Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print DK KIM FOUNDATION, INC. 33-1059702 Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 5300 EAST CONCOURS STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ONTARIO, CA 91764-5399 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 Form 990-PF Form 5227 10 04 Form 990 T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 DONG KOO KIM The books are in the care of ► 5300 EAST CONCOURS STREET - ONTARIO, CA 91764-5399 Telephone No. \triangleright (909) $4\overline{81-0227}$ Fax No. ■ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2021 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or $_$, and ending tax year beginning Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 2,856. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 856. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

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2,000.

Form **990-PF**

EXTENDED TO NOVEMBER 15, 2021 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2020

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For cale	ndar year 2020 or tax year beginning		, and ending		
Name o	f foundation			A Employer identification	number
DK	KIM FOUNDATION, INC.			33-1059702	
	and street (or P.O. box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
530	0 EAST CONCOURS STREET			(909) 481-	0227
	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	. 🖂
	ARIO, CA 91764-5399				,
	k all that apply: Initial return	Initial return of a for	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return			
	Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, mputation
H Chec	k type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
S	ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	tion	under section 507(b)(1)	
I Fair m	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(from		ther (specify)		under section 507(b)(1)	
\$_	2,059,882. (Part I, colun	nn (d), must be on cash basis	S.)		
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a).)	expenses per books	income	income	(cash basis only)
1	Contributions, gifts, grants, etc., received	950,500.		N/A	
2	Check if the foundation is not required to attach Sch. B	10 001	10.001		
3	Interest on savings and temporary cash investments	19,001.	19,001.		STATEMENT 1
4	Dividends and interest from securities	17,001.	17,001.		STATEMENT 2
	a Gross rents				
	Net rental income or (loss)	00 624			
<u>o</u> 68	Net gain or (loss) from sale of assets not on line 10	80,634.			
	Gross sales price for all assets on line 6a		00 624		
Revenue 2	Capital gain net income (from Part IV, line 2)		80,634.		
8	Net short-term capital gain				
9	Income modifications Gross sales less returns				
	and allowances				
	Cross profit or (loss)				
	Other income	19.	19.		STATEMENT 3
12	Total. Add lines 1 through 11	1,067,155.	116,655.		
13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
නි 16a	Legal fees				
ens i	Accounting fees STMT 4	3,850.	3,850.		0.
Administrative Expens	Other professional fees				
g 17	Interest				
18 18	Taxes STMT 5	186.	186.		0.
<u>isi</u> 19	Depreciation and depletion				
<u>=</u> 20	Occupancy				
	Travel, conferences, and meetings				
Pue 22	Printing and publications	4 7 4 2 2	4 = 400		
Operating and 22 24 25 25 25 25 25 25 25 25 25 25 25 25 25	Other expenses STMT 6	15,138.	15,138.		0.
ita 24	Total operating and administrative	10 154	10 184		
<u>od</u> C	expenses. Add lines 13 through 23	19,174.	19,174.		0.
20	, , , , , , , , , , , , , , , , , , , ,	873,226.			873,226.
26	Total expenses and disbursements.	892,400.	10 17/		873,226.
07	Add lines 24 and 25	094,400.	19,174.		0/3,440.
	Subtract line 26 from line 12:	174,755.			
	Net investment income (if negative, enter -0-)	1,1,155.	97,481.		
	Adjusted net income (if negative, enter -0-)		2,,1010	N/A	
				· ·	

