

Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

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

Please use IRS label or print or type See specific instructions

Seoul National University Alumni Association in the USA, Inc 790 Busse Rd #201 Elk Grove Village, IL 60067

D Employer Identification Number 13-3859506 E Telephone number (847) 981-1464 F Accounting method Cash [X] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H and I are not applicable to Section 527 organizations H (a) Is this a group return for affiliates? [X] Yes H (b) If 'yes,' enter number of affiliates 14 H (c) Are all affiliates included? [X] Yes H (d) Is this a separate return filed by an organization covered by a group ruling? [X] No I Enter 4-digit group GEN 3784 M Check [X] if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) [X] 501(c) 3 (insert no) 4947(a)(1) or 527

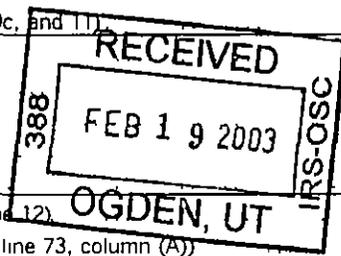
K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 378,413

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

FILMED FEB 28 2003

Table with 12 columns for line items and 2 columns for amounts. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net gain or loss, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets or fund balances at beginning and end of year.



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Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

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

Please use IRS label or print or type See specific instructions

Seoul National University Alumni Association in the USA, Inc 790 Busse Rd #201 Elk Grove Village, IL 60067

D Employer Identification Number 13-3859506 E Telephone number (847) 981-1464 F Accounting method Cash [X] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H and I are not applicable to Section 527 organizations H (a) Is this a group return for affiliates? H (b) If 'yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group GEN M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) [X] 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 378,413

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

FILMED FEB 28 2003

Table with 12 columns for line numbers and descriptions, and 3 columns for sub-categories (1a, 1b, 1c) and totals. Includes a 'RECEIVED' stamp from OGDEN, UT dated FEB 19 2003.

Return of Organization Exempt from Income Tax

2002

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

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

Please use IRS label or print or type. See specific instructions.

Seoul National University Alumni Association in the USA, Inc. 790 Busse Rd. #201 Elk Grove Village, IL 60067

D Employer identification number: 13-3859506
E Telephone number: (847) 981-1464
F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates?
H (b) If 'Yes,' enter number of affiliates: 14
H (c) Are all affiliates included?
H (d) Is this a separate return filed by an organization covered by a group ruling?
I Enter 4-digit GEN: 3784
M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 364,289.

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

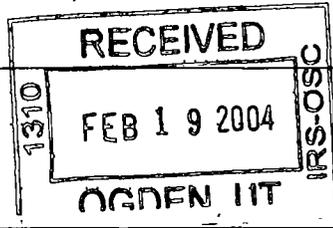
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RECEIVED

EXPENSES

ASSETS

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes revenue from contributions, program services, and expenses for 2002.



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25

**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)

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30, 2005

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

**C** Name of organization: **Seoul National University Association in the USA, Inc**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **4322 Wilshire Blvd #102**  
 City or town, state or country, and ZIP + 4: **Los Angeles CA 90010**

**D** Employer identification number: **13-3859506**

**E** Telephone number: **(847) 981-1464**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Website: ▶

**J** Organization type (check only one) ▶  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **3784**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **218,327**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>169,172</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		<b>169,172</b>	
	<b>2</b> Program service revenue (including government fees and contracts) (from Part VII, line 93)	<b>2</b>		<b>46,985</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>2,170</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>218,327</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>126,685</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>89,296</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>27,653</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		<b>0</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>243,634</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>(25,307)</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>411,493</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>26,763</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>412,949</b>	

**RECEIVED**  
 MAY 15 2006  
 OPEN, UT

SCANNED JUN 17 2006

9

**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)

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30, 20 06**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C Name of organization</b> <b>SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA</b>		<b>D Employer identification number</b> 13-3859506
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>7263 MAPLE PLACE #201</b>		<b>E Telephone number</b> ( 703 ) 354-4344
		City or town, state or country, and ZIP + 4 <b>ANNANDALE, VA 22003</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>H and I are not applicable to section 527 organizations</b>

