Form **990**

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)

Open to Public porting requirements. Inspection

2012

OMB No. 1545-0047

Department of the Treasury

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

A F	or th	e 201	2 calendar year, or tax year beginning , 2012,	and ending		, 20
R.	heck if a		C Name of organization		D Employer identific	ation number
Б С	_		INFINITE HERO FOUNDATION			
	Addr chan		Doing Business As		45-0983498	3
	Nami	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	0
	Initia	return	22365 EL TORO RD	275	(855) 687-4	376
	Term	inated	City or town, state or country, and ZIP + 4			
	Amei retur		LAKE FOREST, CA 92630		G Gross receipts \$	931,816.
		cation	F Name and address of principal officer: COLIN BADEN		H(a) Is this a group retur affiliates?	n for Yes X No
			22365 EL TORO RD. LAKE FOREST, CA 92630		H(b) Are all affiliates incl	uded? Yes No
ī	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a list.	(see instructions)
J	Webs	te: 🕨	WWW.INFINITEHERO.ORG		H(c) Group exemption nu	ımber 🕨
ĸ	Form	of organ	nization: X Corporation Trust Association Other	L Year of fo	ormation: 2011 M State	of legal domicile: CA
Pa	rt I	Sur	mmary			
	1	Briefly	/ describe the organization's mission or most significant activities:			
_	· .	THE	FOUNDATION'S MISSION IS TO COMBAT THE MOST D	IFFICULT	FRONT LINE	
ü		ISSU	JES - MENTAL AND PHYSICAL - FACING MILITARY H	EROES AN	D THEIR	
L		FAMI	ILIES.			
Governance	2	Check	this box if the organization discontinued its operations or dispose	d of more than	25% of its net assets.	
න න	3	Numb	er of voting members of the governing body (Part VI, line 1a)			5.
	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	5.
Ϋ́	5	Total	number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
Activities	6		number of volunteers (estimate if necessary)		ا م ا	15.
_	7 a		gross unrelated business revenue from Part VIII, column (C), line 12			0
			nrelated business taxable income from Form 990-T, line 34			0
					Prior Year	Current Year
o l	8	Contri	butions and grants (Part VIII, line 1h)		51,610.	14,514.
Ĭ,	9	Progra	am service revenue (Part VIII, line 2g) COPY PUBLIC INS	FOR	0	
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION	0	959.
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		814,658.	916,343.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		866,268.	931,816.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		25,000.	500,000.
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)	• • • • • •	0	0
w	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		. 0	0
Expenses	16 a				0	0
cpe	ь	Total f	ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) 59, 092			
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		43,752.	116,486.
	l		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,752.	616,486.
			nue less expenses. Subtract line 18 from line 12		797,516.	315,330.
or					Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)	-	818,516.	1,169,346.
Ass I Ba	21		iabilities (Part X, line 26)	• • • • • • •	0	35,500.
Net Tunc	22		ssets or fund balances. Subtract line 21 from line 20	::::::	818,516.	1,133,846.
	rt li		anature Block			
Und	der per		f perjury, I declare that I have examined this return, including accompanying schedules a			dge and belief, it is true,
con	rect, a	nd comp	olete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any ki	nowledge.	
S	ign				6-26-2	013
	ere		Signature of officer		Date	
			Brian C. Sampson, Treasure			
			Type or print name and title		 -	·
		Print/	Type preparer's name Preparer's signature	Date	Check if	PTIÑ
Paid		Josi	EPH S. DE TRANE Graph S. D.T. Digitally signed by De Trane, Joe Dalle: 2013.06.20 06:26:44-0700	;	self- employed	T P00329386
	oarer		name GRANT THORNTON LLP	<u> </u>		6055558
Jse	Only		address ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA	94111		-986-3900
Mav	the !		cuss this return with the preparer shown above? (see instructions)			137
y			(add man and property of other above, (add man above)		 	X Yes No