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	109,991.	118,143.	118,143.
	2	Savings and temporary cash investments			
		Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	ļ .	Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ	· · · · · · · · · · · · · · · · · · ·			
	7	disqualified persons Other notes and loans receivable			
	<i>'</i>	Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations	1,055,198.	991,215.	001 215
	D	Investments - corporate stock STMT 7	949,568.	649,245.	991,215.
] _ C	Investments - corporate bonds STMT 8	343,300.	049,245.	049,245.
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans	04 700	201 270	201 270
	13	Investments - other STMT 9	94,789.	301,279.	301,279.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	0 000 546	0 050 000	0 050 000
		instructions. Also, see page 1, item I)	2,209,546.	2,059,882.	2,059,882.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
iliti	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
-	22	Other liabilities (describe)			
		T. I.	0.	0.	
	23	Total liabilities (add lines 17 through 22)	U•	0.	
		Foundations that follow FASB ASC 958, check here			
ses		and complete lines 24, 25, 29, and 30.			
anc	24	Net assets without donor restrictions			
Bal	25	Net assets with donor restrictions			
nd		and complete lines 06 through 20			
·Fu	26	Capital stock, trust principal, or current funds	0.	0.	
s oi	20	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
set	21	Retained earnings, accumulated income, endowment, or other funds	2,209,546.	2,059,882.	
As	20	Total net assets or fund balances	2,209,546.	2,059,882.	
Net	23	Net assets without donor restrictions Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	2,203,3100	2,033,002.	
	30	Total liabilities and net assets/fund balances	2,209,546.	2,059,882.	
	art			, ,	
				ГТ	
		net assets or fund balances at beginning of year - Part II, column (a), line 29		[.]	2,209,546.
		t agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a			174,755.
					0.
		r increases not included in line 2 (itemize) ines 1, 2, and 3			2,384,301.
		nies 1, 2, and 3 eases not included in line 2 (itemize) UNREALIZED LOSS		5	324,419.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 29		2,059,882.

Part IV	Capital Gains a	and Losses for Tax on I	nvestment Income			
		the kind(s) of property sold (for ex rehouse; or common stock, 200 sl		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a U.S.	TRUST #169	96		P	01/09/20	11/24/20
b U.S.	TRUST #169	96		P	02/24/11	11/24/20
c CAPI	TAL GAINS I	DIVIDENDS		P	01/01/19	12/31/20
d						
<u>e</u>						
(e) G	ross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss ((e) plus (f) minus	,
	863,786.		837,17	79.		26,607.
b	707,623.		658,59	6.		49,027.
С	5,000.					5,000.
d						
e						
Complet	e only for assets showin	g gain in column (h) and owned by	y the foundation on 12/31/69.		(I) Gains (Col. (h) gain	
(i) FM	V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	C	col. (k), but not less tha Losses (from col. (
a						26,607.
b						49,027.
С						5,000.
d						
е						
2 Capital ga	uin net income or (net ca	pital loss)	ter in Part I, line 7 -0- in Part I, line 7	} 2		80,634.
	so enter in Part I, line 8,	ss) as defined in sections 1222(5) as column (c). See instructions. If (lo	` '	}	N/A	
Part V	Qualification U	nder Section 4940(e) fo	r Reduced Tax on Net	Investment Inc	come	•
		ON 4940(e) REPEALED				
1 Reserved			·			
	(a)	(b)		(c)		(d) .
	Reserved	Reserved		Reserved	R	eserved
	Reserved					
	Reserved					
	Reserved					
	Reserved					
	Reserved					
2 Reserved					. 2	
					3	
-					"	
4 Reserved					4	
5 Reserved					5	
6 Reserved					6	
7 Reserved					7	

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instr	ructions	s)		
1a Exe	empt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	te of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
	served 1		:	1,3	55.
	other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4%				
of I	Part I, line 12, col. (b)				
2 Tax	c under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
	d lines 1 and 2			1,3	
	otitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			•	0.
	k based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1,3	55.
	dits/Payments;				
	20 estimated tax payments and 2019 overpayment credited to 2020 6a 856.				
	empt foreign organizations - tax withheld at source 6b 0 •				
	paid with application for extension of time to file (Form 8868) 6c 2,000.				
	ckup withholding erroneously withheld 6d 0 •				
7 Tot	al credits and payments. Add lines 6a through 6d			2,8	56.
8 Ent	er any penalty for underpayment of estimated tax, Check here if Form 2220 is attached 8				0.
	c due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			1,5	01.
	er the amount of line 10 to be: Credited to 2021 estimated tax 1,501. Refunded 11				0.
	VII-A Statements Regarding Activities				
1a Du	ring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	y political campaign?		1a		X
b Dic	lit spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		X
	he answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or				
	tributed by the foundation in connection with the activities.				
	the foundation file Form 1120-POL for this year?		1c		Х
	er the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$				
	er the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	nagers.▶\$ 0.				
	s the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	Yes," attach a detailed description of the activities.				
	s the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	aws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
	the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	Yes," has it filed a tax return on Form 990-T for this year?		4b		
5 Wa	s there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	Yes," attach the statement required by General Instruction T.				
	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
• E	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	nain in the governing instrument?		6		Х
7 Dic	the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
8a Ent	er the states to which the foundation reports or with which it is registered. See instructions.				
_	A	— I			
b If t	he answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	— II			
	each state as required by General Instruction G? If "No," attach explanation	Γ	8b	Х	
	he foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	r 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		9		Х
	any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X