**G Website:** ▶

**J Organization type** (check only one) ▶  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K Check here** ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** ▶ **3784**

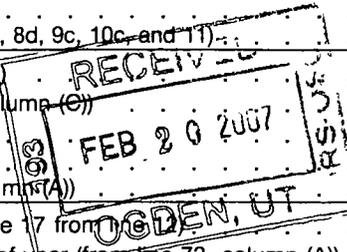
**M Check** ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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

		1a		1b		1c		1d	
<b>1</b> Contributions, gifts, grants, and similar amounts received:		192,789						192,789	
<b>a</b> Direct public support								33,817	
<b>b</b> Indirect public support									
<b>c</b> Government contributions (grants)									
<b>d Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)								3,814	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)									
<b>3</b> Membership dues and assessments									
<b>4</b> Interest on savings and temporary cash investments									
<b>5</b> Dividends and interest from securities									
<b>6a</b> Gross rents		6a		6b		6c		7	
<b>b</b> Less: rental expenses									
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)									
<b>7</b> Other investment income (describe ▶)									
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		8a		8b	
<b>b</b> Less: cost or other basis and sales expenses						8c		8d	
<b>c</b> Gain or (loss) (attach schedule)									
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))									
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>		9a		9b		9c			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)									
<b>b</b> Less: direct expenses other than fundraising expenses									
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)									
<b>10a</b> Gross sales of inventory, less returns and allowances		10a		10b		10c			
<b>b</b> Less: cost of goods sold									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)									
<b>11</b> Other revenue (from Part VII, line 103)									
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								230,420	
<b>13</b> Program services (from line 44, column (B))								25,307	
<b>14</b> Management and general (from line 44, column (C))								128,528	
<b>15</b> Fundraising (from line 44, column (D))								22,954	
<b>16</b> Payments to affiliates (attach schedule)								0	
<b>17 Total expenses</b> (add lines 13 and 14, column (A))								176,789	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								53,631	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								412,949	
<b>20</b> Other changes in net assets or fund balances (attach explanation)								(102,200)	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								364,380	

SCANNED MAR 09 2007



18P

**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)

**2006**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning** 07/01, 2006, and ending 06/30, 20 07

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

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**7263 MAPLE PLACE #201**

City or town, state or country, and ZIP + 4  
**ANNANDALE, VA 22003**

**D Employer identification number**  
13 : 3859506

**E Telephone number**  
( 703 ) 354-4344

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** ▶ 3784

**G Website:** ▶

**J Organization type (check only one)** ▶  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

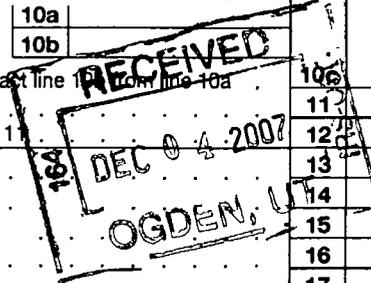
**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 193,300

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

SCANNED JAN 09 2008

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		151,038	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ noncash \$ )				<b>1e</b> 151,038
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b> 28,452
	<b>3</b> Membership dues and assessments				<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b> 13,610
	<b>5</b> Dividends and interest from securities				<b>5</b>
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a				<b>6c</b>
<b>7</b> Other investment income (describe ▶ )				<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
	<b>b</b> Less: cost or other basis and sales expenses		<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)				<b>8d</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a				<b>9c</b>
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				<b>12</b> 193,100	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b> 129,993	
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b> 125,276	
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b> 17,968	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b> 0	
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)				<b>17</b> 273,237
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b> (80,137)	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b> 364,380	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b> 200	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20				<b>21</b> 284,443



D-9

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

**A** For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**Seoul National University Alumni Association In USA**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**131 W. 35th St. 2 Fl.**  
 City or town, state or country, and ZIP + 4  
**New York NY 10001**

**D** Employer identification number  
**13-3859506**  
**E** Telephone number  
**212-563-9641**  
**F** Accounting method:  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **10**  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **www.snua.net**

