**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public

Α	For the	e 2013 calendar year, or tax year beginning an	d ending	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang	INFINITE HERO FOUNDATION			
	Name chang	Doing Business As	_	45-0	983498
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
L	Termir ated Amen	ZZJOJ EU TOKO KOAD	#275		687-4376
F	return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	661,975.
	tion pendir	DAKE FORESI, CA 92030		H(a) Is this a group re	
		F Name and address of principal officer: COLIN BADEN 22365 EL TORO ROAD, #275, LAKE FOREST	C7 0	for subordinates	
_	<b>T</b>			H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1 te: ► WWW • INFINITEHERO • ORG	) 01 527	11 110, allaon a	list. (see instructions)
		organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 2011	A State of legal domicile: CA
	art I	Summary	L I Gai	or formation. ZOII	7 State of legal dofficile. C21
		Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O FOR TH	
Activities & Governance	1 '	ORGANIZATION'S MISSION STATEMENT.			
rna	1	Check this box  if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.
ove.		Number of voting members of the governing body (Part VI, line 1a)			5
Ğ		Number of independent voting members of the governing body (Part VI, line 1b			5
es &		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			1
Ϋ́		Total number of volunteers (estimate if necessary)			15
Ę	7 a	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	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		14,514.	94,814.
Revenue		Program service revenue (Part VIII, line 2g)		0. 959.	0. 871.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		916,343.	566,290.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		931,816.	661,975.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		500,000.	754,998.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	734,990.
"		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	109,937.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	"	0.	0.
beu	h	Total fundraising expenses (Part IX, column (A), line 25) ► 190, 2	287.		<u> </u>
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,486.	181,091.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		616,486.	1,046,026.
	19	Revenue less expenses. Subtract line 18 from line 12		315,330.	
Net Assets or	3	<u> </u>	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,169,346.	807,683.
t As	21	Total liabilities (Part X, line 26)		35,500.	57,888.
2	22	Net assets or fund balances. Subtract line 21 from line 20		1,133,846.	749,795.
$\overline{}$	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	wnich preparer	nas any knowledge.	
۵.		Signature of officer		I Date	
Sig		BRIAN SAMPSON, TREASURER			
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	MARK D. MURPHY		if self-employ	$\Box$
	parer	Firm's name LESLEY, THOMAS, SCHWARZ & POSTI	MA, INC		95-3864890
	only	Firm's address 4685 MACARTHUR COURT, SUITE 30	•		
	-	NEWPORT BEACH, CA 92660		Phone no. (9	49)650-2771
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

332002	10	SEE SCHEDIILE O FO	OR CONTINUATION(S)	Form <b>990</b> (2013
4e	Total program service expenses	779,924.		Form <b>990</b> (2013
	Other program services (Describe in Set (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program convices (Describe in S	chadula () \		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	;
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
44	SEE SCHEDULE O	including grants or 5	(Revenue \$	
	revenue, if any, for each program servi	rations are required to report the amount of ce reported.  779,924. including grants of \$		
4	If "Yes," describe these changes on Son Describe the organization's program son Son Describe the organization of the son S	chedule O. ervice accomplishments for each of its th	ree largest program services, as measure	ed by expenses.
3	If "Yes," describe these new services of Did the organization cease conducting	on Schedule O. , or make significant changes in how it co		
2		nificant program services during the year		Yes X No
		IES TO ACCELERATE REF		
	THE FOUNDATION FUND	S PROGRAMS THAT INCRE		
1		response or note to any line in this Part III	l	X
Par	t III   Statement of Program S	ervice Accomplishments		

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### Part 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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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," complete Schedule D, Part VI	11a		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	X	
12a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		х
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		Х
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		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, , , , , , , , , , , , , , , , , , , ,			

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# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 employees? If "Yes," complete Schedule J	23		Х
24a	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 through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>0</b> 2	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
<b>~</b>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		- 21
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110to: Alt 1 of the 500 file is alle required to complete ounedule o	1 00		

