

Department of the Treasury
Internal Revenue Service

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)

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 1/01, 2008, and ending 12/31, 2008

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 <u>Korean War Educator Foundation</u>	D Employer identification number <u>37-1408726</u>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>111 E. Houghton St.</u>	E Telephone number <u>(217) 253-4620</u>
	City or town, state or country, and ZIP + 4 <u>Urbana, IL 61953</u>	F Group Exemption Number

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.thekux.org

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

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

K Check if the 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.

L 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 ▶ \$

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,400.00
	2 Program service revenue including government fees and contracts	2	-
	3 Membership dues and assessments	3	1,150.00
	4 Investment income	4	119.12
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b Less: direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-	
8 Other revenue (describe ▶ <u>advertising, miscellaneous</u>)	8	230.05	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	2,899.17	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	-
	11 Benefits paid to or for members	11	-
	12 Salaries, other compensation, and employee benefits	12	-
	13 Professional fees and other payments to independent contractors	13	-
	14 Occupancy, rent, utilities, and maintenance	14	1,388.39
	15 Printing, publications, postage, and shipping	15	6.55
	16 Other expenses (describe ▶ <u>Internet, telephone, library, office supplies, website, misc</u>)	16	633.70
17 Total expenses. Add lines 10 through 16	17	2,028.58	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	870.59
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	4,267.86
	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 through 20	21	5,138.45

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,267.86	5,138.45
23 Land and buildings	-	-
24 Other assets (describe ▶)	-	-
25 Total assets	4,267.86	5,138.45
26 Total liabilities (describe ▶)	-	-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,267.86	5,138.45

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
- 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
- 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.
 - a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year?
- 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a
- b Did the organization file Form 1120-POL for this year?
- 38a 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?
 - b If "Yes," complete Schedule L, Part II and enter the total amount involved
- 39 Section 501(c)(7) organizations. Enter:
 - a Initiation fees and capital contributions included on line 9
 - b Gross receipts, included on line 9, for public use of club facilities
- 40a 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 L, Part I
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶
- d Enter amount of tax on line 40c reimbursed by the organization ▶
- e 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.
- 41 List the states with which a copy of this return is filed. ▶ *Not required to file*
- 42a The books are in care of ▶ *Lynnita Jean Brown* Telephone no. ▶ *(217) 253-4620*
 Located at ▶ *111 E. Houghton St., Tuscola, IL 61953* ZIP + 4 ▶ *61953*
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If "Yes," enter the name of the foreign country: ▶
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

	Yes	No
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a		<input checked="" type="checkbox"/>
35b		
36		<input checked="" type="checkbox"/>
37b		<input checked="" type="checkbox"/>
38a		<input checked="" type="checkbox"/>
38b		
39a		
39b		
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		<input checked="" type="checkbox"/>

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

	Yes	No
44		<input checked="" type="checkbox"/>
45		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

▶ *Lynnita J. Brown*
▶ 6/28/09
 Signature of officer Date

▶ *Lynnita J. Brown, CEO*
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶ ()	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Office Use Only
 AT # _____
 AT _____
 IT _____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
 Attorney General LISA MADIGAN State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

Form AG990-IL
 Revised 3/05

CO #01038346

Report for the Fiscal Period:

Beginning 1/01/2008
 & Ending 12/31/2008

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:
 Copy of IRS Return (not filed)
 Audited Financial Statements
 Copy of Form IFC
 \$15.00 Annual Report Filing Fee
 \$100.00 Late Report Filing Fee

Federal ID # 371408726

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 10/10/2000

LEGAL NAME: KOREAN WAR EDUCATOR FOUNDATION
 111 EAST HOUGHTON STREET
 TUSCOLA, IL 61953

Year-end amounts	
A) ASSETS	A) \$ 5,138.45
B) LIABILITIES	B) \$ 0.00
C) NET ASSETS	C) \$ 5,138.45

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
 E) GOVERNMENT GRANTS & MEMBERSHIP DUES
 F) OTHER REVENUES (Interest) (advertising) (misc.)
 G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

PERCENTAGE	AMOUNT
%	D) \$ 1,400.00
%	E) \$ 1,150.00
%	F) \$ 179.12
100%	G) \$ 2,899.12

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H) OPERATING CHARITABLE PROGRAM EXPENSE
 I) EDUCATION PROGRAM SERVICE EXPENSE
 J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
 K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$
 L) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
 M) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
 N) MANAGEMENT AND GENERAL EXPENSE
 O) FUNDRAISING EXPENSE
 P) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

%	H) \$ 1,394.88
%	I) \$ 633.70
%	J) \$ 2028.58
%	K) \$ -
%	L) \$ 2028.58
%	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:

- P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
 Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

PROFESSIONAL FUNDRAISING CONSULTANTS:

- S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

100%	P) \$ -
%	Q) \$ -
%	R) \$ -

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

- T) NAME, TITLE: N/A
 U) NAME, TITLE: N/A
 V) NAME, TITLE: N/A

T) \$	-
U) \$	-
V) \$	-

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

- W) DESCRIPTION: Maintain the KWE website
 X) DESCRIPTION: Disseminate information about Korea
 Y) DESCRIPTION: Document Veterans' memoirs

List on back side of instructions	CODE
W) #	<u>034</u>
X) #	<u>034/012</u>
Y) #	<u>034</u>