**J** Organization type (check only one)  501(c) ( **3** ) (insert no)  4947(a)(1) or  527

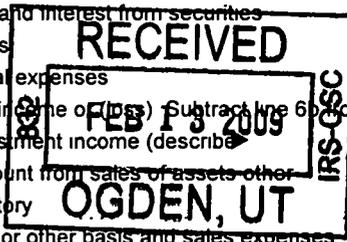
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **425,823**

**I** Group Exemption Number **3784**  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	219,115		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ <b>219,115</b> noncash \$ _____)	1e		219,115	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		113,968	
	3	Membership dues and assessments	3	See Statement 1	77,637	
	4	Interest on savings and temporary cash investments	4		15,103	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
6c	Net rental income (or loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
			8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		425,823		
Expenses	13	Program services (from line 44, column (B))	13	280,511		
	14	Management and general (from line 44, column (C))	14	102,522		
	15	Fundraising (from line 44, column (D))	15	16,841		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17	399,874		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	25,949		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	284,443		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	310,392		



Revenue SCANNED MAR 05 2009

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Seoul National University Alumni Association In USA</b>		<b>D</b> Employer identification number <b>13-3859506</b>
		Doing Business As		<b>E</b> Telephone number <b>212-563-9641</b>
		Number and street (or P O box if mail is not delivered to street address) <b>131 W. 35th St.</b>	Room/suite <b>2 Fl.</b>	
		City or town, state or country, and ZIP + 4 <b>New York NY 10001</b>		<b>G</b> Gross receipts \$ <b>351,513</b>
<b>F</b> Name and address of principal officer				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>www.snua.net</b>	<b>H(c)</b> Group exemption number <b>3784</b>
<b>K</b> Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation <b>1995</b>	<b>M</b> State of legal domicile <b>NY</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>Charitable, educational, and fraternal</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>219,115</b>	Current Year <b>263,060</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>191,605</b>	<b>73,346</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3a and 3b)	<b>15,103</b>	<b>15,107</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 9c, 10c, and 11e)		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>425,823</b>	<b>351,513</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>399,874</b>	<b>363,248</b>
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>399,874</b>	<b>363,248</b>	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>25,949</b>	<b>-11,735</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year <b>310,392</b>	End of Year <b>293,270</b>
	<b>21</b> Total liabilities (Part X, line 26)		
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>310,392</b>	<b>293,270</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

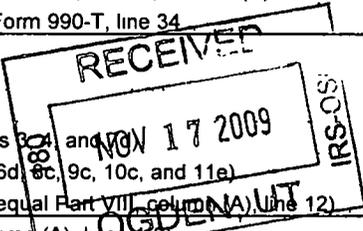
**Sign Here**  
 Signature of officer: *[Signature]* **TREASURER**  
 Signature of officer: *[Signature]* **President**  
 Date: **11/8/09**

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: **10/26/09** Check if self-employed:  Preparer's identifying number: **26-1765614**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HANMI USA LLP, CPAs**  
**1430 Broadway, Suite 906**  
**New York, NY 10018**  
 EIN: **26-1765614**  
 Phone no: **212-768-9144**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

7966

SCANNED DEC 03 2009



**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)

OMB No 1545-0047

**2009**

Open to Public Inspection

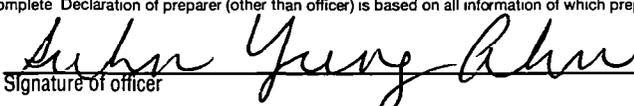
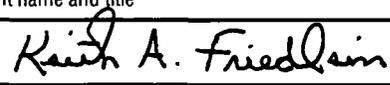
Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C Name of organization</b> SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA Doing Business As		<b>D Employer identification number</b> 13-3859506
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 456 W FRONTAGE ROAD 3		<b>E Telephone number</b> 847-441-0011
		City or town, state or country, and ZIP + 4 NORTHFIELD, IL 60093		<b>G Gross receipts \$</b> 304,627.
		<b>F Name and address of principal officer</b> SUHN YUNG AHN 13425 PROVENCE DR., PALM BEACH GARDENS, FL		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b> ▶ 3784
<b>I Tax-exempt status.</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.SNUAA.ORG				
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1995 <b>M State of legal domicile:</b> NY	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>CHARITABLE, EDUCATIONAL AND FRATERNAL.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	263,060.	179,925.
	9 Program service revenue (Part VIII, line 2g)	73,346.	118,418.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,107.	6,284.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,513.	304,627.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,168.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	363,248.	247,879.
	17 Other expenses (Part IX, column (A), lines 11d, 11f-24f)	363,248.	282,047.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	-11,735.	22,580.	
19 Revenue less expenses Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	293,270.	316,419.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	293,270.	316,419.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	 Signature of officer		Date 1/18/2010
	SUHN YUNG AHN, PRESIDENT Type or print name and title		
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 WOLF & COMPANY LLP 1901 S. MEYERS ROAD, SUITE 500 OAKBROOK TERRACE, ILLINOIS 60181-5209	Date 1/11/11 Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (630) 545-4500