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

Internal Revenu	e Service						
	filing for an Automatic 3-Month Extension, o						▶ 🗸
	filing for an Additional (Not Automatic) 3-Mo						
Do not con	mplete Part II unless you have already been g	ranted an	automatic 3-month ex	rtension on a previo	usly f	filed Forr	n 8868.
a corporation 8868 to red Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the faransfers Associated With Certain Personals). For more details on the electronic filing of the	al (not auto forms listed l Benefit C	omatic) 3-month exter d in Part I or Part II w Contracts, which mus	nsion of time. You c vith the exception o at be sent to the I	an ele of For RS in	ectronica m 8870, n paper	ally file Form Information format (see
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no cor	ies needed)	-		
A corporat	ion required to file Form 990-T and reque	sting an a		ktension-check th			•
All other co	orporations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must us	se Form 7004 to rea	uest	an exten	
	ne tax returns.	•	·	•			
			1	Enter filer's identifyin	ıg nur	nber, see	instructions
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification	numl	ber (EIN) o	or
print	Infinite Hero Foundation			45-	09834	198	
File by the Number, street, and room or suite no. If a P.O. box			uctions.	Social security number	r (SSN	1)	
due date for 22365 El Toro Rd., #275							
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions.				
instructions.	Lake Forest, CA 92630			·		-	
Enter the R	eturn code for the return that this application i	s for (file a	separate application t	for each return) .			. 0 1
Application	on .	Return	Application		-		Return
ls For		Code	Is For				Code
Form 990	or Form 990-EZ	01	Form 990-T (corpora	ation)			07
Form 990-	BL	02	Form 1041-A				08
) (individual)	03	Form 4720				09
Form 990-	PF	04	Form 5227		<u></u>		10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
	s are in the care of Brian Sampson						
 If the orga 	e No. > 949-829-6410 anization does not have an office or place of but of a Group Return, enter the organization's fou	usiness in t	he United States, che	949-266-8704 eck this box r (GEN)		 . If th	▶□ is is
	le group, check this box 🔒 🕨 🗌 . If i	•	of the group, check t	this box	▶ [and at	tach
	ne names and EINs of all members the extension						
until	uest an automatic 3-month (6 months for a co August 15, 20, 13, to file the exen he organization's return for:	•	•	,		. The ext	ension is
►✓	calendar year 20 <u>12</u> or						
►□] tax year beginning e tax year entered in line 1 is for less than 12 m	, 20	and ending			, 20	
		onths, che	eck reason: 🔲 Initial r	return 🔲 Final ret	urn		
	hange in accounting period		·				
	s application is for Form 990-BL, 990-PF, 990 refundable credits. See instructions.	I-T, 4720, d	or 6069, enter the tent	tative tax, less any	3a	\$	
	is application is for Form 990-PF, 990-T, 4 nated tax payments made. Include any prior ye				3b	\$	
	nce due. Subtract line 3b from line 3a. Include				100	 	
	PS (Electronic Federal Tax Payment System).				3c	\$	
	ution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453. FO and Form 9970. FO for normant instructions						

Pa			ce Accomplishments		
_			a response to any question in this Par	t III	X
		e organization's miss		3.1.3.0.1.1	
			RAMS THAT INCREASE THE AV		
			HERAPIES TO ACCELERATE RE		
	AND RECOVERY		THE TO ACCUMENT IN	IRBITITATION	
	prior Form 990 or		gnificant program services during the		Yes X
3	Did the organizat	tion cease conduct	ing, or make significant changes		Yes X
		nese changes on Sc			Yes X
1	Describe the orga expenses. Section	anization's program 501(c)(3) and 501	service accomplishments for each (c)(4) organizations are required to , for each program service reported.		
	(Code: SEE SCHEDULE		500,000. including grants of \$	500,000.) (Revenue \$)
					_
					· ·
h .	(Code:) (Expenses \$	including grants of ¢) (Revenue \$	
			Including grants of \$\psi) (Neverlue φ	
-					
-		· · ·			
-		-			
3 ((Code:	_) (Expenses \$	including grants of \$) (Revenue \$)
-	. <u></u>				
-					
-					
-					
-					
-					-
- d (Other program ser	vices (Describe in Sc	chedule ().)		
	Other program ser (Expenses \$	•	chedule 0.) grants of \$	enue \$)	

Form 990 (2012)
Part IV

Page 3

Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7.				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			_
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-25		
	complete Schedule D, Part VI	11a	i	Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			_
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization Х in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a Is the organization 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? Х 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 38

Form 990 (2012)

Page 5

Par				17
	Check if Schedule O contains a response to any question in this Part V	<u>· · · · </u>		<u>. X </u>
	5 · 11 · 1 · 12 D · 15 · 1000 5 · 1000 5 · 1000 5	:	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	Effect the number of Forms W-20 included in line 1a. Effect-0- it not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a)		2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ł	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		l	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			7
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	— —	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_^
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		X
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	7
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u>1</u>		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-1		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			Ä. 14
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:		3	= 17
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7.7	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.	. 54		
b	Enter the amount of reserves the organization is required to maintain by the states in which		2.5	
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		7	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	2	Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		Χ
6	Did the organization have members or stockholders?	_ 6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Κ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
	stockholders, or persons other than the governing body?	7b	>	X.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	v	
а	The governing body?	8a	-X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9)	Z.
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			`
	on an energy me are the production and the periodic metroganica by the internal revenue	3000		No
10 a	Did the organization have local chapters, branches, or affiliates?	10a	3	Κ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	,,,,,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
а	The organization's CEO, Executive Director, or top management official	15a	_ X	
b	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a	Х	ζ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b	i i	AN FOREIGN
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	01(c)(:	3)s only	/)
	available for public inspection. Indicate how you made these available. Check all that apply.			•
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	inter	est pol	licy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th organization: PBRIAN SAMPSON 25361 COMMERCENTRE DRIVE LAKE FOREST, CA 92630 855-687-4376	е		
	organization: ▶BRIAN SAMPSON 25361 COMMERCENTRE DRIVE LAKE FOREST, CA 92630 855-687-4376			

