	0	0	0		7
Form	Ð	F	U	- 6	

## 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)

(except black fully benefit trust of 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.

Department of the Treasury Internal Revenue Service

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

AI	For the	2010 calenda	ar year, or tax year beginning January 1, 20	10, and ending	Dec	cember 31	, 20	10
B	Check if a	pplicable:	licable: C Name of organization D Em		D Emp	loyer identificati	on numbe	r
	Address of	change	hange Korean War Educator Foundation					
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teler	phone number		
_	Initial retu	III E. HUUUIIUII SUEEL					620	
	Terminate Amended		City or town, state or country, and ZIP + 4		F Gro	up Exemption		1.
_		on pending	Tuscola, IL 61953			mber 🕨	· ·	
		ting Method:	Cash Accrual Other (specify)	Н	Check	▶ 🗹 if the org	anization	is not
		te: www.				d to attach Sch		
JT	ax-exer	npt status (che	ck only one) – 📝 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1	) or 527	(Form 9	90, 990-EZ, or	990-PF).	
	Check	Pathong	e organization is not a section 509(a)(3) supporting organization and its g		normally	not more than	\$50,000.	A
	Form 99		1 990 return is not required though Form 990-N (e-postcard) may be re					
ł	to file a	return, be sur	e to file a complete return.					
LA	Add lines	5b, 6c, and 7	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total asset	s (Part II,		100 C	
line	25, col	umn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		
Ρ	artI	Revenue	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see the	instru	ctions for Pa	art I.)	
1			the organization used Schedule O to respond to any questi					. П
	1	Contributio	ns, gifts, grants, and similar amounts received			1	2,9	56.00
	2		ervice revenue including government fees and contracts			2		-
	3		p dues and assessments			3	8	00.00
	4	Investment				4	-	52.00
	5a	Gross amo	unt from sale of assets other than inventory	5a				
	b			5b		1		
	c		s) from sale of assets other than inventory (Subtract line 5b fro	m line 5a)		5c		-
	6	Gaming an	d fundraising events					
	a	Gross inco	ncome from gaming (attach Schedule G if greater than					
ne		\$15,000) .		6a				
Revenue	b	Gross inco	me from fundraising events (not including \$	of contribution	IS			
Rei	1		aising events reported on line 1) (attach Schedule G if the					
		sum of suc	h gross income and contributions exceeds \$15,000)	6b				
	c			BC				
	d							
		line 6c)		ing non non in		6d		-
	7a	Gross sales	s of inventory, less returns and allowances	7a				
	b			7b				
	c	Gross profi	ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					-
	8		nue (describe in Schedule O)			8		-
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 🕨	9	38	08.00
	10		similar amounts paid (list in Schedule O)		· ·	10	e.	-
	11		id to or for members		· ·	11		-
Expenses	12		her compensation, and employee benefits		· ·	12		~
SUS	13		onal fees and other payments to independent contractors			13		
xp	14		r, rent, utilities, and maintenance			14	13	98.00
ш	15		blications, postage, and shipping			15		9.00
	16	· ·	nses (describe in Schedule O)			16		05.00
	17		<b>nses.</b> Add lines 10 through 16			17		12.00
ţ	18		deficit) for the year (Subtract line 17 from line 9)			18	14	96.00
Se	19		or fund balances at beginning of year (from line 27, column					
Net Assets			r figure reported on prior year's return)			19	57	50.00
Net	20		ges in net assets or fund balances (explain in Schedule O)			20		-
	21		or fund balances at end of year. Combine lines 18 through 20		. 🕨	21	Contraction of the local division of the loc	46.00
For	Paper	work Reducti	on Act Notice, see the separate instructions.	Cat. No. 106421		Form	990-EZ	(2010)