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED FEB 07 2011

*Galle 23*

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: SEOL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 456 W FRONTAGE ROAD NO 3  
 City or town, state or country, and ZIP + 4: NORTHFIELD, IL 60093

**D** Employer identification number: 13-3859506  
**E** Telephone number: (847) 441-0011  
**G** Gross receipts \$ 181,350

**F** Name and address of principal officer: SUHN YUNG AHN, 13425 PROVENCE DR, PALM BEACH GARDENS, FL 33410  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number: 3784

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J** Website: WWW.SNUAA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other  
**L** Year of formation: 1995 **M** State of legal domicile: NY

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities CHARITABLE, EDUCATIONAL AND FRATERNAL		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	4
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	1
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	80
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	179,925	88,941
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,418	90,600
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,284	1,809
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	304,627	181,350
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	34,168	51,569
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	247,879	151,260
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	282,047	202,829	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	22,580	-21,479	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	316,419	294,940
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	0	0

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \*\*\*\*\*  
 Date: 2011-10-27  
 SUHN YUNG AHN PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: KEITH A FRIEDLEIN  
 Preparer's signature: KEITH A FRIEDLEIN  
 Date: \_\_\_\_\_  
 Check if self-employed:   
 PTIN: \_\_\_\_\_  
 Firm's name: WOLF & COMPANY LLP  
 Firm's EIN: \_\_\_\_\_  
 Firm's address: 1901 S MEYERS RD SUITE 500  
 OAKBROOK TERRACE, IL 601815209  
 Phone no: (630) 545-4500

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**  
SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1225 W 190TH STREET

City or town, state or country, and ZIP + 4  
GARDENA, CA 90248

**D Employer identification number**  
13-3859506

**E Telephone number**  
(310) 515-7888

**G Gross receipts \$** 179,319

**F Name and address of principal officer**  
EUNJONG KIM  
1425 VIA GALICIA  
PALOS VERDES ESTATES, CA 90274

**H(a) Is this a group return for affiliates?**  Yes  No

**H(b) Are all affiliates included?**  Yes  No  
If "No," attach a list (see instructions)

**H(c) Group exemption number** ▶

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J Website:** ▶ WWW.SNUAA.ORG

**K Form of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** 1994 **M State of legal domicile** DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities CHARITABLE, EDUCATIONAL AND FRATERNAL		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	4
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	1
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	80
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	88,941	89,185
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,600	88,560
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,809	1,574
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,350	179,319
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		51,569	70,172
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,260	171,015
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	202,829	241,187	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-21,479	-61,868	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	294,940	233,072
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	294,940	233,072

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2013-02-06

EUNJONG KIM PRESIDENT  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: EUN YOUNG HONG Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: ACCOUNTING OFFICE OF HO SUK GANG CPA  
12912 BROOKHURST ST 370  
GARDEN GROVE, CA 92840

Preparer's taxpayer identification number (see instructions): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (714) 530-3630

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**  
SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1225 W 190TH STREET

City or town, state or country, and ZIP + 4  
GARDENA, CA 90248

**D Employer identification number**  
13-3859506

**E Telephone number**  
(310) 515-7888

**G Gross receipts \$** 262,618

**F Name and address of principal officer**  
EUNJONG KIM  
1425 VIA GALICIA  
PALOS VERDES ESTATES, CA 90274

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number **▶** 3784

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J Website:** **▶** WWW.SNUAA.ORG