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# Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a		Check if Schedule O contains a response or note to any line in this Part V				
be Enter the number of Forms W26 included in line 1a. Enter or 0 if not applicable or 0 lift the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, leading the provided of the complex of of					Yes	No
be Enter the number of Forms W26 included in line 1a. Enter o-Ir not applicable   10   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   8			
Gambling) winnings to prize winners?  Earth Irthe 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  It all teast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effect eight experts of the organization have unrelated business gross income of \$1,000 or more during the year?  3a   X    If If Yea, 1 has if field a form 990 For for this year If "No", 10 in 83, your oxide an explanation in Schedule 0   3b    4a   At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a   At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b   If Yea, 1 one 5 are 5b, did the organization That It was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c   If Yea, 1 one 5 are 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c   If Yea, 1 one 5 are 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c   If Yea, 1 one 5 are 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c   If Yea, 1 one 5 are 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c   If Yea, 1 one 5 are 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution that were not tax eductibles as charhatele contributions?  5c   If Yea, 1 one 5 are 5b, did the organization have annua			1b C			
26 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unreated business gross income of \$1,000 or more during the year?  31 bit 11 contains a file of a Form 990-T for this year? If "No.," to file 3b, provide an explanation in Schedule O  32 bit 11 "Yes," that if filed a Form 990-T for the year? If "No.," to file 3b, provide an explanation in Schedule O  33 bit 12 contains a file of a Form 990-T for the year? If "No.," to file 3b, provide an explanation in Schedule O  34 A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Period of the contains a party to a prohibeted than the service of the contains a secondary of the properties of the country. Period of the contains a party to a prohibeted that was or is a party to a prohibeted tax shelter transaction?  54 Was the organization a party to a prohibeted that was or is a party to a prohibeted tax shelter transaction?  55 Was the organization have organization file Form 8866-T?  66 Was any contributions that were not tax deductible as charitatel contributions?  67 Uniformization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organization short many receive deductible contributions under section 170(c).  80 Uniformization short many receive deductible contributions under section 170(c).  80 Uniformization short many receives deductible on the party of the	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
field for the calendary year ending with or within the year covered by this return    A		(gambling) winnings to prize winners?		1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bid the organization have unrelated business gross income of \$1,000 or more during the year?  31 bid the veganization have unrelated business gross income of \$1,000 or more during the year?  32 bid Yes, 'has it filed a Form 990 Tr for this year? If 'No,' to line 3b, provide an explanation in Schedule O  32 bid at A1 any time during the celaradry year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  33 bid 11 *Yes,' the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  34 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  35 bid veganization aparty to a prohibited tax shelter transaction at any time during the tax year?  36 Des the organization aparty to a prohibited tax shelter transaction?  37 bid Yes,' to line \$a or \$b, did the organization file Form 88861?  38 Did any taxable party notify the organization file Form 88861?  39 bid Yes,' to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  30 bif the organization ender a payment in excess of \$75 made party as a contribution or 170(c).  30 bif the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  30 bif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  30 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  31 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  32 by a contraction received a contribution of qualified intellec	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a 1			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, off the organization have an interest in, or a signature or other authority over, a financial accountly over. The provided in the pr		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90-21. Report of Foreign Bank and Financial Accounts.  Sa Was the organization required tax shelter transaction at any time during the tax year?  5a Was the organization have a munual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," to line 5a or 5b, did the organization file for mB88617?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c organizations that may receive deductible contributions under section 170(c).  8d bit for organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  8d bit "Yes," did the organization notity the donor of the value of the goods or services provided?  9d bit the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  7a X  8d bit for organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  7b bit "Yes," indicate the number of Forms 8282 filed during the year  1c bit the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7c X  9d bit the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  9s Sponsoring organizations maintaining donor advised funds and section \$90(a)(3) supporting organizations. Bit the supporting organization make a distribution to a chore, donor advisor, or related person?  9c Sponsoring organizations mainta	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
trancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country; bese instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization ratio notify the donor of the value of the goods or services provided?  5b If "Yes," did the organization notify the donor of the value of the goods or services provided?  5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6b If "Yes," did the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract?  7c X  9d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?  8 Spensoring organization making donor advised funds and services business holdings at any time during the year?  9 Sponsoring organization making donor advised funds and services foreign sponsing organization in the payon grain services for the payon grain services and payon grain grain smilinating donor advised funds and	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	10					
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amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against				
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
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Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	13					
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organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·				
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	· · · · · · · · · · · · · · · · · · ·	1			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			130	4.		v
	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	; U		gan	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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	5		
	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	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	X	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
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		37	
	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	X	
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
16 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
I.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 71
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
202	exempt status with respect to such arrangements? tion C. Disclosure	TOD		
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availak	ole	
.5	for public inspection. Indicate how you made these available. Check all that apply.	avanak		
	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 interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.	.u mia	.orai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	•	
	BRIAN SAMPSON - 949-829-6410			
	20081 ELLIPSE, FOOTHILL RANCH, CA 92610			
	, , , , , , , , , , , , , , , , , , , ,		000	(0040)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

