Form 990-E7

Short Form 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)

20**08**

OMB No. 1545-1150

Open to Public

Department of the Treasury

25

Total assets .

Total liabilities (describe ▶

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service ,200 8 For the 2008 calendar year, or tax year beginning 2008, and ending D Employer identification number Check if applicable: C Name of organization Please use IRS 1408726 Address change label or Name change Telephone number print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return type. K171253-4620 Termination Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instrucuscola Number . . > Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► if the organization is not Website: ► www.the required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Organization type (check only one)-4947(a)(1) or 527) ◀ (insert no.) Check > I fithe organization is not a section 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. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 00.0 Contributions, gifts, grants, and similar amounts received. 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments Interest 4 Investment income Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses . . . 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ ____ of contributions reported on line 1) Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe > adventising, misce 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance . . 14 15 15 Printing, publications, postage, and shipping. 16 16 Other expenses (describe ► //brary, & 17 Total expenses. Add lines 10 through 16 028. 17 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return). 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II.) Cash, savings, and investments 23 Land and buildings . . 24 Other assets (describe >

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Part III	Statement of Program Service Accom	plishments (See the inst	ructions for Part	III.)	_	Expenses
What is the	organization's primary exempt purpose?	educational	Charite			uired for 501(c)(3) (4) organizations
Describe wi	hat was achieved in carrying out the organization	ation's exempt purposes. In	a clear and con	ise manner,	and	4947(a)(1) trusts;
describe the	e services provided, the number of persons ber	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others.)
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(Grants		udes foreign grants, check		. ▶ 🗆	31a	
	rogram service expenses (add lines 28a th			<u> ▶</u>	32	2028-58
Part IV	List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the in	structio	ns for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contributio	ns to	(e) Expense account and
	(a) Name and address	devoted to position	(If not paid, enter -0)	employee benefit deferred compe	nsation	other allowances
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)	152 1 44
		Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a V
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	
	Did the organization file Form 1120-POL for this year?	37b
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a 🗸
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	
39	Section 501(c)(7) organizations. Enter:	
	initiation lees and capital contributions included on line 9	-
	Gloss receipts, included on line 9, for public use of club facilities	-1-1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b
	L, Part I	400
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	
	Enter amount of tax on line 40c reimbursed by the organization	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e
41	List the states with which a copy of this return is filed. \\ \[\lambda \frac{1}{1000} \frac{1}	1. 263 212
42a	The books are in care of Lynnita Tean Brown Telephone no. > 2/2 Located at > 111 E. Houghton St., Tuscola, IC 6/953 ZIP + 4 > 6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes No
	If "Yes," enter the name of the foreign country: ▶	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c
43	- · · · · · · · · · · · · · · · · · · ·	▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Yes No
-	Form 990-EZ	44 0
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45

46 Did th	ne organization engage in direct or indirect p	olitical campaign activitie	es on beh	alf of or in	a apposition to		Yes		
	dates for public office? If "Yes," complete So					46			
	ne organization engage in lobbying activities?					47			
	organization operating a school as describe					48			
	ne organization make any transfers to an exe		•			49a			
	es," was the related organization(s) a section					49b			
	plete this table for the five highest compensation received more than \$100,000 of compensation	on from the organization	. If there is	s none, e	nter "None."				
(a) N	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		pensation	ensation (d) Contributions to employee benefit plans & deferred compensation		(e) Expense account and other allowances		
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1 Comp	plete this table for the five highest compensation from the organization. If there is no	ne, enter "None."	ctors who						
51 Comp	plete this table for the five highest compensa	ne, enter "None."	etors who		pe of service		O of		
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51 Comp	Delete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor potential organization in the contractor potential organization. If there is no (a) Name and address of each independent contractor potential organization or of other independent contractors each reduced in the contractor of other penalties of perjury, I declare that I have examinated belief, it is true, correct, and complete. Declaration of officer Complete this table for the five highest compensation. If there is no (a) Name and address of each independent contractor potential organization. If there is no (a) Name and address of each independent contractor potential organization. If there is no (a) Name and address of each independent contractor potential organization. If there is no (a) Name and address of each independent contractor potential organization. If there is no (a) Name and address of each independent contractor potential organization. If there is no (a) Name and address of each independent contractors each reduced in the contractor of the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contractors each reduced in the contractor of other independent contr	ceiving over \$100,000 ded this return, including accompon of preparer (other than office	npanying sch	tedules and on all inform	statements, and to tration of which prepared	e best of the tree has an	mpensat my know ny know		