OMB No. 1545-1150 2010

**Open to Public** Inspection

	990-EZ (2010)	a National States of the State		-		Page 2
Pa	rt II Balance Sheets. (see the instructions		ation in this De			_
	Check if the organization used Schedule	e O to respond to any que				
00	Cook appliage and investments		(4	) Beginning of year		(B) End of year
22 23	Cash, savings, and investments	•••••	· · ·	5750.00	- 23	7246.00
24	Other assets (describe in Schedule O)		· · · -		- 24	
25	Total assets			5750.00		7246.00
26	Total liabilities (describe in Schedule O)		–		- 26	
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with line 2	1)	5750.00	27	7246.00
Par						Expenses
	Check if the organization used Schedule		stion in this Pa	urt III 🛛 🗌		quired for section (c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose?	educational charity	, and construction	annar daoarába	- orga	anizations and section
	ibe what was achieved in carrying out the organization ervices provided, the number of persons benefited, and					7(a)(1) trusts; optional others.)
28	Maintain a website entirely devoted to the Korean W	***************************************	t the Korean Wa	ır		1
	and the sacrifices of Korean War veterans and their	families.			1.0	
		in all rates from income the set				
29	(Grants \$) If this amount Distribute literature about the Korean War free of ch.	includes foreign grants, ch			28a	772.00
29	Website outreach free of charge to the general publi		cator website.			
	Distribute printed Korean War-related materials free					
		includes foreign grants, ch	eck here	🕨 🔲	29a	770.00
30	Document memoirs of Korean War veterans.				1	
	General operation of foundation.					
		includes foreign grants, ch			30a	770.00
31	Other program services (describe in Schedule O)					a.
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign grants, ch	eck here	<u>· · Þ 🛛</u>	31a	
Par						
T CIT	Check if the organization used Schedule					· · · · □
	(a) Name and address	(b) Title and average hours per week	(c) Compensation	on (d) Contributio		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe		
Lynn	ita Jean Brown	CEO - 20-30 hours		5		
111 6	E. Houghton St., Tuscola, IL 61953	020 20 00 110013	-	0 -	- 0 -	-0-
	an Jean Aldridge				-	
503 1	I. Center St., Tuscola, IL 61953	Trustee - 0 hours	a		0	0
Denr	arda Kay Hubert			0 -	- 0 -	- 0 -
	V. Oregon St., Urbana, IL	Trustee - 0 hours		0 -	- 0 -	-0-
Buffy	Dee Topper					
1112	Owens Ave., Jonesboro, AR	Trustee - 1 hour				
		Trustee - Thour	-	0 -	- 0 -	- 0 -
	na Gail Dukeman	Trustee - 0 hours				
273 F	R2, Clinton, IL		-	0 -	- 0 -	- 0 -
			24			
						-
		а. С				
					-	000 EZ (0010)

Form 990-EZ (2010)

Form 99	00-EZ (2010)		F	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
	×	r	Yes	No
33	Did the organization engage in any 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	33		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	-	1
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	-	1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a 00.00			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a 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 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		1
C	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.  Illinois			
42a		17-25		)
b	Located at ► 111 E. Houghton St., Tuscola, IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	619	53	
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial	. [	Yes	No
	account)?	42b		1
	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
Ŭ	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			
		ſ	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	
h	completed instead of Form 990-EZ	44a		<b>√</b>
b	completed instead of Form 990-EZ	44b	1 a. e.	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		$\overline{\checkmark}$
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		
		1.10		

Form 990-EZ (2010)