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45-0983498 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (A) (B) Position (D) (F) Name and Title Average (do not check more than one Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of week (list anv officer and a director/trustee) from other related hours for the organizations compensation Individual trustee or director Institutional trustee Key employee employee Highest from the (W-2/1099-MISC) related organization organization organizations (W-2/1099-MISC) and related below dotted compensated organizations line) (1) COLIN BADEN 2.00 PRESIDENT AND DIRECTOR 0 Х Х (2) RICHARD SHIELDS 2.00 VICE PRESIDENT AND DIRECTOR 0 Х Х n Λ (3) COLONEL ROBERT J. COATES, RET. 2.00 DIRECTOR 0 X 0 (4) PATRICIA DRISCOLL 2.00 DIRECTOR 0 Х 0 (5) TOM DAVIN 2.00 DIRECTOR 0 Х 0 (6) BRIAN SAMPSON 4.00TREASURER 0 Х (7) JOHN ALPAY 4.00 SECRETARY Х 0 (8) (9) (10)(12)

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Page	8
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Part VII S	ection A. Officers, Directors, Tr	ustees, Ke	y En	ıplo)ye	es,	and I	Higl	hest Compensat	ed Employee	∍s (continu	ued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unle er an	Pos heck ss pe	erson direct	e than o is both tor/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-MI	from co SC) or	(F) Estimated amount of other ompensation from the rganization and related
		line)	l trustee	nal trustee		oyee	Highest compensated employee				or	ganizations
												
												-
							÷					
										-		
		<u> </u>										
1b Sub-total		.						•	. 0		0	0
	n continuation sheets to Part VII, S d lines 1b and 1c)	ection A .						>	0		0	0
2 Total num	ber of individuals (including but not compensation from the organizatio	limited to th	hose	liste				re	ceived more than	\$100,000 of		
3 Did the	organization list any former offic	er, directo	r, or	tru	ıste	e, I	kev e	mp	lovee, or highest	compensate	d 🞼	Yes No
employee	on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ivid	ual					<i></i>	. 3	X
organizati	ndividual listed on line 1a, is the on and related organizations gr	eater than	\$15	0,0	00?	. If	"Yes	," (complete Schedu	le J for suc	h 🖳	X
5 Did any p	person listed on line 1a receive or served to the organization? If "Yo	accrue cor	mpen	sati	on f	rom	any	unr	related organization	n or individua	al 🔣	X
	dependent Contractors	50, 00mprot	.0 0011				04011	, , , , , , , , , , , , , , , , , , , 			. 5	
1 Complete compensa year.	this table for your five highest com ation from the organization. Report of	pensated ir compensation	ndepe on for	the	ent o	cont	racto lar yea	rs th ar e	hat received more nding with or with	than \$100,00 in the organiz	00 of ation's tax	<
	(A) Name and business add	Iress							(B) Description of se	rvices	(C Comper	
			•									
						_						
2 Total num	ber of independent contractors (in	ncluding bu	ıt not	lim	itec	d to	thos	e lis	sted above) who	received		

0

more than \$100,000 in compensation from the organization ▶

Par	t VIII	Check if Schedule O co		nse to any gues	tion in this Part VII	1 .		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant and similar amounts not included	1b 1c 1d tions) 1e	14,514.				
i	g h	Noncash contributions included i Total. Add lines 1a-1f			14,514.		建筑 基金	
Program Service Revenue	2a b c d e f	All other program service rev	renue	Business Code				
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includin			0		The Vit	A GHE
	4 5	other similar amounts) Income from investment of t	ax-exempt bond p	proceeds	0	The Carlotte		959
	6a b c	Gross rents				The second secon		Total Section 1997
	d 7a	Net rental income or (loss). Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).	L				
Othe	b c	Less: direct expenses Net income or (loss) from fur			0			
	9a	Gross income from gaming a See Part IV, line 19	ctivities.					
	b c	Less: direct expenses Net income or (loss) from ga	b		4 FF 0		1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	10a	Gross sales of inventor returns and allowances	ory, less					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b c	Less: cost of goods sold Net income or (loss) from sal	es of inventory	<u>, , , , , , , , ▶</u>	0		The William W	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
}		Miscellaneous Reven		Business Code				
	11a b c	All other revenue						
	d e 12	Total. Add lines 11a-11d - Total revenue. See instructio	. <i></i>				G Property	917,302

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must co	mplete all columns	. All other organizations me	ust complete column (A).

	Chack if Schodule O contains a real				
	Check if Schedule O contains a res				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	500,000.	500,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	_	10	
3	Grants and other assistance to governments,			AME:	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
Ů	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l o	i		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section	0			
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	0			
	Management	0			
	Legal	9,884.		9,884.	
C		3,004.		9,004.	<u> </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column			21 040	7 500
	(A) amount, list line 11g expenses on Schedule O.)	39,449. 50,892.		31,949.	7,500. 50,892.
12	Advertising and promotion			621.	50,692.
13	Office expenses	621.		621.	200
14	Information technology	200.			200.
15	Royalties	0			
16	Occupancy				
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		·	
20	Interest	0	_	-	
21	Payments to affiliates	6 067		6 067	
22	Depreciation, depletion, and amortization	6,867.		6,867.	
23	Insurance	3,209.		3,209.	
24	Other expenses. Itemize expenses not covered			72.3	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	CREDIT CARD FEES	500.			500.
_	FILING FEES	4,785.		4,785.	
С	BANK CHARGES	79.		79.	
d	·				
е	All other expenses		500.00		
25	Total functional expenses. Add lines 1 through 24e	616,486.	500,000.	57,394.	59,092.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)	i o			

