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 \$500,000 and total assets less than \$1,250,000 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.

2009

OMB No. 1545-1150

Open to Public Inspection

B Check it applications Charge of capitalization with a state of the complete of the comp	A I	For the	2009 calenda	ır year,	or tax year beginning	1/0/, 2009, a	and ending	_	12/3	31,2009
Name change Protect Number and street (or P.O. Dos. Final is not delivered to street address) Room/built E Telephone number Protection Protectio	В	Check if ap	pplicable:			/		D Employer	identific	ation number
Name of aname Profession Number of Street (or P.O. Dox, if mails not delivered to street address) Room/build E Telephone number Profession Professi		Address c	change		Korean Wear Educati	tor Founda	1,00	37-	140	28726
Annexident natural properties Propertie	님		ange	print or	Number and street (or P.O. box, if mail is not delive	ered to street address)	Room/suite			
Annexident natural procession Color of two, stable or confinity, and 2P + 4 Forcup Exemption Number Constitutions Color of the Color of	H				III E. Houghton St	2.		217	-23	53-4620
Section 501(c)(S) organizations and 4947(f)(f) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). If Website: ►	Ħ									
a completed Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule B (Form 990). I Tax-exempt status (check only one) - Louis (insert no.)	Ĭ				Tuscola, IL 61	1953			•	/
a completed Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule A (Form 990 or 990-EZ). I Website: ► LOUIS - Schedule B (Form 990). I Tax-exempt status (check only one) - Louis (insert no.)		Sect	tion 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable	e trusts must attach	G Accou	unting Method	: []/	Cash Accrual
Website: ►									_	
Website: ►					1 1 1				organi	zation is not
Tox-exempt status (check only one)	ı١	Websit	e: > We	UW	athekwe- org					
Check	-					4947(a)(1) or 52	_ '			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Add lines 5b, 8b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ							receipts are r	normally not r	nore tha	an \$25,000. A
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1				_						xii 420,000. / i
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1									\$	
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Secial events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here □ 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here □ 7 Gross revenue (not including \$ of contributions reported on line 1). 8 Less: direct expenses other than fundraising expenses 6 Less: cost of goods sold 7 Gross sales of inventory, less returns and allowances 7 Tal 7 D 7 Tal 8 Other revenue (describe ▶ Qdvervism) 8 3 30.00 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ Maintenance) 17 Total expenses. Add lines 10, 10 from line 27, column (A)) (must agree with end-y-vear figure reported on prior year's return) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-y-vear figure reported on prior year's return) 19 Cash, savings, and investments 2 Cash, savings, and investments 3 (A) 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_								ns for	Part I.)
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Interest 4 51, 790, 000 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 6 Special events and activities (complete applicable parts of Schedule GJ, If any amount is from gaming, check here □ a Gross revenue (not including \$ of contributions reported on line 1) . 6a b Less: direct expenses other than fundraising expenses . 6b c 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 b Less: cost of goods sold . 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe ▶ 2d 0 = 11		_		·			-	T .	1	
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8 Other revenue (describe ▶ 2								70		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (Cash, savings, and investments	ets								+	3,2,0
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments	SS	1.0			0 0 1 1	. , ,,	,		~	128 00
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(See the instructions for Part II.) 22 Cash, savings, and investments 5/38.00 22 5,750.00 23 Land and buildings — 23 — 24 Other assets (describe ▶) — 24 — 25 Total assets . 5,/38,00 25 5,750.00 26 Total liabilities (describe ▶) — 26	P								ad of	/
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23 Land and buildings . — 23 — 24 Other assets (describe ▶) — 24 — 25 Total assets 5 /35,00 25 5 ,750.00 26 Total liabilities (describe ▶) — 26	22) Ca	sh savinge	and in	•		-		+ -	
24 Other assets (describe ►) — 24 — 25 Total assets . .							2/1	-		5, 750.10
25 Total assets				-)		-	
26 Total liabilities (describe ▶) — 26			•				5/	38.00	_	5 750.00
				(desc)			11000
						ee with line 21) .	5.13	8.00	_	5.750.00