d       Total number of other independent contractors each receiving over \$100,000       . ▶	Form 990-	EZ (2010)		2. 			Pa	age <b>4</b>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 5210(3) If "vss," rem 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).  45 Did the organization engage, directly or inferetty, in political campaign activities on behalf of or in opposition for the candidates for public office? If "ves," complete Schedule C, Part I.  47 Did the organization engage, in lobbying activities? If "ves," complete Schedule C, Part II  47 Did the organization advocates the tables for uses of and 61.  47 Did the organization advocates description 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for use exempt non-charitable related organization?  49 Did the organization advocates description 4947(a)(1)(1)(1)(1)(1)(1) " Yes," complete Schedule C, Part II  47 Did the organization advocates description 4947(a)(1)(1)(1)(1)(1)(1) " Yes," complete Schedule E, Part II  48 Is the organization advocates description 4947(a)(1)(1)(1)(1)(1)(1) " Yes," complete Schedule E, the sin conce, retree is none, enter "None."  49 Did the organization make any transfers to an exempt non-charitable related organization?  49 Did the organization make any transfers to an exempt non-charitable related organization?  49 Other organization make any transfers to an exempt non-charitable related organization?  40 Nume and advas of each received more than \$10,000 for compensation from the organization who each received more than \$100,000 compensation from the organization who each received more than \$100,000 compensation from the organization and 4947(a)(1) engagement and the earlier engagement and the engagement and th		· · ·					Yes	No
meaning of section 512(b)(13)? If "Yes," Form 590 and Schedule R may need to be completed instead of Form 590-E2 (see instructions).       46       0       45         46       Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public Office? If "Nes," complete Schedule C, Part I       46       0       47         47       Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition and section 4947(b)(1) nonexempt charitable trusts only. All section 512(b)(2) organizations and section 504 of 51.       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       16       17       17       17       16       17       17       17       17       17       17       16       17       16       17       17       17       17       17       17       17       16       17       17       17       17       18       18       17       10       10       17						45		1
Form 990-E2 (see instructions).       45       45       46       46       46       46       47       47       48       4       48 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
46       Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition       46       ✓         2011VI       Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-490 and 52, and complete the tables in times 00 and 51.       Check if the organization used Schedule 0 to respond to any question in this Part V         47       Did the organization angage in lobbying activities? If "Yes," complete Schedule 0, Part II       47       1/4         48       Did the organization asked as described in section 720(%)(1/4)(%) If "Yes," complete Schedule 0, Part II       47       1/4         49       Did the organization asked as any transfers to an exempt non-charitable related organization?       48       1/4       49         50       Complete this table for the organization as ecolino 720(%)(1/4)(%) If "Yes," complete Schedule 0, Part II       49       1/4       49         50       Complete this table for the organization as ecolino 720(%)(1/4)(%) If "Yes," complete Schedule 0, Part II       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49       1/4       49			990 and Schedule R may	need to be comp	Dieteo Instead of	AFo		,
to candidates for public office? If "Yes," complete Schedule C, Part I			v in political campaign act	ivities on behalf of	for in opposition	458		<b>V</b>
Eart VI       Section 501(c)(0) organizations and section 4947(c)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.         Check if the organization used Schedule 0 to respond to any question in this Part VI						46		1
47       Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II       47       Ves       No         48       is the organization a school as described in section 170(b)(1)(0)(0)? If "Yes," complete Schedule E       48       ✓         49       Did the organization activities? If "Yes," complete Schedule C, Part II       48       ✓         49       Did the organization activities? If we highest compensation from the organization.       48       ✓         50       Complete this table for the organization is \$100,000       compensation from the organization.       48       ✓         50       Complete this table for the organization is \$100,000       fill and warege develope and more the structure prevent develope and develope and develope and develope and develope and develope and develope		Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and 52, and complete the tables for lin	section 4947(a)(1) none 47(a)(1) nonexempt chari es 50 and 51.	xempt charitab table trusts mus	le trusts only. A t answer question	II sec	tion 7–49b	,
47       Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II       47       √         48       the organization a school as described in section 170(b)(1)(/b)(0)? If "Yes," complete Schedule C, Part II       49       √         49       Did the organization make any transfers to an exempt non-charitable related organization?       49a       √         49       Did the organization make any transfers to an exempt on-charitable related organization. If the organization is five highest compensated employees (ther 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."       (e) Rume and address of address is address in address is address is address in address is address is address in address in address is address in address is address in address in address is address is address in address in address in address is address in add		chook in the organization doed considered			<u></u>		Yes	No