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_	990 (·		Page 11
Pal	rt X		u4 V	
		Check if Schedule O contains a response to any question in this Pa		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	657,927.	1 143,015.
	2	Savings and temporary cash investments	981.	910,924.
	3	Pledges and grants receivable, net	d	3
	4	Accounts receivable, net	132,916.	4 95,582.
	5	Loans and other receivables from current and former officers, directors,		A Park Tolk
		trustees, key employees, and highest compensated employees.		
		Complete Part II of Schedule L	q	5
	6	Loans and other receivables from other disqualified persons (as defined under section		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
		organizations (see instructions). Complete Part II of Schedule L	d	6
Assets	7	Notes and loans receivable, net	d	7 0
SS	8	Inventories for sale or use	d	
▼	9	Prepaid expenses and deferred charges		
	-	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a		
	h	Less: accumulated depreciation	d	10c 0
	11	Investments - publicly traded securities		11 0
	12	Investments - other securities. See Part IV, line 11		12 0
	13	Investments - program-related. See Part IV, line 11		13 0
				10
- 1	14	Intangible assets		
	15	Other assets. See Part IV, line 11		
-	16	Total assets. Add lines 1 through 15 (must equal line 34)		
	17	Accounts payable and accrued expenses		17
	18	Grants payable		18 0
	19	Deferred revenue		19 0
	20	Tax-exempt bond liabilities	<u>_</u>	20 0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u></u> <u> </u>	21 0
#	22	Loans and other payables to current and former officers, directors,		
<u>ia</u>		trustees, key employees, highest compensated employees, and		
		disqualified persons. Complete Part II of Schedule L		22 0
	23	Secured mortgages and notes payable to unrelated third parties		23 0
į.	24	Unsecured notes and loans payable to unrelated third parties	0	24 0
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	0	25 0
\rightarrow	26	Total liabilities. Add lines 17 through 25	q q	26 35,500.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		
2	27	Unrestricted net assets	818,516.	27 1,133,846.
33	28	Temporarily restricted net assets	d	28 0
핗	29	Permanently restricted net assets	d	29 0
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
0		Capital stock or trust principal, or current funds		30
S	30	Capital Stock of trast principal, Of Califold Ialias		
sets	30 31	Paid-in or capital surplus or land, building, or equipment fund		24
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31
et Assets	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	818 516	32
Net Asse	31 32	Paid-in or capital surplus, or land, building, or equipment fund	818,516. 818,516.	

Form 990 (2012) Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		931,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		616,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		315,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		818,5	516.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	133,8	346.
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	ı in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_			v
	of the audit, review, or compilation of its financial statements and selection of an independent account		2000 8000000		X
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			v
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	I		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

2012

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

INFINITE HERO FOUNDATION 45-0983498 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II С Type III-Functionally integrated Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Νo and (iii) below, the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Х Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 organization in the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Page 2

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				· ·	**	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	. 0	C	51,610.	14,514.	66,124.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3				51,610.	14,514.	66,124.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.		33.15	Market in		- E	66,124.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				51,610.	14,514.	66,124.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				814,658.	917,302.	1,731,960.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10			State and		2.4	1,798,084.
12	Gross receipts from related activities, etc. (see instructions) .				12	
13 ——	First five years. If the Form 990 is a organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶ X
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2012 (I	ine 6, co <mark>lu</mark> mn (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2011					15	%_
16a	331/3% support test - 2012. If the o						
	this box and stop here . The organization						
b	331/3% support test - 2011. If the	-					
	check this box and stop here . The org						
1/a	10%-facts-and-circumstances test - 10% or more, and if the organization Part IV how the organization meets organization	n meets the "fa the "facts-and-c	cts-and-circumst ircumstances" te	ances" test, chest. The organi	neck this box ar zation qualifies	id stop here. E as a publicly si	xplain in upported
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org Explain in Part IV how the organization supported organization	2011. If the organization meets on meets the "	ganization did n s the "facts-and facts-and-circun	ot check a box I-circumstances nstances" test.	on line 13, 16a " test, check th The organizatio	a, 16b, or 17a, nis box and st o n qualifies as a	and line op here. publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 1 7 a	, or 17b, check	this box and see	
		·	· · · · · · · · · · · · · · · · · · ·			chadula A (Form 0	

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	,						
5	to or expended on its behalf The value of services or facilities			 			
9					İ		
	furnished by a governmental unit to the						
_	organization without charge				-		
6	Total. Add lines 1 through 5					ļ	
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		,				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
<u>Sec</u>	tion B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or					·	· · · · · · · · · · · · · · · · · · ·
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	i					·
-	and 12.)		-				
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax vear a	as a section 501	(c)(3)
•	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,			mn (f))		15	%
16	Public support percentage from 2011 Sche					16	
	tion D. Computation of Investmer						
17	Investment income percentage for 2012 (lin			13. column (f))		17	%
18	Investment income percentage for 2012 (iii					18	
	331/3% support tests - 2012. If the org					L	
. v a	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2011. If the orga				· · · · · · · · · · · · · · · · · · ·		
U	line 18 is not more than 331/3%, check						
	Private foundation If the organization		-	-		• • •	