Pa	n 990-PF (2020) DK KIM FOUNDATION, INC. art VII-A Statements Regarding Activities (continued)	33-1059	<i>1</i> U Z		Page !
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pri	vileges?			
	If "Yes," attach statement. See instructions		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► WWW.DKKIMFOUNDATION.ORG				
14	The books are in care of ▶ DONG KOO KIM Telephone no. ▶	<u> (909)</u>	481	<u>-02</u>	27
	Located at ► 5300 EAST CONCOURS STREET, ONTARIO, CA				<u>99</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16		ſ		Yes	_
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
D	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
P				V	NIa
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	NO
18	a During the year, did the foundation (either directly or indirectly):	▽			
	1, 2	s X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	s X No			
	a disqualified person? Ye.	s 🔼 NO			
		s X No			
		3 A NO			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	s X No			
		5 ZZ NO			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after				
		s X No			
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	3 [21] NU			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		10		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
·	before the first day of the tax year beginning in 2020?		1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		10		
_	defined in section $4942(j)(3)$ or $4942(j)(5)$:				
	a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines				
		s X No			
	If "Yes," list the years				
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>				
38	▶,,,,,,, a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	s X No			
-	o If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons afte	r			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	pose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,				
	Schedule C, to determine if the foundation had excess business holdings in 2020.)		3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
I	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose				
	had not been removed from jeopardy before the first day of the tax year beginning in 2020?		4b		X

Part VII-B Statements Regarding Activities for which F	orm 4/20 May Be R	equirea _{(contini}	ued)	15.6	
5a During the year, did the foundation pay or incur any amount to:				Y	es No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		🖳 Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions		L Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,					
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	· ·	-			
section 53.4945 or in a current notice regarding disaster assistance? See instru	ıctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	iere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.	••				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$					
excess parachute payment(s) during the year?			s X No		
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors	,	· , · ,			
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
DONG KOO KIM	PRESIDENT , CE	þ			
5300 EAST CONCOURS STREET					
ONTARIO, CA 91764	15.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those incl	luded on line 1). If none,	enter "NONE."		1	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	1 4000	unt, other wances
NONE	devoted to position		compensation	- unc	74411005
				+-	
				+	
				-	
	<u> </u>		L	1	^
Total number of other employees paid over \$50,000					0

Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none,	onton IINONE II	
(a) Name and address of each person paid more than \$50,000		(c) Compensation
NONE	(b) Type of service	(C) Compensation
1101111		
	<u>_</u>	
—		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		🖊
List the foundation's four largest direct charitable activities during the tax year. Include relevan	t atatistical information auch as the	
number of organizations and other beneficiaries served, conferences convened, research paper	's produced, etc.	Expenses
1 N/A	· · ·	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	1	
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1N/A		
2		
All III		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

0 • Form **990-PF** (2020)

