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)

2011

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2011 calendar year, or tax year beginning January 01 , 2011, and ending December 31 C Name of organization B Check if applicable: D Employer identification number Address change Korean War Educator 37-1408726 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 111 E. Houghton St. 217-253-4620 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Tuscola, IL 61953 Number ▶ Application pending G Accounting Method: √ Cash Other (specify) ▶ H Check ▶ ☑ if the organization is not I Website: ▶ www.thekwe.org required to attach Schedule B □ 527 (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 2456.00 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 1 1 1,586.00 2 2 Program service revenue including government fees and contracts 00.00 3 Membership dues and assessments 3 840.00 4 4 30.00 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . 6d 7a Gross sales of inventory, less returns and allowances . . 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 2456.00 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors . 13 2242.00 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 100.00 16 16 184.00 Total expenses. Add lines 10 through 16 17 17 2526.00 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (70.00)18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 7246.00

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

20

21

7176.00

20

21

Pa	rt II Balance Sheets. (see the instructions	for Part II.)	3	* 2		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			7246.00	22	7176.00
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			7246.00		7176.00
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			7246.00	27	7176.00
Par	t III Statement of Program Service Accom					Expenses
\//b =	Check if the organization used Schedule t is the organization's primary exempt purpose?	educational charity	ny question in this	Part III		uired for section
						c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea Maintain a website entirely devoted to the Korean W	nanner, describe th ach program title.	e services provide	d, the number of		7(a)(1) trusts; optional thers.)
28	and the sacrifices of Korean War veterans and their		iic about the Korean	vvai		
	and the sacrifices of Korean war veterans and their	Tammes				
	(Grants \$) If this amount	includes foreign gra	ente chock boro		28a	
29	Distribute literature about the Korean War free of ch				204	
25	Website outreach free of charge to the general publi	ic				
	Distribute printed Korean War-related materials free		il			
		includes foreign gra		▶ □	29a	
30	Document memoirs of Versan War veterans					
	General operation of foundation.					
	(Grants \$) If this amount	30a				
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a				32	
Par					nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a				<u> </u>
(a) Name and address		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		0	Estimated amount of ther compensation
	nita Jean Brown	CEO - 20-30 hours				
111	E. Houghton St., Tuscola, IL 61953	1				A
		Trustee - O hours				
	na Jean Aldridge			ļ	-	
503	N. Center St., Tuscola, IL 61953					
-					+	
	narda Kay Hubert	Trustee- O hours				
/10	W. Oregon St., Urbana, IL `				+	
Ruff	y Dee Topper	Trustee - 0 hours				
	Owens Ave., Jonesboro, AR				+	
1 3 1 2	Owens Ave., Jonesboro, Aix		10		1	
Alor	na Gail Dukeman	Trustee - 0 hours			+	
	RR2, Clinton, IL	Trustee - 0 nours				
		1				
		2	1 2			
						v
		9			1	

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	V	
00			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	0.4		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
oo _a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		✓
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
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?	37b		✓
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 outstanding at the end of the tax year covered by this return? .	38a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			3.00
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		./
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. 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		1
41	List the states with which a copy of this return is filed. ▶ Illinois			
42a		217-25)
	Located at ► 111 E. Houghton St., Tuscola, IL ZIP + 4 ►	619		
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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country:	420		٧
	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 the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year		. ,	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u		√
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			·
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		✓
		000		200-997-bo NO

	Did the organization engage, directly or in candidates for public office? If "Yes,"					100			
							46		<u>√</u>
Part V									
	501(c)(3) organizations and sect			usis musi a	nswer qu	estion	S 4/-	49D	
	and 52, and complete the tables			Unia Davit VII					
	Check if the organization used Sc	nedule O to respond	to any question in	IIIS Part VI	• • •	• •	· · · ·		<u></u>
47 [Did the organization engage in lobbying	activities or have a	postion 501/h) alastic	on in offect of	during the	tov [T	es N	ol
	/ear? If "Yes," complete Schedule C, Par						47		,
-						_	48	-	<u>v</u>
	Did the organization make any transfers to an exempt non-charitable related organization?						19a	+	<u>v</u>
						_	l9b	-	<u>v</u>
50 Complete this table for the organization's five highest compensated employees (other than officers, director employees) who each received more than \$100,000 of compensation from the organization. If there is none,								and	kev
									,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans,	(d) Health benefits,		Estimated amount of other compensation		
	8			Compen	Sauon				
				_					
		*							

-				+					
			2						
	,								
f T	Total number of other employees paid ov	er \$100,000	. ▶						
	Complete this table for the organization \$100,000 of compensation from the organization			contractors	who each	recei	ved m	ore th	nan
(a) No	ame and address of each independent contractor pa	aid more than \$100 000	(b) Type of serv	rice	(c)	Compe	neation		
(a) No	arite and address of each independent contractor pa	iid more man \$100,000	(b) Type of serv	(c) Compensation					
			1						
				-					
			25						
d T	otal number of other independent contra	actors each receiving	over \$100 000	>					
	Did the organization complete Schedule			and 4947(a)	(1)				
r	nonexempt charitable trusts must attach	a completed Schedul	e A				Yes [No	
Under pen true, corre	nalties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other than	return, including accompany n officer) is based on all info	ying schedules and statemermation of which preparer	ents, and to the has any knowled	best of my kn	nowledge	and be	elief, it	is
Sign	Signature of officer Date								
Here	Lynnita J. Brown, CEO								
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check 🗆	if PT	īN		
					self-employ	yed			
Prepai	I			Firm	's EIN ▶				
Use O	Firm's address >	ny							_
May the	IRS discuss this return with the prepare	shown above? See i	nstructions		1	▶ □ '	es [No	
						Form	990-1	-7 (2)	011)