JSA 2E1221 1.000 0378EC 700W Schedule A (Form 990 or 990-EZ) 2012

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization		Employer identification number
INFINITE HERO FOUND	ATION	
	· · · · · · · · · · · · · · · · · · ·	45-0983498
Organization type (check one	3) :	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a prival	vate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ one contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special Rules		
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % so (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, do 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ind II.	uring the year, a contribution of
during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received all contributions of more than \$1,000 for use <i>exclusively</i> for religious, losses, or the prevention of cruelty to children or animals. Complete Pa	charitable, scientific, literary,
during the year, col not total to more th year for an <i>exclusiv</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ntributions for use exclusively for religious, charitable, etc., purposes, an \$1,000. If this box is checked, enter here the total contributions the ely religious, charitable, etc., purpose. Do not complete any of the particular because it received nonexclusively religious, charitable, etc., ar	but these contributions did nat were received during the rts unless the General Rule , contributions of \$5,000 or
Caution. An organization that	is not covered by the General Rule and/or the Special Rules does no st answer "No" on Part IV, line 2 of its Form 990; or check the box o	ot file Schedule B (Form 990,

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization INFINITE HERO FOUNDATION

Employer identification number 45-0983498

	Contributors (see instructions). Use duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

45-0983498 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Employer identification number 45-0983498

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the y	individual contributear. Complete colum	tions to section 5 nns (a) through (e	01(c)(7), (8), or (10) organizations) and the following line entry.
	For organizations completing Part III, e contributions of \$1,000 or less for the	enter the total of <i>exclu</i> e year. (Enter this info	<i>usively</i> religious, o ormation once. Se	haritable, etc., ee instructions.) ▶\$
	Use duplicate copies of Part III if addition	onal space is needed	l.	
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of aift	
	Transferee's name, address, at			nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee
				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held
				
		(e) Transfe	r of gift	
	Transferee's name, address, ar			nship of transferor to transferee
	Transcree 3 mane, audiess, ar			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number INFINITE HERO FOUNDATION 45-0983498 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2012

_	
Page	4

Pal	Organizations Maintaining Co	nections of Art, F	iistoricai Treasure:	s, or Other Simila	ir Assets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other rec	ords, check any of t	he following that are	e a significant use of its
а	Public exhibition	d	Loan or exchang	ge programs	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization	's collections and ex	olain how they furthe	er the organization's	exempt purpose in Part
	XIII.				
5	During the year, did the organization solici	t or receive donations	of art, historical treas	sures, or other similar	•
	assets to be sold to raise funds rather than	to be maintained as	part of the organization	on's collection?	Yes No
Par	t IV Escrow and Custodial Arrang	ements. Complete	if the organization	n answered "Yes" t	o Form 990, Part IV,
	line 9, or reported an amount o	n Form 990, Part X	, line 21.		
	Is the organization an agent, trustee, custo included on Form 990, Part X?				Yes No
_	Too, explain the arrangement in arrangement	ii diid oompioto tiio ii		Δm	ount
С	Beginning balance				iodit.
	Additions during the year		H		
u Д	Distributions during the year			···	
f	Ending balance		 		
2a	Did the organization include an amount or		_	 	Yes No
	If "Yes," explain the arrangement in Part XI			provided in Part YIII	
Par					
ı qı			rior year (c) Two ye		
1a	Beginning of year balance	(4)	(0)).	(4)00 /00	(b) i dai yeare back
b	Contributions				
	Net investment earnings, gains,				
•	and losses				
Ь	Grants or scholarships				
P	Other expenditures for facilities				
•	and programs				
f	Administrative expenses				
g	End of year balance			-	
_	Provide the estimated percentage of the co	urrent year and balan	oo (line 1a polumn (a	\\ hold go:	
a	Board designated or quasi-endowment	%	ce (iiile 19, coluiiii (a)) field as.	
b	Permanent endowment				
	Temporarily restricted endowment ▶	%			
·	The percentages in lines 2a, 2b, and 2c sh				
3 a	Are there endowment funds not in the pos	•	zation that are held a	nd administered for th	.
Ja	organization by:	session of the organi	zation that are held a	and administered for tr	
	-				Yes No
	(i) unrelated organizations				3a(i) 3a(ii)
b	(ii) related organizations				
	Describe in Part XIII the intended uses of the	·			. , . , <u>Ju</u>
4 Par					
Fai					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	}			
b	Buildings				
С	Leasehold improvements	·			
d	Equipment				<u> </u>
e	Other		1		
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Pa	rt X, column (B), line 1	(O(c).) ▶	
					Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page **3**

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, Iir	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
<u>(B)</u>			
<u>(C)</u>			
<u>(D)</u>			
- <u>(E)</u> (F)			
<u>- \</u> '-/ (G)			
<u>\</u> \(H)			
			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See Fo	orm 990, Part X, lir	ne 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
<u>`</u>	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, lir	ne 15.	E 1996
		Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	umn (b) must equal Form 990, Part X, col. (B) lin	oo 15)	
Part X	Other Liabilities. See Form 990, Part X, coi. (b) III		
Part A	(a) Description of liability	(b) Book valu	
(1) Fodor	ral income taxes	(b) Book vait	The state of the s
(2)	al illcome taxes		The second secon
(3)			The state of the s
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•	

