

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.

Header section A-M: For the 2009 calendar year, or tax year beginning 2009, and ending 20. Includes fields for Name of organization (KOREAN COMMUNITY SERVICES, INC.), Employer identification number (95-3245254), Address (4416 W. BEVERLY BLVD., Los Angeles CA 90004), and Form of organization (Corporation).

Part I Summary: Table with columns for Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets (lines 20-22). Includes a RECEIVED stamp dated JUN 07 2010.

Part II Signature Block: Declaration of preparer and signature of officer Rev. Matthew Ahn, President, dated 6-03-2010.

Paid Preparer's Use Only: Preparer's signature JUNG HOON OH, Date 5/25/10, Firm name JUNG HOON OH, CPA, address 3470 WILSHIRE BLVD STE 1034 Los Angeles, CA 90010.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUL 27 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

See attachment #3

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

Yes

No

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

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

Yes

No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,184,648 including grants of \$) (Revenue \$ 1,333,011)

See attachment #4

4b (Code) (Expenses \$ 656,588 including grants of \$) (Revenue \$ 544,502)

4c (Code) (Expenses \$ 587,970 including grants of \$) (Revenue \$ 526,744)

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

(Expenses \$ 409,007 including grants of \$) (Revenue \$ 456,194)

4e Total program service expenses \$ 2,838,213

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, and charitable trusts.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► See attachment #5

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
ELLEN AHN C.O.O.	40.00	X			X	X			98,016	0	0
REV. MATTHEW AHN PRESIDENT	2.00	X			X				0	0	0
ESTHER HI WOO NAM SECRETARY	2.00	X			X				0	0	0
JANG HEE CHO C.F.O.	2.00	X			X				0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			

1b Total 98016 0 0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	100,000				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	3,800				
	g	Noncash contributions included in lines 1a-1f		\$				
	h	Total. Add lines 1a-1f			103,800			
PROGRAM SERVICE REVENUE	2a	ORANGE COUNTY DRUNK DR	Business Code	1,333,011	1,333,011			
	b	BOKJI CENTER		544,502	544,502			
	c	PC 1000/1210 DRUG DIVE		526,744	526,744			
	d	OTHER		233,456	233,456			
	e	FIRST OFFENDER DUI PRO		161,634	161,634			
	f	All other program service revenue #6		61,104	61,104			
	g	Total. Add lines 2a-2f			2,860,451			
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		10,355	10,355			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	PRIOR YEAR CASH ADJUST			12,850	12,850			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			12,850				
12	Total revenue. See instructions			2,987,456	2,883,656			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,016	98,016		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,338,440	1,338,440		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	111,199	111,199		
10	Payroll taxes	129,826	129,826		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	4,800		4,800	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	182,482	182,482		
12	Advertising and promotion	22,462	22,462		
13	Office expenses	21,373		21,373	
14	Information technology				
15	Royalties				
16	Occupancy	327,027	327,027		
17	Travel	10,683	10,683		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,950	20,950		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization #7.	24,198		24,198	
23	Insurance	49,636	49,636		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	COUNTY FEES	181,573	181,573		
b	AUTOMOBILE EXPENSES	66,999	66,999		
c	UTILITIES	40,335	40,335		
d	SUPPLIES	32,974	32,974		
e	TELEPHONE	28,638	28,638		
f	All other expenses #8.	146,602	117,874	28,728	
25	Total functional expenses. Add lines 1 through 24f	2,838,213	2,759,114	79,099	
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A S S E T S	1 Cash -- non-interest bearing	115,063	1	189,914	
	2 Savings and temporary cash investments	218,719	2	229,074	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	77,582	4	87,596	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	18,744	9	20,409	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D.	10a 511,140			
	b Less: accumulated depreciation	10b 212,547	246,440	10c	298,593
	11 Investments -- publicly traded securities		11		
	12 Investments -- other securities. See Part IV, line 11		12		
	13 Investments -- program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	17,054	15	17,054	
16 Total assets. Add lines 1 through 15 (must equal line 34)	693,602	16	842,640		
L I A B I L I T I E S	17 Accounts payable and accrued expenses	73,712	17	73,507	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D.		25		
	26 Total liabilities. Add lines 17 through 25	73,712	26	73,507	
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	619,890	27	769,133	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	619,890	33	769,133		
34 Total liabilities and net assets/fund balances.	693,602	34	842,640		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **KOREAN COMMUNITY SERVICES, INC.**
Employer identification number: **95-3245254**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,113	29,983	15,197	33,000	103,800	204,093
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,938,531	1,819,942	2,219,564	2,783,370	2,860,451	11,621,858
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,960,644	1,849,925	2,234,761	2,816,370	2,964,251	11,825,951
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						11,825,951

