement of Program Service Accomplishments				
Grants and allocations	Amount includes foreign grants	Program service expenses	184,315	
Exempt Purpose Achievements				

PC-1000 DRUG DIVERSION COUSELING PROGRAM which consists of 15 weeks of education, group counseling and individual sessions for who those who have been placed on deferred entry of judgment pending completion of our program.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 4 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning , and ending .	
Name of Organization KOREAN COMMUNITY SERVICES, INC.		Employer Identification Number 95-3245254
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 507,610

### Exempt Purpose Achievements

PC 1210 - SUBSTANCE ABUSE CRIME PREVENTION ACT PROGRAM K.C. Services is an outpatient provider of SACPA services in Orange County Eligible offenders receive up to one year of drug treatment and six months of after-care, Vocational training, family counseling, literacy training, and other services are also be provided.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 5 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	, and ending
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Name of Organization KOREAN COMMUNITY SERVICES, INC.	Employer Identification Number 95-3245254
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	41,364
------------------------	--------------------------------	--------------------------	--------

Exempt Purpose Achievements

INTERNATIONAL TRAINING PROGRAM-KT PROGRAM Korean Training program provides an opportunity for Korean government officials, professors, and students to study and compare the differences in social welfare systems and ultimately make advances in the Korean social welfare system.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 6 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	, and ending
---------------------------	---	--------------

Name of Organization KOREAN COMMUNITY SERVICES, INC.	Employer Identification Number 95-3245254
---	--

Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	537,670

Exempt Purpose Achievements

Bokji Center - Community Based Education Classes FSP - Full Service Partnership  
BAT - Batterers' Treatment CAT - Child Abusers' Treatment &  
OTHER EDUCATION AND COUNSELING PROJECTS AND PROGRAMS

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

Attachment 5: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection

For Calendar year 2007, or tax year period beginning

and ending

Name of Organization

Employer Identification Number

KOREAN COMMUNITY SERVICES, INC.

95-3245254

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
	293,461	170,830	122,631	
Total	293,461	170,830	122,631	

**SCHEDULE OF OTHER ASSETS**

Attachment 6: page 1 - 990 Page 4, Part IV, Line 58

Open to Public Inspection	For calendar year 2007 or tax period beginning _____, and ending _____
Name of Organization KOREAN COMMUNITY SERVICES, INC.	Employer Identification Number 95-3245254

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
SECURITY DEPOSITS	17,054	17,054	
<b>Totals</b>	17,054	17,054	

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 7: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2007, or tax period beginning _____, and ending _____
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<b>Name of Organization</b> KOREAN COMMUNITY SERVICES, INC.	<b>Employer Identification Number</b> 95-3245254
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
REV. MATTHEW Y. AHN 10555 BEL AIR DRIVE CHERRY VALLEY, CA 92223	PRESIDENT 5.00	0	0	0
ESTHER HI WOO NAM 1106 3/4 KINGSLEY DR Los Angeles, CA 90006	SECRETARY 2.00	0	0	0
JANG HEE CHO 1912 CHANTILLY LANE Fullerton, CA 92833	C.F.O. 2.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 8 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 or tax period beginning , and ending

Name of Organization KOREAN COMMUNITY SERVICES, INC. Employer Identification Number 95-3245254

Part VI - Line 91a

Individual Name or Business Name.

JUNG HOON OH, CPA

Street Address ... 3470 WILSHIRE BLVD.#1034, LOS ANGEL

U.S Address

Zip code 90010 City LOS ANGELES State CA

or

Foreign Address

City

Province or State ..

Country

Postal code

Phone Number (213) 382-6062

Fax Number (213) 382-0323



**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 10: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2007 or tax period beginning _____, and ending _____
<b>Name of Organization</b> KOREAN COMMUNITY SERVICES, INC.	<b>Employer Identification Number</b> 95-3245254

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
93a	THE PURPOSE OF KC SERVICES, INC. IS TO PROVIDE DIVERSIFIED HUMAN WELFARE, EDUCATIONAL AND CHARITABLE SERVICES TO PEOPLE RESIDING AND WORKING IN SOUTHERN CALIFORNIA.

## COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

Attachment 11: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2007 or tax period beginning _____, and ending _____
Name of 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**

(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 CHANTILLY LANE Fullerton, CA 92833	C.O.O. 40.00	84,417	13,162	0
KAY AHN 1441 BEXLEY LANE Brea, CA 92821	DIRECTOR 40.00	93,425	9,342	0