JSA 2E1270 1.000 0378EC 700W

	le D (Form 990) 2012		Page 4
Part		n	
1	Total revenue, gains, and other support per audited financial statements	1	954,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 22,500.	.]	
С	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	1 1	
е	Add lines 2a through 2d	2e	22,500.
3	Subtract line 2e from line 1	3	931,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		···
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b	1	
	Add Bass 4s and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	931,816.
Part			
1	Total expenses and losses per audited financial statements	1	638,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	030,300.
a		4	
b	Prior year adjustments 2b	- 1	
C ,	Other losses 2c	-	
d	Other (Describe in Part XIII.)	-	00 500
е	Add lines 2a through 2d	_2e	22,500.
3	Subtract line 2e from line 1	3	616,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	616,486.
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		
Part V, inform	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide a	ny additional
mom	auon.		
SE	E PAGE 5		
	·		
			
		-	

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE FOUNDATION ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS

CODIFICATION 740, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAIN TAX

POSITIONS AS OF MARCH 17, 2011 (INCEPTION). THE FOUNDATION FILES ANNUAL

EXEMPT ORGANIZATION INFORMATION RETURNS IN THE UNITED STATES FEDERAL

JURISDICTION AND WITH THE FTB IN THE STATE OF CALIFORNIA. THE FOUNDATION

HAS DETERMINED THAT IT HAS NO LIABILITIES FOR UNCERTAIN TAX POSITIONS AS

OF DECEMBER 31, 2012 OR 2011. THE FOUNDATION DOES NOT ANTICIPATE ANY

MATERIAL CHANGE IN ITS ASSESSMENT OF UNCERTAIN TAX POSITIONS WILL OCCUR

IN THE TWELVE MONTHS FOLLOWING DECEMBER 31, 2012.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public 2012

Inspection

Name of the organization

ame of the organization						Employer identification number	ກ number
NFINITE HERO FOUNDATION						45-0983498	
Part General Information on Grants and Assistance	ssistance						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'	tantiate the	amount of the	grants or assistan	_	eligibility for the grants or assistance, and	or assistance, and]
the selection criteria used to award the grants o	r assistance	37					× Yes No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for moni	toring the use o	f grant funds in the	United States.			
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization a Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	vernments received r	and Organiza more than \$5,0	i tions in the Unit 000. Part II can be	ed States. Come duplicated if a	plete if the organization answered "Yes" to Form 990, ditional space is needed.	tion answered "Ye eded.	s" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARMED FORCES FOUNDATION							
WASHINGTON, DC 20003	75-3070368	501 (C) (3)	175,000.				COUNSELOR PROGRAM
							MENTAL HEALTH
		001(0)(0)	100,000.				SOLE ON ENOG
825 COLLEGE BL, STE 102 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	100,000.				ASSISTANCE
(4) HEARTBEAT SERVING WOUNDED WARRIORS							SCUBA WARRIORS
	03-0547294	501(C)(3)	25,000.				PROGRAM
(5) UNIVERSITY OF SOUTHERN CALIFORNIA	95-1642394	501 (C) (3)	100,000.				PTSD EXPOSURE
(6)							
(7)							
(8)							
(9)							
0)						į	
1)							
2)							
Enter total number of other organizations listed in the line 1 table.	/ernment or	rganizations list	ed in the line 1 table			· · · · · · · · · · · · · · · · · · ·	5.
	5					,	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part IV	7	6	ហ	4	ယ	2	_	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional								(a) Type of grant or assistance
is part to pro								(b) Number of recipients
vide the informat								(c) Amount of cash grant
ion required in								(d) Amount of non-cash assistance
Part I, line 2, Part III,								(e) Method of valuation (book, FMV, appraisal, other)
column (b), and any other additional								(f) Description of non-cash assistance

SCHEDULE I, PART I, LINE 2:

information.

THE FOUNDATION'S STAFF PERFORMS PRE-GRANT DUE DILIGENCE ON EACH

ORGANIZATION AND OBTAINS A DETAILED GRANT PROPOSAL DESCRIBING THE

OBJECTIVES AND ACTIVITIES OF THE PROGRAM TO BE FUNDED. FOLLOWING BOARD

APPROVAL, A GRANT AGREEMENT WITH THE GRANTEE ORGANIZATION IS SIGNED,

STIPULATING HOW THE GRANTEE MAY USE THE FUNDS AND, WHERE APPROPRIATE

SETTING OUT SPECIFIC MILESTONES TO BE COMPLETED BY THE GRANTEE PRIOR TO

FULL FUNDING OF THE GRANT. GRANT AGREEMENTS GENERALLY REQUIRE THAT THE

GRANTEE SUBMIT PERIODIC OR MILESTONE REPORTS ON THE USE OF FUNDS AND THE

ACTIVITIES AND ACCOMPLISHMENTS OF THE FUNDED PROGRAM. THE FOUNDATION'S

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	- St Control of the state of					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-3					·	į
2						
ယ		ļ				
4						
5						
6						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, I	s part to prov	vide the informa	tion required in	Part I, line 2, Part III,	line 2, Part III, column (b), and any other additional
	Information					

STAFF REVIEWS SUCH REPORTS TO MONITOR THE GRANTEE'S USE OF THE GRANT

FUNDS AND EVALUATE THE EFFECTIVENESS OF THE FUNDED PROGRAM.