Charitable Trust Bureau, 100 West Randolph 11th Floor, Chicago, Illinois 60601 Report for the Fiscal Period: Beginning / / 0 / 2008 Ending 12 / 31 / 2008 CO #01038346 Check all items attached: Copy of IRS Return (no+ f1) Audited Financial Statements Payable to the Illinois Charity Bureau Fund \$15.00 Annual Report Filing Fee	
Report for the Fiscal Period: Beginning / / 0 / 2008 Make Checks Payable to the Illinois Charity Copy of IRS Return (no+ f1 Copy of Form IFC The Illinois Charity \$15.00 Annual Report Filing Fe	
Beginning 1,01,2008 Make Checks Payable to the Illinois Charity	(ed)
the Illinois Charity \$15.00 Annual Report Filing Fe	
& Ending 12 / 31 / 2008 Sales A \$100.00 Late Report Filing Fee	
ederal ID # 371408726 MO DAY YR MO DAY YR	; {
re contributions to the organization tax deductible? Tyes No Date Organization was created: 10 10112	200
LEGAL KOREAN WAR EDUCATOR FOUNDATION Year-end amounts	
NAME 111 EAST HOUGHTON STREET MAIL TUSCOLA, IL 61953 A) \$ 5, 138-45	eg.
ADDRESS B) \$ 0-00	
C) NET ASSETS C) \$ 5,/38.45	
ZIP CODE	
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: PERCENTAGE AMOUNT	
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) % D) \$ 1,400.00	
E) GOVERNMENT GRANTS & MEMBERSHIP DUES % E) \$ 1,150,00	
F) OTHER REVENUES (Interest) (advertising) (miss.) % F)\$ 179.12	
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F) 100% G) \$ 2,899-17	
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	15E
H) OPERATING CHARITABLE PROGRAM EXPENSE White is the state of the sta	-
I) EDUCATION PROGRAM SERVICE EXPENSE % 1) \$ 633.7 6	_
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS % K) \$	
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) % L) \$ 2028-58	
M) MANAGEMENT AND GENERAL EXPENSE % M) \$ -	
N) FUNDRAISING EXPENSE % N) \$	
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) 100 % . O) \$ 2028.58	
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)	
PROFESSIONAL FUNDRAISERS:	
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ay remarkable records and an arrange and arrange and arrange and arrange arrange arrange and arrange a	\dashv
PROFESSIONAL FUNDRAISING CONSULTANTS:	erge:
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS S) \$	
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:	25.5
T) NAME, TITLE: N/A	\dashv
U) NAME, TITLE: N/A	-
V) NAME, TITLE: V/A List on back side of instructions	-
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY S EXPENDED) CODE CATEGORIES CODE	
W) DESCRIPTION: Maintain the KWE Website W)# 034	
X) DESCRIPTION: Disseminate information about Korea X) # 034/012	
Y) DESCRIPTION: Document Veterans' Memoirs Y) # 034	

IF T	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO	_
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.	S. C.	/	
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2.	ľ. t		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		V	
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4.			+
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.			
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.	V. 2.25	/	
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		V	
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$	_		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? 8.		V	
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.		V	
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		1	
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	1st Mid-Illinois Bank + Trust, P.O. Box 18, Tuscola	-, <u>t</u>	15.	ا چ
	Checking, savings, certificates of deposits			-
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Lypnita Brown 217-25	3-40	52	0
AL	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			_
ND T RUE TAT	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN SOUTH AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE FOR THE JURISDICTION OF THE STATE OF ILLINOIS.	STATE	D ARE	E E
RE MO FO RE INC	PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE TREASURER OF TRUSTEE (PRINT NAME) SIGNATURE PREPARER (PRINT NAME) SIGNATURE PREPARER (PRINT NAME) SIGNATURE SIGNATURE	OR OR	TE 6, 2 ATE	130/30/