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,960,644	1,849,925	2,234,761	2,816,370	2,964,251	11,825,951
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,775	690		23,593	10,355	36,413
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	1,775	690		23,593	10,355	36,413
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					12,850	12,850
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,962,419	1,850,615	2,234,761	2,839,963	2,987,456	11,875,214
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.59 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 %

19a 33 1/3 % support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

KOREAN COMMUNITY SERVICES, INC.

Employer identification number

95-3245254

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	87,677			87,677
c Leasehold improvements		208,056		208,056
d Equipment		205,841		205,841
e Other		9,565	212,547	

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)). ▶ 501,574

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
SECURITY DEPOSITS	17,054
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,987,456
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,838,213
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	149,243
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	149,243

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,987,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,987,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,987,456

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,838,213
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,838,213
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,838,213

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection For calendar year 2009, or tax period beginning , and ending

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

990, Page 1, Line F

Principal officer name REV. MATTHEW Y. AHN
or
Business Name

Street Address 1120 NORTHWOOD ROAD UNIT 186A

U S Address:

Zip code 90740 City Seal Beach State CA

Foreign Address

City

Province or State

Country

Postal code

PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
KOREAN COMMUNITY SERVICES, INC.	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/MISSION OF KCS IS TO ENABLE AND MANAGE PROGRAMS AND PROJECTS THAT PROVIDE EDUCATION, COUSELING, INFORMATION, RESOURCES, AND TECHNICAL ASSISTANCE IN A QUALITY YET COST EFFECTIVE MANNER.

PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009 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/MISSION OF KCS IS TO ENABLE AND MANAGE PROGRAMS AND PROJECTS THAT PROVIDE EDUCATION, COUSELING, INFORMATION, RESOURCES, AND TECHNICAL ASSISTANCE IN A QUALITY YET COST EFFECTIVE MANNER.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2009, 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

Code: Expenses: 1,184,648 including Grants of: Revenue: 1,333,011

Exempt Purpose Achievements

ORANGE COUNTY DRUNK DRIVER PROGRAM - TO MINIMIZE CONVICTED DRUNK DRIVERS FROM REPEATING THEIR OFFENSE OF OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, KC SERVICES HAS BEEN PROVIDING EDUCATION AND GROUP COUNSELING TO COURT-REFERRED CLIENTS

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2009, 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
Code: Expenses: 656,588 including Grants of Revenue. 544,502

Exempt Purpose Achievements

BOKJI CENTER - "BOKJI" MEANS SOCIAL WELLBEING IN KOREAN. KC SERVICES OFFER VARIOUS CLASSES AND INFORMATION TO THE COMMUNITY TO ENSURE A MORE ENRICHED LIFESTYLE AND ELEVATE THE STANDARD OF LIVING FOR THE EVERYDAY IMMIGRANT INDIVIDUALS AND FAMILIES.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2009, 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
Code. Expenses: 587,970 including Grants of: Revenue. 526,744