P	art X Minimum Investment Return (All domestic foundations m	ust comple	ete this part. Foreign fou	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e. etc., purpo	ses'		
·	Average monthly fair market value of securities			1a	2,020,647.
	Average of monthly cash balances			1b	2,020,647.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	2,134,714.
e					<u>, , , , , , , , , , , , , , , , , , , </u>
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	2,134,714.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructi	ons)	4	32,021.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on			5	2,102,693.
6	Minimum investment return. Enter 5% of line 5			6	105,135.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and			ıd certain	
	foreign organizations, check here and do not complete this part.)				
1	Minimum investment return from Part X, line 6			1	105,135.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	1,355.		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	1,355.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,355. 103,780.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	103,780.
6	Deduction from distributable amount (see instructions)			6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part >	XIII, line 1		7	103,780.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo				072 226
a	, , , , , , , , , , , , , , , , , , , ,			1a	873,226.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc., purp	oses	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	072 226
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and		ine 4	4	873,226.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.			_	^
	income. Enter 1% of Part I, line 27b			5	873,226.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years what 4940(e) reduction of tax in those years.	nen calculati	ng whether the foundation (qualities for t	The section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI,	Сограс	100.0 p.10. to 2010	20.0	
line 7				103,780.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
Excess distributions carryover, if any, to 2020:		0.		
47 272				
250 470				
c From 2017 1,513,150.				
d From 2018 1,771,104.				
e From 2019 567,090.				
f Total of lines 3a through e	4,257,187.			
4 Qualifying distributions for 2020 from				
Part XII, line 4: ►\$ 873,226.				
a Applied to 2019, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2020 distributable amount				103,780.
e Remaining amount distributed out of corpus	769,446.			-
5 Excess distributions carryover applied to 2020				
(If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,026,633.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2019. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2021				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
	0.			
may be required - see instructions) 8 Excess distributions carryover from 2015	•			
not applied on line 5 or line 7	47,373.			
9 Excess distributions carryover to 2021.	1,,5,5			
Subtract lines 7 and 8 from line 6a	4,979,260.			
10 Analysis of line 9:	=,=:=,===			
a Excess from 2016 358, 470.				
b Excess from 2017 1,513,150.				
c Excess from 2018 1,771,104.				
d Excess from 2019 567,090.				
e Excess from 2020 769,446.				

Part XIV Priva	ate Operating Fo	undations (see ins	tructions and Part VII	-A, question 9)	N/A	
1 a If the foundation	has received a ruling or	determination letter that	it is a private operating			
foundation, and t	he ruling is effective for	2020, enter the date of th	ne ruling			
		tion is a private operating			4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of	of the adjusted net	Tax year		Prior 3 years		
income from Par	t I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
investment return	n from Part X for					
each year listed						
	utions from Part XII,					
line 4, for each ye	ear listed					
d Amounts include						
used directly for	active conduct of					
exempt activities						
	utions made directly					
for active conduc	t of exempt activities.					
Subtract line 2d 1	from line 2c					
3 Complete 3a, b, c						
alternative test re a "Assets" alternativ						
	assets					
(2) Value of ass under sectio	ets qualifying n 4942(j)(3)(B)(i)					
b "Endowment" alte	ernative test - enter					
shown in Part X,	investment return line 6, for each year					
c "Support" alterna						
• •	t other than gross					
investment i	ncome (interest,					
dividends, re securities lo	ents, payments on					
	or royalties)					
(2) Support from	n general public					
and 5 or mo	re exempt					
section 4942	s as provided in 2(j)(3)(B)(iii)					
	unt of support from					
an exempt o	rganization					
(4) Gross invest	ment income					
				f the foundation h	nad \$5,000 or mor	e in assets
at ar	ny time during th	e year-see instru	ıctions.)			
1 Information Re	egarding Foundation	Managers:				
				ributions received by the f	oundation before the close	e of any tax
year (but only if t	they have contributed mo	ore than \$5,000). (See se	ction 507(d)(2).)			
DONG KOO K	IM					
				or an equally large portion	n of the ownership of a par	rtnership or
-,	inich the foundation has	a 10% or greater interest				
NONE						
		n, Grant, Gift, Loan, \$				
				organizations and does no ions, complete items 2a, b	ot accept unsolicited reque o, c, and d.	sts for funds. If
a The name, addre	ss, and telephone numbe	er or email address of the	person to whom applic	ations should be addresse	ed:	
b The form in whic	h applications should be	submitted and informati	on and materials they sh	nould include:		
c Any submission	deadlines:					
4.0000000000000000000000000000000000000	Burtanati			Total de la Carta de	4l f 1	
a Any restrictions (or ilmitations on awards,	such as by geographical	areas, charitable fields,	kinds of institutions, or o	liier tactors:	

