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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2011**

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)

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 2011 calendar year, or tax year beginning JAN 1, 2011, and ending DEC 31, 2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: MOUNTAIN EMPIRE CHAPTER 289  
 Doing Business As: KOREAN WAR VETERANS ASSOC. INC  
 Number and street (or P.O. box if mail is not delivered to street address): 109 WHITE HAWK WAY  
 City or town, state or country, and ZIP + 4: KINGSPORT, TN 37663-3068

**D** Employer identification number: 45-0516551

**E** Telephone number: (423) 239-9778

**G** Gross receipts \$: 2,330

**F** Name and address of principal officer: CHARENCE H. DUNFOOD  
160 CLIFF DRIVE GRAY, TN 37615

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c)(19) (insert no.)  4947(a)(1) or  527

**J** Website: \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2003 **M** State of legal domicile: TN

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO SERVE AS LIVING MEMORIALS TO THOSE WHO SERVED AND THOSE WHO DIED DURING THE KOREAN WAR.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>14</u>	<u>33</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)		
	5 Total number of individuals employed in calendar year 2011 (Part VII, line 2a)	<u>#34</u>	
	6 Total number of volunteers (estimate if necessary)		<u>1</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
b Net unrelated business taxable income from Form 990-T, line 34	<u>2.1</u>	<u>2013</u>	
Revenue	8 Contributions and grants (Part VII, line 1b)	<u>420</u>	<u>160</u>
	9 Program service revenue (Part VII, line 2g)	<u>2407</u>	<u>2125</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>24</u>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 3c, 9c, 10c, and 11e)	<u>40</u>	<u>45</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2891</u>	<u>2330</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>550</u>	<u>1050</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>317</u>	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>315</u>	<u>285</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>828</u>	<u>563</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>2010</u>	<u>1898</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>881</u>	<u>432</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <u>CASH-ON-HAND</u>	<u>1386</u>	<u>1817</u>
	21 Total liabilities (Part X, line 26)	<u>-</u>	
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1386</u>	<u>1817</u>

**Part II Signature Block**

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 Here: Robert E. Shelton Signature of officer, Date: 9-26-13  
ROBERT E. SHELTON Type or print name and title, QUARTER MASTER

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check  if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:  
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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
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**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
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**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
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**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ▶