Exempt Purpose Achievements

PC1000/1210 - KC SERVICES IS LICENSED TO PROVIDE THE PC 1000/1210 DRUG DIVERSION PROGRAMS WHICH CONSIST OF 15 WEEKS OF EDUCATION, GROUP COUNSELING AND INDIVIDUAL SESSIONS FOR THOSE WHO HAVE BEEN PLACED ON DEFERRED ENTRY OF JUDGEMENT PENDING COMPLETION OF THE PROGRAMS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2009, 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

Code: Expenses: 148,644 including Grants of: Revenue: 161,634

Exempt Purpose Achievements

FIRST OFFENDER DUI PROGRAM - KC SERVICES HAS BEEN PROVIDING EDUCATION AND GROUP COUNSELING TO COURT-ORDERED FIRST TIME DUI OFFENDERS FOR OVER TWO DECADES. KC SERVICES OFFER THER WET & RECKLESS, 3 MONTH, 6 MONTH AND 9 MONTH DRIUNK DRIVER PROGRAMS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2009, 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

Code: Expenses: 61,152 including Grants of Revenue: 61,104

Exempt Purpose Achievements

KC SERVICES IS PART OF THE ORANGE COUNTY PAROLEE SERVICES NETWORK. KC SERVICES, THROUGH THE OUTPATIENT TREATMENTMODALITY, PROVIDES FACE TO FACE COUNSELING, GROUP SESSIONS, AND EDUCATION TO PAROLEES.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2009, 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

Code: Expenses. 199,211 including Grants of: Revenue: 233,456

Exempt Purpose Achievements

SACPA (SUBSTANCE ABUSE CRIME PREVENTION ACT OF 2000) - KC SERVICES IS AN OUTPATIENT PROVIDER OF SACPA SERVICES IN ORANGE COUNTY FAMILY VIOLENCE PREVENTION PROGRAMS - KC SERVICES IS AN ORANGE COUNTY PROBATION DEPARTMENT APPROVED BATTERERS' TREATMENT PROGRAM PROVIDER - KC SERVICES IS A LICENSED CHILD ABUSERS' TREATMENT PROGRAM PROVIDER.

BOOKS ARE IN CARE OF

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection For calendar year 2009 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

Foreign Address

City

Province or State

Country

Postal code

Phone Number (213) 382-6062

Fax Number (213) 382-0323

PART VIII - PROGRAM SERVICE REVENUE

Attachment 6: Form 990 Page 9, Line 2 - Program Service Revenue

Open to Public Inspection For calendar year 2009, or tax period beginning , and ending

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

Program Service Revenue	business code	(a) Total revenue	(b) Related or exempt function revenue	(c) Unrelated business revenue	(d) Revenue excluded from tax under IRC 512, 513, or 514
O.C. PAROLEE SERVICE		61,104	61,104		
Totals		61,104	61,104		

SCHEDULE OF DEPRECIATION AND DEPLETION

Attachment 7: Form 990 Page 10, Part IX, Line 22

Open to Public Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

KOREAN COMMUNITY SERVICES, INC.

Employer Identification Number

95-3245254

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
VARIOUS F F & E		511,140	212,547	STRAIGHT LINE		24,198
Total		511,140	212,547			24,198

SCHEDULE OF OTHER EXPENSES

Attachment 8: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2009 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
STATE FEES	25,910	25,910		
START UP-MENTAL HEALTH	23,805	23,805		
BANK SERVICE CHARGE	17,716		17,716	
DUES AND SUBSCRIPTIONS	16,129	16,129		
POSTAGE AND SHIPPING	11,086	11,086		
PAYROLL PROCESSING FEE	11,012		11,012	
EDUCATION AND TRAINING	10,902	10,902		
EQUIPMENT RENTAL	10,819	10,819		
REPAIRS	10,776	10,776		
TAXES AND LICENSES	5,870	5,870		
PROGRAM REFUNDS	2,577	2,577		
Total	146,602	117,874	28,728	