Schedule I (Form 990) (2012)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INFI	INITE HERO FOUND	DATION							45	-098	349	В		
Part		Transaction rganization ar	is (section 5 nswered "Ye	01(c) s" on	(3) an	d section 50 990, Part IV	1(c)(4) , line 2	o r ganizations only 25a or 25b, or Form). 1 990-E	EZ, Pa	rt V, I	ine 40	b.	
1	(a) Name of disqualified	i nerson	(b) Relation	nship	betwee	en disqualified	person	(c) Desc	rintion	of tran	sactio	2	(d)) Corrected?
	(a) Name of alequation	a poroon		an	nd orgai	nization		(6) 2000					Υ.	es No
(1)														<u> </u>
(2)														
(3)														
(4)			+						-					_
(5)		 												
	Enter the amount of ta under section 4958 . Enter the amount of ta										· \$_ · \$_			
Part	Loans to and/o Complete if the o organization repo	organization a	answered "Ye	es" o	n Form			ne 38a or Form 99	 0, Parl	t IV, lin	ie 26;	or if th	ne	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fro	oan to or i m the nization?	(e) Origir principal an		(f) Balance due	(g) In	default?	by bo	proved pard or nittee?		ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														1
(2)														
(3)											-			
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)	*						_							
Total Part	Grants or Assi Complete if the o	istance Ben	efiting Inter	este	d Per	sons.		7.						
(a) N	ame of interested person	(b) Relationshi		sted (ınt of assistance		i) Type of assistance		(e) F	urpos	se of as	sistan	ce
(1)										·	•			
(2)										-				
(3)														
(4)														
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For Pa	aperwork Reduction A	ct Notice, se	e the Instru	ction	s for F	orm 990 or	990-EZ		Sche	dule L	(Form	990 or	990-E2	Z) 2012

Page 2

Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	Νo
(1) OAKLEY, INC.	COMMON DIR. AND OFFICERS	916,343.	ROYALTY INCOME		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				1 -	
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

TWO DIRECTORS AND EACH OF THE FOUNDATION'S OFFICERS ARE ALSO CURRENT OR FORMER OFFICERS, EMPLOYEES OR DIRECTORS OF OAKLEY, INC.

DURING JUNE 2011, THE FOUNDATION ENTERED INTO A SIGNATURE PRODUCT

AGREEMENT WITH OAKLEY. UNDER THIS AGREEMENT THE FOUNDATION GRANTED

OAKLEY A NON-EXCLUSIVE, NON-TRANSFERABLE RIGHT TO USE THE 1HF MARKS IN

CONNECTION WITH THE MANUFACTURE, DISTRIBUTION AND SALE OF SIGNATURE

PRODUCTS. OAKLEY AGREED TO PAY ROYALTIES TO THE FOUNDATION IN AN AMOUNT

BASED ON OAKLEY'S NET SALES OF SIGNATURE PRODUCTS. FOR THE YEAR ENDED

DECEMBER 31, 2012, THE FOUNDATION EARNED ROYALTIES OF \$916,343 UNDER THE

SIGNATURE PRODUCT AGREEMENT WITH OAKLEY.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

INFINITE HERO FOUNDATION

Employer identification number 45-0983498

FORM 990, PART III, LINE 1:

THE FOUNDATION'S MISSION IS TO COMBAT THE MOST DIFFICULT FRONT-LINE

ISSUES-MENTAL AND PHYSICAL-FACING MILITARY HEROES AND THEIR FAMILIES BY

INCREASING THE AVAILABILITY OF CRITICAL MENTAL AND PHYSICAL HEALTH

SERVICES AND INVESTING IN INNOVATIVE STRATEGIES AND THERAPIES TO

ACCELERATE REHABILITATION AND RECOVERY. THE FOUNDATION SEEKS TO FULFILL

ITS MISSION BY: (I) RAISING PUBLIC AWARENESS OF THE NEED TO SUPPORT

MEMBERS OF THE MILITARY COMMUNITY AND (II) SUPPORTING ORGANIZATIONS THAT

ARE DEDICATED TO, AND PROVIDE SERVICES IN FURTHERANCE OF, THE

FOUNDATION'S MISSION.

FORM 990, PART III, LINE 4A:

THE FOUNDATION RAISES PUBLIC AWARENESS OF ITS MISSION, AND SOLICITS

CONTRIBUTIONS, DIRECTLY FROM DONORS VIA ITS WEBSITE

(WWW.INFINITEHERO.ORG) AND THROUGH THE USE OF SOCIAL MEDIA AS WELL AS AT

PUBLIC EVENTS AND THROUGH OTHER TRADITIONAL COMMUNICATION CHANNELS. THE

FOUNDATION WORKS WITH CORPORATE PARTNERS TO SPREAD AWARENESS TO THEIR

CONSUMERS AND SOCIAL MEDIA FOLLOWERS. THE FOUNDATION ALSO INTENDS TO HOLD

CHARITY EVENTS, INITIALLY IN SOUTHERN CALIFORNIA. GIVEN THE PROXIMITY TO

MILITARY INSTALLATIONS SUCH AS THE NAVAL BASE SAN DIEGO, CAMP PENDLETON

AND THE LOS ANGELES AIR FORCE BASE, THE FOUNDATION BELIEVES THIS AREA IS

AN IDEAL ENVIRONMENT IN WHICH TO RAISE PUBLIC AWARENESS OF THE NEED TO

SUPPORT, AND TO PROMOTE ACTIVITIES DESIGNED TO SUPPORT, MILITARY

PERSONNEL.