#### 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)  Name and Title	(B) Average	(do	not c	(C Pos heck	C) ition		one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director	lustitutional trustee	Officer Officer	Key employee	Highest compensated highest compensated carp. Since the second carbon se	itee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) COLIN BADEN	2.00	х		х				0.	0.	0.
PRESIDENT AND DIRECTOR (2) RICHARD SHIELDS	2.00	^		^				0.	0.	0.
VICE PRESIDENT AND DIRECTOR	2.00	Х		Х				0.	0.	0.
(3) COLONEL ROBERT J. COATES, RET.	2.00	<del></del>								
DIRECTOR		х						0.	0.	0.
(4) PATRICIA DRISCOLL	2.00									
DIRECTOR		Х						0.	0.	0.
(5) TOM DAVIN	2.00								•	•
DIRECTOR	4 00	Х						0.	0.	0.
(6) BRIAN SAMPSON TREASURER	4.00	ł		x				0.	0.	0.
(7) JOHN ALPAY	4.00			^				0.	0.	0 •
SECRETARY		ł		х				0.	0.	0.
		l								
		-								
					$\vdash$	$\vdash$				
		1								
		L	L	L	L	L				

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	ition more rson		one h an	(D)  Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
1b Sub-total c Total from continuation sheets to Part VI							<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le		Yes	(No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	162	X
For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	/ unr					5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for		-						n the organization's tax		npens			
(A) Name and business	address	N	INC	Ξ				( <b>B)</b> Description of s	ervices	C	(C Compe		<u>1</u>
2 Total number of independent contractors (i		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation 📂										Form	990 (2	2013

10-29-1

		(=0.0)		FOUNDAT.	TON		45-0983	498 Page <b>9</b>
Pa	rt VII	Statement of Reve	nue					
		Check if Schedule O conf	tains a response	or note to any lin				<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u>s s</u>	1 a	Federated campaigns	1a					
iran		Membership dues						
اڭ اڭ		Fundraising events						
# ja		Related organizations						
S, E		Government grants (contribut						
rigi		All other contributions, gifts, gran	· ·					
t t		similar amounts not included abo		94,814.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f: \$	4,000.				
a Co	h	Total. Add lines 1a-1f			94,814.			
				<b>Business Code</b>				
9	2 a	L.,						
او چَ	b							
S C	С	·						
le le	d	·						
Program Service Revenue	е							
۱ ۵		All other program service reve						
$\rightarrow$	g	Total. Add lines 2a-2f						
	3	Investment income (including			071			071
		other similar amounts)			871.			871.
	4	Income from investment of ta		·	566,290.			566 200
	5	Royalties			300,290.			566,290.
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)  Net rental income or (loss)		<b>&gt;</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
_		Gross income from fundraisin						
ğ	•	including \$	•					
eve		contributions reported on line						
يّ ا		Part IV, line 18						
Other Revenue	b	Less: direct expenses						
١		Net income or (loss) from fund						
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu		Business Code				
	b							
	C							
		All other revenue						
	_	LOTAL ACID INES 119-110						

0. 567,161.

661,975.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 754,998. 754,998. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 14,783. 98,554. 19,711. 64,060. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 711. Other employee benefits 3,557. 534. 2,312. 9 7,826. 1,174. 1,565. 5,087. Payroll taxes 10 Fees for services (non-employees): Management Legal 10,056. 10,056. С Accounting Professional fundraising services. See Part IV. line 17 Investment management fees \_\_\_\_\_ Other. (If line 11g amount exceeds 10% of line 25, 41,606. 21,606. 20,000. column (A) amount, list line 11g expenses on Sch O.) 58,825. 58,825. 12 Advertising and promotion 5,913. 583. 2,774. 2,556. 13 Office expenses 1,459. 1,259.  $\overline{200}$ . Information technology ..... 14 15 Royalties 16 Occupancy 38,649. 7,852. 558. 30,239. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,244. 6,244. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 6,867. 6,867. 22 Depreciation, depletion, and amortization ..... 5,019. 5,019. 23 Other expenses. Itemize expenses not covered 24 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 0.) 5,907. 5,907. FILING FEES CREDIT CARD FEES 546. 546. b C d All other expenses 1,046,026. 779,924. 75,815. 190,287. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2013)
Part X Balance Sheet