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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year DK KIM KOREA FOUNDATION NONE NON-PROFIT TO SUPPORT VARIOUS 6/F, SHINHAN BLD., 80-1 ORGANIZATION PHILANTHROPY CAUSES SEOUL, GANGNAM-GU, SOUTH KOREA 100,000. KOREAN AMERICAN FINANCIAL ASSOCIATION NONE NON-PROFIT TO SUPPORT EDUCATIONAL (KAFA) ORGANIZATION PURPOSES 446 CONSERVATION DRIVE WESTON, FL 33327 4,000. LOYOLA MARYMOUNT UNIVERSITY NONE NON-PROFIT TO SUPPORT VARIOUS UNIVERSITY HALL, 1 LMU DRIVE, #2800 ORGANIZATION PHILANTHROPY CAUSES LOS ANGELES, CA 90045 23,065. PALOS VERDES ROTARY CLUB NONE NON-PROFIT TO SUPPORT VARIOUS 796 VIA DEL MONTE ORGANIZATION PHILANTHROPY CAUSES PALOS VERDES ESTATES, CA 90274 6,000. UNITED BOARD FOR HIGHER EDUCATION IN NONE NON-PROFIT TO SUPPORT EDUCATIONAL ASIA ORGANIZATION PURPOSES 475 RIVERSIDE DRIVE, SUITE 1221 NEW YORK, NY 10115 11,370. SEE CONTINUATION SHEET(S) ► 3a 873,226. Total b Approved for future payment UNIVERSITY OF SOUTHERN CALIFORNIA NONE NON-PROFIT TO SUPPORT VARIOUS 1540 ALCAZAR STREET, CHP 140 ORGANIZATION PHILANTHROPY CAUSES LOS ANGELES, CA 90033 200,000. 200,000. Total

Enter gross amounts unless otherwise indicated.	Unrelated b	ousiness income		y section 512, 513, or 514	(e)
Enter grove amounte amose ether moe maleated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	19,001.	
4 Dividends and interest from securities			14	19,001. 17,001.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			01	19.	
8 Gain or (loss) from sales of assets other than inventory			18	80,634.	
9 Net income or (loss) from special events				,	
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
С					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		C	١.	116,655.	0
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				13	116,655
Part XVI-B Relationship of Activities to	the Accom	plishment of E	xempt Pu	rposes	
Line No. Explain below how each activity for which incon	to our code of to				