**K Form of organization**  Corporation  Trust  Association  Other **▶**

**L Year of formation** 1994 **M State of legal domicile** DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities CHARITABLE, EDUCATIONAL AND FRATERNAL		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	4
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	2
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	80
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	89,185	152,689
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,574	689
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,319	262,618
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		70,172	81,052
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b> 0			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		171,015	120,165
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		241,187	201,217
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-61,868	61,401	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	233,072	294,473
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	233,072	294,473

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2013-11-08

EUNJONG KIM PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Ppnt/Type preparer's name Preparer's signature Date  
HO SUK GANG

Firm's name **▶** GSK LLP Firm's EIN **▶**

Firm's address **▶** 12912 BROOKHURST ST 370 Phone no (714) 530-3630  
GARDEN GROVE, CA 92840

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA Doing Business As		<b>D</b> Employer identification number 13-3859506
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1952 GALLOWS ROAD 206		<b>E</b> Telephone number (301) 590-0858
	City or town, state or province, country, and ZIP or foreign postal code VIENNA, VA 22182		<b>G</b> Gross receipts \$ 272,640
	<b>F</b> Name and address of principal officer		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.SNUAA.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation 1994
			<b>M</b> State of legal domicile DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities CHARITABLE, EDUCATIONAL AND FRATERNAL		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	4
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	1
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	80
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	152,689	156,286
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,240	115,915
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	689	439
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	262,618	272,640
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		81,052	67,724
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,165	174,132
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	201,217	241,856	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	61,401	30,784	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	294,473	325,257
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	294,473	325,257

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2015-02-14 Date			
	INHWAN OH PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name SANG M STEVE NOH CPA	Preparer's signature	Date 2015-02-15	Check <input type="checkbox"/> if self-employed	PTIN P00497802
	Firm's name <input checked="" type="checkbox"/> LEE OH & NOH CPAS PLLC			Firm's EIN <input checked="" type="checkbox"/> 20-1409574	
	Firm's address <input checked="" type="checkbox"/> 7023 LITTLE RIVER TPKE SUITE 202 ANNANDALE, VA 22003			Phone no (703) 533-7200	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA  
 Doing business as: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1952 GALLOWS ROAD 206  
 City or town, state or province, country, and ZIP or foreign postal code: VIENNA, VA 22182

**D** Employer identification number: 13-3859506  
**E** Telephone number: (301) 590-0858  
**G** Gross receipts \$ 176,985

**F** Name and address of principal officer: \_\_\_\_\_

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW.SNUAA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 1994 **M** State of legal domicile: DE

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 CHARITABLE, EDUCATIONAL AND FRATERNAL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	4
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	1
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	70
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	156,286	65,576
<b>9</b> Program service revenue (Part VIII, line 2g)	115,915	107,220
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	439	341
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,848
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	272,640	176,985
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,724	73,167
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,132	115,020
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	241,856	188,187
<b>19</b> Revenue less expenses Subtract line 18 from line 12	30,784	-11,202

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	325,257	314,055
<b>21</b> Total liabilities (Part X, line 26)		0
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	325,257	314,055

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \*\*\*\*\*  
 Date: 2015-10-26  
 Type or print name and title: INHWAN OH PRESIDENT

**Paid Preparer Use Only**  
 Print/Type preparer's name: SANGMOON STEVE NOH CPA  
 Preparer's signature: SANGMOON STEVE NOH CPA  
 Date: 2015-10-30  
 Check  if self-employed  
 PTIN: P00497802  
 Firm's name: ▶ LEE OH & NOH CPAS PLLC  
 Firm's EIN: ▶ 20-1409574  
 Firm's address: ▶ 7023 LITTLE RIVER TPKE SUITE 202  
 ANNANDALE, VA 22003  
 Phone no: (703) 533-7200

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 TOWNSHIP LINE ROAD SUITE 100 City or town, state or province, country, and ZIP or foreign postal code BLUE BELL, PA 19422	<b>D</b> Employer identification number 13-3859506 <b>E</b> Telephone number (484) 344-5500 <b>G</b> Gross receipts \$ 225,432
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer JANICE J HAAHS	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.SNUAA.ORG	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1994 <b>M</b> State of legal domicile DE