43       bit the organization a school as described in section 170(b)(1)(4)(1) If "Yes," complete Schedule E       48       ✓         49       Did the organization make any transfers to an exempt non-charitable related organization?       49a       ✓         50       Complete this table for the organization as section 527 organization?       49a       ✓         50       Complete this table for the organization as socion 527 organization?       49a       ✓         60       Name and address of each employee paid more than \$100,000       60 Title and average of each employee paid more than \$100,000       60 Title and average of each employee paid more than \$100,000       60 Compensation for the organization is the highest compensation of employee paid more than \$100,000       60 Expense of each employees paid over \$100,000       ►       None         51       Complete this table for the organization is five highest compensation (e) Type of service (e) Compensation for the organization. If there is none, enter "None."       10       None         52       Did the organization complete Schedule A? Note: All section \$010(0)(30)       ►       None       10         54       Complete this table for ther enganization five highest compensation for highest domes and 4947(a)(1) nonexempt charitable relates and statements, and to the performance of other independent contractors each receiving over \$100,000       ►       None         52       Did the organization complete Schedule A? Note: All section \$010(c)(3) organizations a	<b>47</b> D	Did the organization engage in lobbying activitie	s? If "Yes." complete Sche	dule C. Part II		47		1
49a       Did the organization make any transfers to an exempt non-chartable fealed organization?       49a       ✓         50       Complete this table for the organization is 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 the and average devoted to position       (e) Compensition       (e) Compensit			-		Ε			1
50       Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and keys employees) who each received more than \$100,000 of compensation form the organization. If there is none, enter "None,"       (e) Nume and address of each employee paid more than \$100,000       (e) Nume and address of each employee paid more than \$100,000       (f) Compensation devoted to position       (f) Compensation effective compensation other adlowances       (f) Compensation effective compensation for the organization from the organization. If there is none, enter "None."       (g) Compensation f(l) Name and address of each independent compact paid more than \$100,000       )       None         2       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(b)(1) nonexempt charitable trusts must attach a completed Schedule A		-				49a		1
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 sensation of the organization of employee benefit place is devoted to position deferred compensation of the relativances         None       (c) Compensation of the organization.       (c) Compensation of the organization of the organization.         1       Total number of other employees paid over \$100,000       .       None         51       Complete this table for the organization.       (c) Compensation from the organization.       (c) Compensation from the organization.         (a) Name and address of each independent contractor paid more than \$100,000       .       None         51       Complete this table for the organization.       (c) Compensation from the organization.       (c) Compensation from the organization.         (a) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (c) Compensation         (a) Name and address of each independent contractors each receiving over \$100,000        None         52       Did the organization.       (c) Compensation          (a) Total number of other independent contractors each receiving over \$100,000        None         52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts mu	b li	"Yes," was the related organization a section 5	527 organization?			49b		
(e) Name and address of each employee paid more than \$100,000       (e) Comparisation of the employee paid more than \$100,000       (e) Comparisation of the employee paid over \$100,000       (f) Total number of other employees paid over \$100,000       (h) Type of service       (e) Comparisation of the employees paid over \$100,000       (e) Type of service       (e) Comparisation of the employees paid over \$100,000       (f) Type of service       (e) Comparisation of the employees paid over \$100,000       (f) Type of service       (e) Comparisation of the employees paid over \$100,000       (f) Type of service       (f) Comparisation of employees paid over \$100,000       (h) Type of service       (f) Comparisation of employees paid over \$100,000       (h) Type of service       (f) Comparisation of employees paid over \$100,000       (h) Type of service       (f) Comparisation of employees paid over \$100,000       (h) Type of service       (f) Comparisation of employees paid over \$100,000       (h) Type of service       (f) Comparisation of employees paid over \$100,000       (h) Type of paid the employee								l key
(a) Name and address of each employee paid more than \$100,000       inhours per week*	е	mployees) who each received more than \$100,		•		-		
None       Image and a part of the product of the produ	(		hours per week	(c) Compensation	employee benefit plans &	aco	count an	nd
Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       None         Image: state of the organization of preparer is signature       Note:         Image: state of the organization of preparer is signature       Note:         Image: state of the organization of preparer is signature       Note:         Image: state of the organization of preparer is signature       Note:         Image: state of the organization of preparer is signature       Note:		than \$100,000	devoted to position		deterred compensation	other	allowar	ices
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde	None							
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde							ndja dite fato na anna a	
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde								
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde								
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde								
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde								
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde								
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (e) Type of service       (e) Compensation         None       (e) Name and address of each independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       (b) Type of service       (e) Compensation         None       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor paid more than \$100,000       Image: Service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete service independent contractor second complete service independent contractors each receiving over \$100,000       Image: Service independent contractor second complete second complete service inde								
