

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)

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The World War II Foundation		D Employer Identification Number 27-4793304
	Doing Business As		E Telephone number (401) 862-3422
	Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 333 White Horn Drive		G Gross receipts \$ 415,657.
	City, town or country State ZIP code + 4 Kingston RI 02881		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
F Name and address of principal officer: Tim Gray 333 White Horn Dr. Kingston RI 02881		H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 2011 M State of legal domicile: RI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To produce educational films and create initiatives recognizing the bravery and enormous contributions made by the men and women of the United States military during World War II so that future generations of Americans appreciate the determination and sacrifices that enabled perpetuation of our basic freedoms.</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)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		401,798.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,859.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		415,657.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	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) ▶ 18,427.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		411,886.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		411,886.	
19 Revenue less expenses. Subtract line 18 from line 12		3,771.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0.	3,771.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.

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	Signature of officer		Date 04/23/12	
	Tim Gray Type or print name and title.		President	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Michael Aaronson		5-3-12	P01228070
	Firm's name ▶ AARONSON LAVOIE STREITFELD DIAZ & CO, P.C.	Firm's EIN ▶ 05-0502019		
	Firm's address ▶ 1604 BROAD ST CRANSTON RI 02905-4130	Phone no. (401) 223-0205		

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