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities CHARITABLE, EDUCATIONAL AND FRATERNAL		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	50
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	65,576	171,667
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341	136
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,903	192
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,015	225,432
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,167	8,190
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	113,361	204,253	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	186,528	212,443	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-20,513	12,989	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	304,744	348,351
	<b>21</b> Total liabilities (Part X, line 26)		21,850
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	304,744	326,501	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer 2016-11-10 Date JANICE J HAAHS PRESIDENT Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SANGMOON STEVE NOH CPA Preparer's signature SANGMOON STEVE NOH CPA Date 2016-11-10 Check <input type="checkbox"/> if self-employed PTIN P00497802	
	Firm's name ▶ LEE OH & NOH CPAS PLLC Firm's EIN ▶ 20-1409574	
	Firm's address ▶ 7023 LITTLE RIVER TPKE SUITE 202 ANNANDALE, VA 22003 Phone no (703) 533-7200	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
550 TOWNSHIP LINE ROAD SUITE 100  
City or town, state or province, country, and ZIP or foreign postal code  
BLUE BELL, PA 19422

**D** Employer identification number  
13-3859506

**E** Telephone number  
(484) 344-5500

**G** Gross receipts \$ 257,487

**F** Name and address of principal officer  
JANICE J HAAHS

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.SNUAA.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1994

**M** State of legal domicile DE

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
CHARITABLE, EDUCATIONAL AND FRATERNAL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	171,667	188,520
<b>9</b> Program service revenue (Part VIII, line 2g)	53,437	67,867
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136	1,100
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,432	257,487
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,000
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,190	5,961
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	204,253	210,767
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	212,443	218,728
<b>19</b> Revenue less expenses Subtract line 18 from line 12	12,989	38,759

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	348,351	365,260
<b>21</b> Total liabilities (Part X, line 26)	21,850	0
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	326,501	365,260

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2017-11-30  
JANICE J HAAHS PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: SANGMOON STEVE NOH CPA  
Preparer's signature: SANGMOON STEVE NOH CPA  
Date: 2018-04-27  
Check  if self-employed  
PTIN: P00497802  
Firm's name: ▶ LEE OH & NOH CPAS PLLC  
Firm's EIN: ▶ 20-1409574  
Firm's address: ▶ 7004 LITTLE RIVER TPKE STE O  
ANNANDALE, VA 220033201  
Phone no: (703) 533-7200

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2017**  
 Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 869 SOUTH ST  
 City or town, state or province, country, and ZIP or foreign postal code: FITCHBURG, MA 01420

**D** Employer identification number: 13-3859506  
**E** Telephone number: (978) 835-0100  
**G** Gross receipts \$ 306,097

**F** Name and address of principal officer: SAMUEL YOON  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.SNUAA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other  
**L** Year of formation: 1994 **M** State of legal domicile: DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CHARITABLE, EDUCATIONAL AND FRATERNAL				
	<b>2</b> Check this box <input type="checkbox"/>				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4		
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	0		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>			
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	188,520	Current Year	254,081
	<b>9</b> Program service revenue (Part VIII, line 2g)		67,867		50,770
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,100		1,246
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		257,487		306,097
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,000		17,300
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,961		4,832
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		210,767		190,293
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		218,728		212,425
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		38,759		93,672	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>		
	<b>20</b> Total assets (Part X, line 16)		365,260	518,385	
	<b>21</b> Total liabilities (Part X, line 26)			41,842	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		365,260	476,543		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2018-09-12  
 SAMUEL YOON PRESIDENT  
 Type or print name and title

**Paid**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2018-10-05  
 Check  if self-employed PTIN: P00497802

**Form**  
**Preparer**  
**Use Only**

Firm's name ▶ LEE OH & NOH CPAS PLLC	self-employed Firm's EIN ▶ 20-1409574
Firm's address ▶ 7004 LITTLE RIVER TPKE STE O ANNANDALE, VA 220033201	Phone no. (703) 533-7200

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2017)



Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
869 SOUTH ST

City or town, state or province, country, and ZIP or foreign postal code  
FITCHBURG, MA 01420

**D** Employer identification number  
13-3859506

**E** Telephone number  
(978) 835-0100

**G** Gross receipts \$ 217,474

**F** Name and address of principal officer  
SAMUEL YOON

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.SNUAA.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1994