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 5 Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Parchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations • Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations • Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations • Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations • Sharing of facilities, equipment, mailing lists, other assets, or spaid employees (9) Performance of services or membership or fundraising solicitations • Sharing of facilities, equipment, mailing lists, other assets, or spaid employees (9) Performance of services or membership or fundraising solicitations • Sharing of facilities, equipment, mailing lists, other assets, or spaid employees (a) It we not the solicities of services or exercises and services are services generally an analysis of the services of the serv	1	Did the o	rganization directly or indir	rectly engage in any	of the followin	ng with any other organizati	ion described in secti	on 501(c)		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions; (1) Sales of assets to a noncharitable exempt organization (2) Purchasos of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Pelmbursement arrangements (5) Loans or loan guarantoss (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 go or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement column (d) the value of the goods, other assets, or services received. a) Live no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, beneactions N/A N/A N/A								` ,			
(2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rontal of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 go or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement column (b) the value of the good, other assets, or services received. a) June no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of bransfers, transactions N/A	а		, , , , =	•							
(2) Other assets b Other transactions: (3) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renat of tacilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 good or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme 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 N/A N/A 12a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than									1a(1)		Х
to their transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loars or loan guarantees (6) Performance of services or membership or fundraising solicitations (5) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) It is answer to any of the above is "es;" complete the following schedule, following schedule, following schedule, for services previous or services given by the reporting foundation, if the foundation conserved less than fair market value in any transaction or sharing arrangement column (d) the value of the goods, other assets, or services received. (a) Namo of noncharitable exempt organization (b) Amount involved (c) Namo of noncharitable exempt organization (d) Description of transders, transactions (d) Description directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b) If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations to the section of the paper has a by knowledge. Sign where belief, it is true, correct, and complete, Evidential to Preparer policies that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign where belief, it is true, correct, and complete, Evidential or preparer policies that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign where belief, it is true, correct, and complete, Evidential this return, inc											X
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Relimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 go or services given by the reporting foundation. If the foundation cerevied less than fair market value in any transaction or sharing arrangement column (d) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of wanafers, transactions N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (dither than section 501(c)(3)) or in section 527? b If Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relative to the properties of the properties of the best of rny knowledge and better, it is true, correct, and complete. Declaration of preparer (other than buspayer) is based on all information of which preparer has any knowledge. Preparer Signature of officer or trustee Preparer's signature Preparer's signat	b										
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Relimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 go or services given by the reporting foundation. If the foundation cerevied less than fair market value in any transaction or sharing arrangement column (d) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of wanafers, transactions N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (dither than section 501(c)(3)) or in section 527? b If Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relative to the properties of the properties of the best of rny knowledge and better, it is true, correct, and complete. Declaration of preparer (other than buspayer) is based on all information of which preparer has any knowledge. Preparer Signature of officer or trustee Preparer's signature Preparer's signat	_	(1) Sale	s of assets to a noncharital	ble exempt organiza	tion				1b(1)		Х
(a) Reimbursement arrangements (b) Loans or loan guarantees (c) Performance of services or membership or fundraising solicitations (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (d) If the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the go or services given by the reporting foundation. It the foundation received lies than fair market value in any transaction or sharing arrangeme 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 N/A N/A											Х
(4) Reimburssment arrangements (5) Loans or loan guarantes (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the good or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme column (d) the value of the goods, other assets, or services received. a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization N/A N/A N/A										_	Х
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 go or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme column (g) 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										_	Х
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 go or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme 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 banetes, baneactions N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52/7? b. if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations of prepare, 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 tax-puly) is based on all information of which preparer has any knowledge. Preparer Under penalties of perpary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Preparer Signature of officer or trustee Preparer's signature Date Title Check if self- employed IANINA WEAVER, CPA IANINA WEAVER, CP 11/12/21 Firm's name ➤ LANCE, SOLL & LUNGHARD, LLP Firm's saddress ➤ 1611 E. FOURTH STREET, SUITE 200											Х
e Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "tes," complete the following schedule, Column (b) should always show the fair market value of the go or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme 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 N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (c) (other than section 50 (c)(3)) or in section 52?? b If Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of related belief, it is true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Vinder parallilies of perjary, Ideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.		(6) Perf	ormance of services or me	mbership or fundrai	sing solicitatio	ns			1b(6)		Х
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 go or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme column (d) the value of the goods, other assess, or services received. a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relative the following schedule. N/A Under penalties of perjary, Leedere that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. PRESIDENT Title PRESIDENT Title Check if Firm's name LANCE, SOLL & LUNGHARD, LLP Firm's address ► 1611 E. FOURTH STREET, SUITE 200	c									_	Х
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangeme 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 N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b) If Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations of the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations of the following schedule. (b) Type of organization (c) Description of relations of the following schedule. (c) Description of relations of the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations of the following schedule. (b) Type of organization (c) Description of relations of the following schedule. (c) Description of relations of the following schedule. (d) Description of relations of the following schedule. (e) Description of relations of the following schedule. (e) Description of relations of the following schedule. (f) Description of relations of the following schedule. (g) Descripti											
a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relative to the following schedule. (a) Name of organization (b) Type of organization (c) Description of relative to forganization of which prepare has any knowledge. Sign and belief, it is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge. PRESIDENT Title Print/Type preparer has any knowledge. PRESIDENT Title Check if Firm's name LANCE, SOLL & LUNGHARD, LLP Firm's address ▶ 1611 E. FOURTH STREET, SUITE 200	-					* *				,	
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If Yes,* complete the following schedules (a) Name of organization (b) Type of organization (c) Description of relations of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title 1 ANINA WEAVER, CPA IANINA WEAVER, CP 11/12/21 Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name LANCE, SOLL & LUNGHARD, LLP Firm's signature P Firm's EIN ▶ 95 Firm's address ▶ 1611 E. FOURTH STREET, SUITE 200							, , , , , , , , , , , , , , , , , , , ,	3 - 3	, , ,		
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If Yes,* complete the following schedules (a) Name of organization (b) Type of organization (c) Description of relations of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title 1 ANINA WEAVER, CPA IANINA WEAVER, CP 11/12/21 Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name LANCE, SOLL & LUNGHARD, LLP Firm's signature P Firm's EIN ▶ 95 Firm's address ▶ 1611 E. FOURTH STREET, SUITE 200	a) ∟	ine no.	(b) Amount involved	(c) Name of	f noncharitable	e exempt organization	(d) Description	of transfers, transaction	s, and sharing arra	ingements	5
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b If 'Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations to the best of my knowledge and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Date			,	. ,		-	, ,				
in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations in the land of the land o											
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in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations in the land of the land o											
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relations in the properties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if Fourth self- employed Firm's name ► LANCE, SOLL & LUNGHARD, LLP Firm's address ► 1611 E. FOURTH STREET, SUITE 200	2a	Is the fou	undation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	nizations described				
(a) Name of organization (b) Type of organization (c) Description of relation N/A		in section	n 501(c) (other than section	n 501(c)(3)) or in se	ction 527?				Yes	X	No
N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self- employed Firm's name ► LANCE, CPA IANINA WEAVER, CP 11/12/21 Firm's name ► LANCE, SOLL & LUNGHARD, LLP Firm's address ► 1611 E. FOURTH STREET, SUITE 200	b										
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT Title			(a) Name of org	anization		(b) Type of organization		(c) Description of rel	ationship		
Sign Here			N/A								
Sign Here											
Sign Here											
Sign Here											
Sign Here											
Paid Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Print/Type preparer's	٠.	I							May the IRS o	iscuss this	S
Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's pare Self- employed Firm's name LANCE, SOLL & LUNGHARD, LLP Firm's address ▶ 1611 E. FOURTH STREET, SUITE 200	Sig	gn 👢	onor, it is a do, someot, and som	ploto. Boolardion of pro	paror (ourior triair	I			return with the shown below?	See instr	
Paid Preparer's name Preparer's signature Date Check if self- employed Firm's name LANCE, SOLL & LUNGHARD, LLP Firm's address ▶ 1611 E. FOURTH STREET, SUITE 200	пе						-	ENT	_ X Yes		No
Paid Preparer Use Only IANINA WEAVER, CPA IANINA WEAVER, CP 11/12/21		Sig			1		T- T				
Paid Preparer Use Only IANINA WEAVER, CPA IANINA WEAVER, CP 11/12/21			Print/Type preparer's na	.me	Preparer's s	ignature	Date		PTIN		
Preparer Use Only Firm's address ► 1611 E. FOURTH STREET, SUITE 200	D-	: 4	1		L			self- employed			
Use Only Firm's address ► 1611 E. FOURTH STREET, SUITE 200							<u> 11/12/21 </u>		P00542		
Firm's address ▶ 1611 E. FOURTH STREET, SUITE 200		-		CE, SOLL	& LUNG	HARD, LLP		Firm's EIN ► 95	-27001	23	
	US	e only		44 = ====		DDDD 2	000				
SANTA ANA, CA 92/01-5136 Phone no. 714							200			0.00	
			J SA	N'I'A ANA,	CA 927	01-5136		Phone no. 714	1-569-1	000	

