

2003

Open to Public Inspection

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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 1/01/03, 2003, and ending 12/31, 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.

C Name of organization

Korean War Educator Foundation

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  
Tuscaloosa, IL 61953

D Employer identification number

37-1108726

E Telephone number

(217)253-4620

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.koreanwar-educator.org

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

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

K Check  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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received														6,953.70																		
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments															1,230.00																	
	4	Investment income															.21																	
	5a	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 (line 5a less line 5b) (attach schedule)																																
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																																
	6a	Gross revenue (not including \$ <u>6,953.70</u> of contributions reported on line 1)																																
	6b	Less: direct expenses other than fundraising expenses																																
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																																	
7a	Gross sales of inventory, less returns and allowances																																	
7b	Less: cost of goods sold																																	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																	
8	Other revenue (describe ▶ <u>Miscellaneous, refunds, honorarium</u> )																																	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																	
Expenses	10	Grants and similar amounts paid (attach schedule)																																
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors <u>website</u>																																
	14	Occupancy, rent, utilities, and maintenance <u>Internet/telephone</u>																																
	15	Printing, publications, postage, and shipping <u>printing/postage</u>																																
	16	Other expenses (describe ▶ <u>Advertising, office products, misc.</u> )																																
17	Total expenses (add lines 10 through 16)																																	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																																
	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)																																
	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)																																

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43.89	867.01
23	Land and buildings	—	—
24	Other assets (describe ▶ _____)	—	—
25	Total assets	43.89	867.01
26	Total liabilities (describe ▶ _____)	—	—
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	43.89	867.01

**Part III Statement of Program Service Accomplishments** (See page 41 of the instructions.)

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

What is the organization's primary exempt purpose? Education / charitable

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	Maintain a website informing the public about the Korean War & the sacrifices of Korean War veterans (Grants \$ - )	28a	4,982.62
29	Distributing literature about the website & outreach to the general public (Grants \$ - )	29a	1,872.57
30	Documenting veterans' memoirs, general operation of foundation (Grants \$ - )	30a	932.35
31	Other program services (attach schedule)	31a	-
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	<b>7,787.54</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Lynette Jean Brown 111 E. Houghton St, Tuscola, IL	C.E.O. 20-30 hours	-0-	-0-	-0-
Norma Jean Albridge Capos 503 N. Center St, Tuscola, IL	Trustee -0	-0-	-0-	-0-
Dennard Kay Hubert 710 W. Oregon, Urbana, IL	Trustee -0	-0-	-0-	-0-

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

	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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ - ; section 4912 ▶ - ; section 4955 ▶ -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 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," attach an explanation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ Illinois		
42 The books are in care of ▶ Lynette J. Brown Telephone no. ▶ (217) 253-4620 Located at ▶ 111 E. Houghton St, Tuscola, IL 61953 ZIP + 4 ▶ 61953		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

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.

Please Sign Here  
 Signature of officer: Lynette J. Brown Date: 10/07/04  
 Type or print name and title: Lynette J. Brown, CEO

Paid Preparer's Use Only  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed   
 Preparer's SSN or PTIN (See Gen. Inst. V) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_