Par				II. <u>)</u>		Expenses
Wha	t is the organization's primary exempt purpose?	educational	chart	7		ired for section
	cribe what was achieved in carrying out the org			nd concise		(3) and 501(c)(4)
	ner, describe the services provided, the number of					izations and section
	n program title.	pordono bononica, ana c	other relevant nine	illadion loi		a)(1) trusts; optional
					for ot	ners.)
28		orming the z	suble a	bout		
	The Korean War & the S					
	veterass & their fan					
		includes foreign grants, che	ook hara		28a	816.00
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29	Distribute literature		Korganu	av		
	website + outreach 7	to The gene	ral Du	5/10		
		/	/			0110
	(Grants \$) If this amount	includes foreign grants, che	eck here	.1 ▶ □	29a	816.0
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•	/ / 8/ //	, , , ,	7 5/15/10	<i>Z</i>		
	Operation by tound	attion				
	J					816.0
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 📙	30a	0100
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	31a	
32	Total program service expenses (add lines 28a t			•	32	
Par				tod (Soo tho i		tions for Part IVI
Гаі	List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred compen		other allowances
24	nnita Jean Brown	CE0	_			
11/ 7	E. Houghton, Truscola IL	20-30 hours	-0-	-0-	.	-0-
					- 1	
11	4 41111					
110	rma Jean Aldridge	Trustee	-0-	-0-		-0-
5	03 n. Center Tuscola IL	0 hours				
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2	nnarda Kare Hubert	Trustee				
-	200000000000000000000000000000000000000	11-237-00	-0-	-0-	.	-0-
11	Uw. Oregon, arbana, 12	ONOUTS			-	
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K	utto Des Topper	Truste	_	- 0		_
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
			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? If "Yes," attach a conformed copy of			/
35	the changes	34		
00	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	250		,/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
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		V
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 period covered by this return?	38a		V
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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 is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		L
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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. \ Not required to file			
42a	The organization's books are in care of \(\begin{array}{c} \Located at \(\begin{array}{c} \begin{array}{c} \Located at \\ \begin{array}{c} \Located at \\ \end{array} \end{array} \) \(\begin{array}{c} \Located at \\ \end{array} \) \	7-2.	53 3	- %
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		Yes	No
	account)?	42b		V
	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	1	./
·	If "Yes," enter the name of the foreign country: ▶	420		V_
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		. •	<u> </u>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			. ,
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		~
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		V
	Forr	n 990	-EZ	(2009)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) noi 7(a)(1) nonexempt cha d 51.	nexempt chari aritable trusts n	table trusts only. A nust answer questio	ll sec ns 4	tion 6–49	b
46	Did the organization engage in direct or indirect	political campaign activ	rities on behalf o	f or in opposition to		Yes	No
	candidates for public office? If "Yes," complete S	Schedule C, Part I			46		1
47	Did the organization engage in lobbying activities	? If "Yes," complete Sc	hedule C, Part II		47		2
48	Is the organization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes,"	complete Sched	lule E	48		V
49a	Did the organization make any transfers to an exc	empt non-charitable rela	ted organization	?	49a		U
b	If "Yes," was the related organization a section 5				49b		
50	Complete this table for the organization's five hig employees) who each received more than \$100,0	000 of compensation fro	m the organization	on. If there is none, en			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	(d) Contributions to employee benefit plans & deferred compensation	ac	Expension Expension () Expensio	and
)						
	J/A						
f	Total number of other employees paid over \$100	.000					
	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractor p	n. If there is none, enter '	'None."	Type of service		more	
	AJ/A						
d	Total number of other independent contractors ea	ach receiving over \$100	000				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration of						
Sign Here	Signature of officer Signature of officer	un		6/14//	0		
	hynnita T. Brown	un, CEO		20 Marie 1990 Marie 19			
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	ber (See	e instruc	tions)
Prepare Use On	Firm's name (or			EIN >			
OSE OU	yours if self-employed), address, and ZIP + 4			Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. ▶

► ☐ Yes ☐ No Form **990-EZ** (2009)