Part XV Supplementary Information

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
JC BERKELEY	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
2001 ADDISON STREET. #1990		ORGANIZATION	PHILANTHROPY CAUSES	
BERKELEY, CA 94720-1990				700,000
,				,
TORRANCE FIRST PRESBYTERIAN CHURCH	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
1900 CRENSHAW BLVD		ORGANIZATION	PHILANTHROPY CAUSES	
FORRANCE, CA 90501				4,655
DK KIM KOREA FOUNDATION	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
6/F, SHINHAN BLD., 80-1		ORGANIZATION	PHILANTHROPY CAUSES	
SEOUL, GANGNAM-GU, SOUTH KOREA				3,530
MEALS ON WHEELS-CITY OF INDUSTRY	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
255 N. HACIENDA BLVD.		ORGANIZATION	PHILANTHROPY CAUSES	
CITY OF INDUSTRY, CA 91744				1,500
,				•
LA POLICE PROTECTIVE LEAGUE	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
1308 WEST EIGHTH ST. LOS ANGELES, CA 90017		ORGANIZATION	PHILANTHROPY CAUSES	2 250
HOS ANGELLES, CA 90017				3,250
CALVARY LA HABRA	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
1370 S. EUCLID ST.		ORGANIZATION	PHILANTHROPY CAUSES	250
LA HABRA, CA 90631				250
KECK MEDICAL CENTER	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
2215 ALCAZAR ST.		ORGANIZATION	PHILANTHROPY CAUSES	
LOS ANGELES, CA 90033				5,640
HIS HOUSE, PRESBYTERIAN CHURCH USA	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
907 BRADFORD AVE.		ORGANIZATION	PHILANTHROPY CAUSES	
PLACENTIA, CA 92870				907
MEALS ON WHEELS-LA HABRA	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
101 W. LA HABRA BLVD.		ORGANIZATION	PHILANTHROPY CAUSES	
LA HABRA, CA 90631				5,096
LOT 318	NONE	NON-PROFIT	TO SUPPORT VARIOUS	
1022 CYPRESS ST.		ORGANIZATION	PHILANTHROPY CAUSES	
PLACENTIA, CA 92870				907
Total from continuation sheets				728,791

