

Filed e-postcard

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

**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)

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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning January 01, 2012, and ending December 31, 2012

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
Korean War Educator

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
111 E. Houghton St.

City or town, state or country, and ZIP + 4
Tuscola, IL 61953

D Employer identification number
37-1408726

E Telephone number
217-253-4620

F Group Exemption Number n/a

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: www.thekwc.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check 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 \$ 2853.00

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O) <u>Media Insurance</u>		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	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)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7176.00	7595.00
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets		
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7176.00	7595.00

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Maintain a website entirely devoted to the Korean War informing the public about the Korean War and the sacrifices of Korean War veterans & their families (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	Distribute literature about the Korean War free of charge via website, website outreach to general public free of charge, distribute Korean War materials via US mail (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	Document memoirs of Korean War veterans General operation of foundation (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lynnita Jean Brown, CEO 111 E. Houghton St, Tuscola, IL 61953	20-30	0	0	0
Norma Jean Aldridge, Trustee 503 N. Center St, Tuscola, IL	0	0	0	0
Buffy Dese Topper, Trustee P.O. Box 17151, Jonesboro, AR 72403	0	0	0	0
Alonna Gail Dukeman, Trustee RR2, Clinton, IL	0	0	0	0

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT # _____
AMT _____
INIT _____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO #01038346

Report for the Fiscal Period:

Beginning 1 1 01 2012

& Ending 12 31 2012

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

- Copy of IRS Return
- 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

<p>LEGAL NAME: KOREAN WAR EDUCATOR FOUNDATION 111 EAST HOUGHTON STREET MAIL: TUSCOLA, IL 61953 ADDRESS: _____ CITY, STATE: _____ ZIP CODE: _____</p>	<p>Year-end amounts</p> <p>A) ASSETS A) \$ <u>7595.00</u></p> <p>B) LIABILITIES B) \$ <u>00.00</u></p> <p>C) NET ASSETS C) \$ <u>7595.00</u></p>																
<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PERCENTAGE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">%</td> <td>D) \$ <u>2312.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>E) \$ <u>520.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>F) \$ <u>21.00</u></td> </tr> <tr> <td style="text-align: center;">100%</td> <td>G) \$ <u>2853.00</u></td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	%	D) \$ <u>2312.00</u>	%	E) \$ <u>520.00</u>	%	F) \$ <u>21.00</u>	100%	G) \$ <u>2853.00</u>						
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<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ _____</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">%</td> <td>H) \$ <u>573.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>I) \$ <u>602.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>J) \$ <u>1175.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>K) \$ <u>00.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>L) \$ <u>1175.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>M) \$ <u>1259.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>N) \$ <u>00.00</u></td> </tr> <tr> <td style="text-align: center;">100 %</td> <td>O) \$ <u>2434.00</u></td> </tr> </tbody> </table>	%	H) \$ <u>573.00</u>	%	I) \$ <u>602.00</u>	%	J) \$ <u>1175.00</u>	%	K) \$ <u>00.00</u>	%	L) \$ <u>1175.00</u>	%	M) \$ <u>1259.00</u>	%	N) \$ <u>00.00</u>	100 %	O) \$ <u>2434.00</u>
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<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">100 %</td> <td>P) \$ <u>0.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>Q) \$ <u>0.00</u></td> </tr> <tr> <td style="text-align: center;">%</td> <td>R) \$ <u>0.00</u></td> </tr> <tr> <td colspan="2">S) \$ _____</td> </tr> </tbody> </table>	100 %	P) \$ <u>0.00</u>	%	Q) \$ <u>0.00</u>	%	R) \$ <u>0.00</u>	S) \$ _____									
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<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE: <u>N/A</u></p> <p>U) NAME, TITLE: _____</p> <p>V) NAME, TITLE: _____</p>	<p>T) \$ _____</p> <p>U) \$ _____</p> <p>V) \$ _____</p>																
<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION: <u>Maintain the Korean War Educator website</u></p> <p>X) DESCRIPTION: <u>Disseminate information about Korean War</u></p> <p>Y) DESCRIPTION: <u>Document memoirs of veterans</u></p>	<p>List on back side of instructions CODE</p> <p>W) # <u>034</u></p> <p>X) # <u>034/012</u></p> <p>Y) # <u>034/012</u></p>																

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

- 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.
- 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2.
- 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.
- 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.
- 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.
- 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.
- 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.
- 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.

YES	NO
	<input checked="" type="checkbox"/>
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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, IL 61953

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Lynnita J. Brown 217-253-4620

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:
 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
 2.) FOR FEES DUE SEE INSTRUCTIONS.
 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Lynnita J. Brown Lynnita J. Brown 6/23/13
 PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

Jean A. Kridge Copas Jean A. Kridge Copas 6/24/13
 TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

Lynnita J. Brown Lynnita J. Brown 6/24/13
 PREPARER (PRINT NAME) SIGNATURE DATE