**M** State of legal domicile DE

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
CHARITABLE, EDUCATIONAL AND FRATERNAL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	254,081	145,212
<b>9</b> Program service revenue (Part VIII, line 2g)	50,770	52,640
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,246	19,622
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	306,097	217,474
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,300	2,700
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,832	4,938
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	190,293	210,279
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	212,425	217,917
<b>19</b> Revenue less expenses Subtract line 18 from line 12	93,672	-443
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	518,385	536,071
<b>21</b> Total liabilities (Part X, line 26)	41,842	77,582
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	476,543	458,489

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-09-16

SAMUEL YOON PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2019-09-30 Check  if self-employed PTIN: P00497802

Firm's name ▶ LEE OH & NOH CPAS PLLC Firm's EIN ▶ 20-1409574

Firm's address ▶ 7004 LITTLE RIVER TPKE STE O ANNANDALE, VA 220033201 Phone no (703) 533-7200

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
158-14 NORTHERN BLVD 2FL UL-2

City or town, state or province, country, and ZIP or foreign postal code  
FLUSHING, NY 11358

**D** Employer identification number  
13-3859506

**E** Telephone number  
(718) 463-3131

**G** Gross receipts \$ 316,870

**F** Name and address of principal officer:  
**E** PETER SHIN

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SNUAA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1994

**M** State of legal domicile: DE

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
CHARITABLE, EDUCATIONAL AND FRATERNAL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	10
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	145,212	212,587
<b>9</b> Program service revenue (Part VIII, line 2g)	52,640	102,465
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,622	1,818
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,474	316,870
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,700	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,938	48,800
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	210,279	212,839
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	217,917	261,639
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-443	55,231
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	536,071	551,592
<b>21</b> Total liabilities (Part X, line 26)	77,582	13,852
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	458,489	537,740

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-09-18  
E PETER SHIN PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: [Blank]  
Preparer's signature: [Blank]  
Date: 2020-09-18  
Check  if self-employed  
PTIN: P00497802  
Firm's name: ▶ LEE OH & NOH CPAS PLLC  
Firm's EIN: ▶ 20-1409574  
Firm's address: ▶ 7004 LITTLE RIVER TPKE STE O  
ANNANDALE, VA 220033201  
Phone no. (703) 533-7200

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
158-14 NORTHERN BLVD 2FL UL-2

City or town, state or province, country, and ZIP or foreign postal code  
FLUSHING, NY 11358

**D** Employer identification number  
13-3859506

**E** Telephone number  
(718) 463-3131

**G** Gross receipts \$ 580,657

**F** Name and address of principal officer:  
**E** PETER SHIN

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SNUAA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1994

**M** State of legal domicile: DE

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
CHARITABLE, EDUCATIONAL AND FRATERNAL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	10
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	212,587	542,988
<b>9</b> Program service revenue (Part VIII, line 2g)	102,465	35,840
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,818	1,829
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,870	580,657

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,800	48,000
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	212,839	186,490
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	261,639	234,490
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	55,231	346,167

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	551,592	966,779
<b>21</b> Total liabilities (Part X, line 26)	13,852	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	537,740	966,779

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2021-09-27  
E PETER SHIN PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: [Blank]  
Preparer's signature: [Blank]  
Date: 2021-09-27  
Check  if self-employed  
PTIN: P00497802  
Firm's name: ▶ LEE OH & NOH CPAS PLLC  
Firm's EIN: ▶ 20-1409574  
Firm's address: ▶ 7004 LITTLE RIVER TPKE STE O  
ANNANDALE, VA 220033201  
Phone no. (703) 533-7200

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
2020  
 Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 158-14 NORTHERN BLVD 2FL UL-2 City or town, state or province, country, and ZIP or foreign postal code FLUSHING, NY 11358	<b>D</b> Employer identification number 13-3859506 <b>E</b> Telephone number (718) 463-3131 <b>G</b> Gross receipts \$ 626,061
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.SNUAA.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1994 <b>M</b> State of legal domicile: DE