IN ADDITION, BECAUSE THE FOUNDATION EXPECTS THAT ITS NAME, LOGO AND TRADE DRESS (THE "IHF MARKS") WILL BE ASSOCIATED WITH ITS MISSION STATEMENT, THE FOUNDATION INTENDS TO LICENSE THE IHF MARKS TO CORPORATE PARTNERS, USUALLY IN EXCHANGE FOR A DONATION TO THE FOUNDATION OF A PORTION OF THE PROCEEDS FROM THE SALE OF SUCH PRODUCTS USING THE IHF MARKS.

THE FOUNDATION IS COMMITTED TO DEDICATING ITS RESOURCES AND PROPERTY FOR
THE BENEFICIAL USE OF CHARITABLE CAUSES CONSISTENT WITH ITS MISSION
STATEMENT. THE FOUNDATION INTENDS TO USE A SUBSTANTIAL PORTION OF THE
FUNDS IT RAISES TO MAKE GRANTS TO SPECIALLY SELECTED NONPROFIT
ORGANIZATIONS TO SUPPORT PROGRAMS THAT DIRECTLY BENEFIT OUR MILITARY
HEROES AND THEIR FAMILIES AND TO PROMOTE THE DEVELOPMENT OF INNOVATIVE
REHABILITATIVE PROGRAMS AND THERAPIES.

FORM 990, PART V, LINE 2A, AND PART VII SECTION A:

THE FOUNDATION DOES NOT HAVE EMPLOYEES. TWO OF THE FOUNDATION'S

DIRECTORS AND EACH OF ITS OFFICERS ARE ALSO CURRENT OR FORMER OFFICERS,

EMPLOYEES, OR DIRECTORS OF OAKLEY. CERTAIN EMPLOYEES OF OAKLEY PROVIDE

SERVICES TO THE FOUNDATION IN VARIOUS VOLUNTEER CAPACITIES, INCLUDING

FUNDRAISING AND MANAGEMENT ACTIVITIES. THE FOUNDATION PAID NO

COMPENSATION TO ANY OF THESE PERSONS DURING THE YEAR ENDED DECEMBER 31,

2012.

Employer identification number 45-0983498

FORM 990, PART VI

LINE 2: TWO DIRECTORS AND EACH OF THE FOUNDATION'S OFFICERS ARE ALSO CURRENT OR FORMER OFFICERS, EMPLOYEES OR DIRECTORS OF OAKLEY, INC.

LINE 11A: AN EXTERNAL TAX FIRM AND THE FOUNDATION'S MANAGEMENT WORK

TOGETHER TO GATHER THE INFORMATION NECESSARY TO PREPARE THE FORM 990.

BASED ON THIS DATA, THE TAX FIRM PREPARES AN INITIAL DRAFT OF THE FORM

990. THE FOUNDATION'S MANAGEMENT REVIEWS THIS INITIAL DRAFT AND DISCUSSES

IT WITH THE EXTERNAL TAX FIRM. THE TAX FIRM MAKES APPROPRIATE CHANGES AND

PREPARES A DRAFT FORM 990. A COPY OF THE DRAFT FORM 990 IS PROVIDED TO

THE FOUNDATION'S OFFICERS AND EACH MEMBER OF ITS BOARD OF DIRECTORS,

PRIOR TO THE TAX RETURN BEING FILED WITH THE IRS.

LINE 12C: THE FOUNDATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO CERTIFY ON AN ANNUAL BASIS THAT THEY (A) HAVE RECEIVED A COPY OF THE POLICY, (B) HAVE READ AND UNDERSTAND THE POLICY, (C) AGREE TO COMPLY WITH THE POLICY, AND (D) UNDERSTAND THE FOUNDATION IS A NON-PROFIT ORGANIZATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES. THE FOUNDATION ALSO CONDUCTS PERIODIC REVIEWS OF TRANSACTIONS AND RELATIONSHIPS TO VERIFY THAT THE FOUNDATION DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. SUCH REVIEWS INCLUDE AN ANALYSIS OF WHETHER (A) COMPENSATION

Name of the organization
INFINITE HERO FOUNDATION

Employer identification number 45-0983498

ARRANGEMENTS AND BENEFITS ARE REASONABLE AND NEGOTIATED AT AN ARM'S
LENGTH BASIS AND (B) THE FOUNDATION'S ACTIVITIES FURTHER ITS CHARITABLE
PURPOSES AND THAT NO ACTIONS RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE
BENEFIT OR IN AN EXCESS OF BENEFIT TRANSACTION.

LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION AT THE FOUNDATION'S OFFICES.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,