For Office Use Only PMT #	ILLINOIS CHARITABLE ORGANIZATION AN Attorney General LISA MADIGAN Sta Charitable Trust Bureau, 100 West R	ite of Illinois	RT Form AG990-1L Revised 3/05
AMT	11th Floor, Chicago, Illinois 606		01038340
	Report for the Fiscal Period:		Check all items attached: Copy of IRS Return Not Filed
INIT	Beginning / 10/12009		Audited Financial Statements Copy of Form IFC
	& Ending 12 / 31 / 2009	Charity Bureau Fund	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Federal ID # 37140872 Are contributions to the organ	26 nization tax deductible? Yes \(\square\) No	Date Organization	MO DAY YR was created: D 0 12000
	ilization tax deductible:	Year-end	The original of the original
NAME 111 EAST HOUG	EDUCATOR FOUNDATION	amounts	
MAIL TUSCOLA, IL 61		A) ASSETS	A)\$ 5,749.83 B)\$ 00.00
ADDRESS		B) LIABILITIES	B)\$ 00.00
ZIP CODE		C) NET ASSETS	c)\$ 5,749.83
L CUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	DEBOUNTAGE	AMOUNT
	ONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE %	
		%	1,107115
	ITS & MEMBERSHIP DUES		1,,,,
F) OTHER REVENUES		%	F)\$ 83.52
	COME AND CONTRIBUTIONS RECEIVED (ADD D.E., & F)	100%	G)\$ 3,058.25
	EXPENDITURES DURING THE YEAR:	%	н) \$ 1,585.89
	ABLE PROGRAM EXPENSE	%	1)\$ 618-61
	M SERVICE EXPENSE	%	1)\$2,204.50
	PROGRAM SERVICE EXPENSE (ADD H & I)	76	3) \$4, 201.30
	CATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	CHARITABLE ORGANIZATIONS	%	K)\$ —
	E PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L)\$ 2,204.50
M) MANAGEMENT AND		%	M)\$ 242.78
N) FUNDRAISING EXPE		%	N) \$
	JRES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 2,447.28
	PAID FUNDRAISER AND CONSULTANT ACTIVITIES: eport of Individual Fundraising Campaign- Form IFC. One for each PFR.) SERS:		
P) TOTAL AMOUNT RAIS	SED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS	S FEES AND EXPENSES	%	Q) \$ -
R) NET RECEIVED BY T PROFESSIONAL FUNDRA	HE CHARITY (P MINUS Q=R)	%	R) \$ -
	TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ -
IV. COMPENSATION TO	THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
T) NAME, TITLE:	N/A		T) \$ -
U) NAME, TITLE:	NA		U) \$ -
V) NAME, TITLE:	N/A		V) \$ —
V. CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDI	ED) CODE CATEGORIES	List on back side of instructions CODE
W) DESCRIPTION: //	Paintain the KWE website	₹	W)# 034,
X) DESCRIPTION:	iseminates information abou	of Korea	x) # 034/012
Y) DESCRIPTION:	occument veterans' memois	R5	Y)# 0324

IF 7	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
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.		V
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.	7-5-	V
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		V
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		V
	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.	100 Sec. 100	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?	-0.5	V
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	1st Mil-Illinois Bank + Trust, P.D. Box 18, Tuscola, IL 61953	3	
	Checking, Savings, certificates of deposit		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Lynnita T. Brown 217-253-5	162	0
ALI	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS		
AND T TRUE STATE	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUATED ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOFE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.	TATED PLE OF	ARE
1.) REF MON 2.) FOF 3.) REF INC	PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE PORTS ARE DUE WITHIN SIX NOTHS OF YOUR FISCAL YEAR END. REES DUE SEE INSTRUCTIONS. PORTS THAT ARE LATE OR OMPLETE ARE SUBJECT TO A DOOD PENALTY. PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE SIGNATURE SIGNATURE SIGNATURE AUDITOR T. Brown Lynnita J. Brown Departs T. Brown Lynnita J.	DAT 6/1 DAT	