d       Total number of other independent contractors each receiving over \$100,000       ▶       None         52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<b>51</b> C	Complete this table for the organization's five 100,000 of compensation from the organization	highest compensated inde n. If there is none, enter "N	pendent contracto				
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed	None		• • • • • • • • • • • • • • • • • • •					
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Paid       Print/Type preparer's name       Preparer's signature       Image: Complete Schedule A         Proper firm 's name       Image: Complete Schedule A       <								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A       Image: Complete Schedule A         Paid       Print/Type preparer's name       Preparer's signature       Image: Complete Schedule A         Proper firm 's name       Image: Complete Schedule A       <								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed								
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed		· · · · · · · · · · · · · · · · · · ·						
52       Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)         nonexempt charitable trusts must attach a completed Schedule A       Image: Complete Schedule A         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.         Sign       Image: Complete Schedule A         Sign       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Sign Here       Image: Complete Schedule A         Image: Signature of officer       Image: Complete Schedule A         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of officer       Image: Check if if self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed         Image: Signature of the self-employed       Image: Signature of the self-employed	d T	otal number of other independent contractors e	each receiving over \$100,00	•	None	V		
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 is based on all information of which preparer has any knowledge.         Sign Here       image: correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       image: correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       image: correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       image: correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       image: correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       image: correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Autor of officer       image: correct, and complete. Declaration of preparer based on all information of which preparer is			•		7(a)(1)			A
Sign       Image: Sign ature of officer       Image: Signature of officer       Image: Signature of officer         Sign Here       Image: Signature of officer       Image: Signature of officer       Image: Signature of officer         Paid       Print/Type or print name and title       Preparer's signature       Image: Signature of officer       Image: Signature of officer         Paid       Print/Type preparer's name       Preparer's signature       Image: Signature of Signature       Image: Signature of Signature of Signature         Image: Signature       Image: Signature of Signature of Signature       Image: Signature of	n	onexempt charitable trusts must attach a comp	leted Schedule A		· · · · ►	] Yes		0
Sign Here       Image: Signature of officer       Date         Lynnita Jean Brown, CEO       Date         Type or print name and title       Preparer's signature         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature         Firm's name       Firm's clines         Firm's address ►       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       Image: Shown above? See instructions	Under pen	alties of perjury, I declare that I have examined this return, in	cluding accompanying schedules a	nd statements, and to	the best of my knowled	ge and	belief, i	it is
Sign Here       Signature of officer       Date         Lynnita Jean Brown, CEO       Type or print name and title         Paid Preparer       Print/Type preparer's name       Preparer's signature       Date         Firm's name       Firm's caldress       Firm's EIN         Firm's address       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions	true, correc	ct, and complete. Declaration of preparer (other than officer)	is based on all information of which	n preparer has any know	wledge.			
Sign Here       Signature of officer       Date         Lynnita Jean Brown, CEO       Type or print name and title         Paid Preparer       Print/Type preparer's name       Preparer's signature       Date         Firm's name       Firm's caldress       Firm's EIN         Firm's address       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions		1 - Depart	Brown		6/12/2	201	0	
Here       Lynnita Jean Brown, CEO         Type or print name and title       Type or print name and title         Preparer       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Use Only       Firm's name       Firm's eddress       Firm's EIN       Firm's eddress       Phone no.         Way the IRS discuss this return with the preparer shown above? See instructions	Sign							
Paid       Print/Type or print name and title         Preparer       Print/Type preparer's name       Preparer's signature       Date       Check ☐ if self-employed         Image: Self - employed       Firm's name       Firm's EIN ►         Firm's address ►       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       Phone no.	Here							
Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date       Check ☐ if self-employed       PTIN         Firm's name       Firm's name       Firm's EIN       Print's EIN       Preparer's signature       PTIN         Way the IRS discuss this return with the preparer shown above? See instructions       Phone no.       Phone no.       Phone no.								
Paid     Check ⊥ if self-employed       Preparer     Firm's name     Firm's ElN ►       Use Only     Firm's address ►     Phone no.       May the IRS discuss this return with the preparer shown above? See instructions     Yes □ No	D_::		rer's signature	Date		PTIN		
Preparer       Firm's name       Firm's EIN ►         Use Only       Firm's address ►       Firm's EIN ►         Firm's address ►       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       • • • • • • • • • • • • • • • • • • •					Check if			
Birm's address ▶       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions				I				
May the IRS discuss this return with the preparer shown above? See instructions	use O							
	May the		above? See instructions	· · · · · ·	· · · · ►	Yes		0
			3	n an the second s	For	m <b>990</b>	)-EZ (	2010)