Part XV Supplementary Information								
3 Grants and Contributions Paid During the Year (Continuation)								
Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount								
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	7 illiount				
FRIENDLY CENTER	NONE	NON-PROFIT	TO SUPPORT VARIOUS PHILANTHROPY CAUSES					
157 W. ROSE AVE. ORANGE, CA 92867		ORGANIZATION	PHILANTHROPI CAUSES	907.				
olumed, en seet				1 307.				
KOREAN AMERICAN FEDERATION OF OC	NONE	NON-PROFIT	TO SUPPORT VARIOUS					
9876 GARDEN GROVE BLVD.		ORGANIZATION	PHILANTHROPY CAUSES					
GARDEN GROVE, CA 92844				1,879.				
DDES WODES GEGMED GERW AGGOG	NONE	NON PROFIT	TO GUDDODE WARTOWG					
BREA KOREA SISTER CITY ASSOC 263 VIKING AVE	NONE	NON-PROFIT ORGANIZATION	TO SUPPORT VARIOUS PHILANTHROPY CAUSES					
BREA, CA 92821		ONGANIZATION	I II I I I I I I I I I I I I I I I I I	270.				
		-		+				
Total from continuation shorts		I	1					
Total from continuation sheets				<u> </u>				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

33-1059702 DK KIM FOUNDATION, INC. Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

DK KIM FOUNDATION, INC.

33-1059702

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	KIM FAMILY 5300 E. CONCOURS ST. ONTARIO, CA 91764	\$ 950,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Omnocash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

DK KIM FOUNDATION, INC.

33-1059702

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 4 Name of organization Employer identification number DK KIM FOUNDATION, INC. 33-1059702 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	IPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE		(A REVE PER E	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
U.S. TRUST #1696		1	19,001.		19,001.	
TOTAL TO PART I, LI	NE 3	1	9,001.		19,001.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FR	OM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R.	(A) EVENUE R BOOK		
U.S. TRUST #1696	17,001.		0.	17,00	1. 17,00	01.
TO PART I, LINE 4	17,001.	-	0.	17,00	1. 17,00)1.
FORM 990-PF		OTHER I	(A)		(B)	STATEMENT 3
DESCRIPTION			REVENT PER BO		NET INVEST- MENT INCOME	
U.S. TRUST #1696 PR SECURITIES LITIGATI				19.	19	· ·
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		19.	19	-
FORM 990-PF		ACCOUNTI	NG FEE			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES	_	3,850.		3,850	•	0.
TO FORM 990-PF, PG	1, LN 16B	3,850.		3,850	•	0.

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
TAXES & LICENSES	186.	186.		0.	
TO FORM 990-PF, PG 1, LN 18	186.	186.		0.	
FORM 990-PF	OTHER E	V DENICE C	C	TATEMENT 6	
	OTHER E			TATEMENT 0	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
BANK ADVISORY FEES SHIPPING	14,838. 300.	14,838.		0.	
TO FORM 990-PF, PG 1, LN 23	15,138.	15,138.		0.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES		991,215.	991,215.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	991,215.	991,215.
FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		649,245.	649,245.

FORM 990-PF OTH	HER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HEDGE FUNDS	COST	301,279.	301,279.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	301,279.	301,279.