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: CHARITABLE, EDUCATIONAL AND FRATERNAL		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/>		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	10
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	212,587	542,988
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,465	35,840
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,818	47,233
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,870	626,061
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,800	48,000
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	212,839	186,490
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	261,639	234,490	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	55,231	391,571	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	551,592	966,779
	<b>21</b> Total liabilities (Part X, line 26)	13,852	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	537,740	966,779	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ E PETER SHIN PRESIDENT Type or print name and title	2021-11-23 Date
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<b>Paid</b>	Print/Type preparer's name	Preparer's signature	Date 2021-11-23	Check <input type="checkbox"/> if self-employed	PTIN P00497802
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**Form**  
**Preparer**  
**Use Only**

Firm's name ▶ LEE OH & NOH CPAS PLLC	Self-employed Firm's EIN ▶ 20-1409574
Firm's address ▶ 7004 LITTLE RIVER TPKE STE O ANNANDALE, VA 220033201	Phone no. (703) 533-7200

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2020)



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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA
D Employer identification number: 13-3859506
E Telephone number: (213) 908-5586
F Name and address of principal officer: MYONG HO RO
G Gross receipts \$ 638,710
I Tax-exempt status: 501(c)(3)
J Website: WWW.SNUAA.ORG
K Form of organization: Corporation
L Year of formation: 1994
M State of legal domicile: DE

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data for the current year and prior year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: MYONG HO RO PRESIDENT
Date: 2022-02-03

**Paid  
Preparer  
Use Only**

Firm's name ▶ LEE OH & NOH CPAS PLLC	self-employed Firm's EIN ▶ 20-1409574
Firm's address ▶ 7004 LITTLE RIVER TPKE STE O ANNANDALE, VA 220033201	Phone no. (703) 533-7200

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2021)



Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **07-01-2022**, and ending **06-30-2023**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA

**D** Employer identification number  
 13-3859506

Doing business as

**E** Telephone number  
 (213) 908-5586

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 2410 JAMES M WOOD BLVD

City or town, state or province, country, and ZIP or foreign postal code  
 LOS ANGELES, CA 90006

**G** Gross receipts \$ 405,320

**F** Name and address of principal officer:  
 MYONG HO RO

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SNUAA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1994 **M** State of legal domicile: DE

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 CHARITABLE, EDUCATIONAL AND FRATERNAL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	516,720	298,815
<b>9</b> Program service revenue (Part VIII, line 2g)	121,990	81,505
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,000
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	638,710	405,320
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,500	6,000
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	306,330	445,306
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	318,830	451,306
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	319,880	-45,986

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,307,009	1,203,098
<b>21</b> Total liabilities (Part X, line 26)		0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,307,009	1,203,098

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

\*\*\*\*\*  
 Signature of officer  
 2023-01-30  
 Date

MYONG HO RO PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2024-02-15 Check  if self-employed PTIN P00497802

Firm's name ▶ LEE OH & NOH CPAS PLLC Firm's EIN ▶ 20-1409574

Firm's address ▶ 7004 LITTLE RIVER TPKE STE O ANNANDALE, VA 220033201 Phone no. (703) 533-7200

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

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

C Name of organization: SEOUL NATIONAL UNIVERSITY ALUMNI ASSOCIATION IN USA. Doing business as: 2416 JAMES M WOOD BLVD B. City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90006

D Employer identification number: 13-3859506. E Telephone number: (918) 616-3386. G Gross receipts \$ 539,913

F Name and address of principal officer: SANG GANG LEE

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.SNUAA.ORG

K Form of organization: Corporation

L Year of formation: 1994 M State of legal domicile: DE

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission, membership, revenue (Total revenue: 539,913), and expenses (Total expenses: 310,223).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

Signature of officer SANG GANG LEE PRESIDENT	2024-12-10 Date
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date 2024-12-10	Check <input type="checkbox"/> if self-employed	PTIN P00497802
Firm's name LEE OH & NOH CPAS PLLC			Firm's EIN 20-1409574	
Firm's address 7004 LITTLE RIVER TPKE STE O ANNANDALE, VA 220033201			Phone no. (703) 533-7200	

May the IRS discuss this return with the preparer shown above? See Instructions. . . . .  **Yes**  **No**

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2023)