Part 2	<b>X</b>	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this F	Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		143,015.	1	111,247
-   :	2	Savings and temporary cash investments		910,924.	2	643,795
;	3	Pledges and grants receivable, net			3	
.   .	4	Accounts receivable, net		95,582.	4	39,683
	5	Loans and other receivables from current and former officers, director				
		trustees, key employees, and highest compensated employees. Con	nplete			
		Part II of Schedule L			5	
Ι,	6	Loans and other receivables from other disqualified persons (as define				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and c				
		employers and sponsoring organizations of section 501(c)(9) volunta	-			
		employees' beneficiary organizations (see instr). Complete Part II of			6	
	7	Notes and loans receivable, net			7	
١,	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
-   '	- u	basis. Complete Part VI of Schedule D 10a				
	h	Less: accumulated depreciation 10b			10c	
1		Investments - publicly traded securities			11	
1:		Investments - other securities. See Part IV, line 11			12	
1:		Investments - program-related. See Part IV, line 11			13	
1.		Intangible assets		6,000.	14	3,33
	<del>-</del> 5	Other assets. See Part IV, line 11		13,825.	15	9,62
10		Total assets. Add lines 1 through 15 (must equal line 34)		1,169,346.	16	807,68
1		Accounts payable and accrued expenses		35,500.	17	57,88
1:		Grants payable and accided expenses		3373001	18	37700
19		Deferred revenue			19	
2					20	
2		Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule I			21	
2		Loans and other payables to current and former officers, directors, ti			21	
-	_	key employees, highest compensated employees, and disqualified p				
					22	
	2	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties			23	
2		Unsecured notes and loans payable to unrelated third parties			24	
2		Other liabilities (including federal income tax, payables to related thir			24	
2	3	parties, and other liabilities not included on lines 17-24). Complete Pa				
					25	
2	6	Total liabilities. Add lines 17 through 25		35,500.	26	57,88
+-	<u> </u>	Organizations that follow SFAS 117 (ASC 958), check here		33,3000	20	27,700
		complete lines 27 through 29, and lines 33 and 34.	and			
2	7	Unrestricted net assets		1,133,846.	27	749,79
2	_	Temporarily restricted net assets		2,200,0200	28	, 15 , 15
2					29	
2		Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here			23	
		and complete lines 30 through 34.				
3	^	Capital stock or trust principal, or current funds			30	
١.		Paid-in or capital surplus, or land, building, or equipment fund			31	
3					32	
2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Retained earnings, endowment, accumulated income, or other funds		1,133,846.	33	749,79
	3	Total net assets or fund balances		1,169,346.	აა	807,68

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			75.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>51.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,13	3,8	46.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	74	9,7	95.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 audited on a separa				
	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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **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 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

**Employer identification number** 

				E HERO FOUND						4	5-0983	498	
Pa	art I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	t.) See inst	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	oox.)					
1		A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3				tal service organization of		in <b>section</b>	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ne,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	1)(A)(v).					
7	X			eives a substantial part					or from the	general	public desc	ribed i	in
			b)(1)(A)(vi). (Comple				J			J			
8		-		ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9				eives: (1) more than 33 1			rom contri	butions. n	nembershii	o fees. a	nd aross red	ceipts	from
		-	•	nctions - subject to certa					-		-	-	
				axable income (less sect									
			<b>509(a)(2).</b> (Complete	•		,,			.,e e.ga			σ, .σ.	•
10				perated exclusively to te	st for publi	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).				
11				perated exclusively for the						out the	nurnoses o	of one	or
•		•		ations described in section		•			•				
				organization and comple		•		.,		-,(-,-			
		a Type I			/pe III - Fui				ayT 🔲 k	e III - Noi	n-functionall	v inted	grated
е		, ,	•	at the organization is not	•	•	•		• •				-
			ianaders and other t	han one or more publicly	/ supporte	d organiza	ations des	cribed in s	section 509	(a)(1) or	section 509	(a)(2).	
f	ı			han one or more publicly ten determination from t						9(a)(1) or	section 509	(a)(2).	
f	:	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III	9(a)(1) or	section 509	(a)(2).	
		If the organiz supporting or	ation received a writ rganization, check th	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		section 509	(a)(2).	. $\square$
f g		If the organiz supporting of Since August	ation received a writ rganization, check th t 17, 2006, has the c	ten determination from t nis box organization accepted ar	the IRS that	at it is a Ty	pe I, Type	II, or Type	e III owing pers	sons?			. L
		If the organiz supporting of Since August (i) A person	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind	ten determination from this box organization accepted ar lirectly controls, either al	the IRS that my gift or co	at it is a Tyontribution ether with	pe I, Type  from any persons o	II, or Type of the following	e III owing pers in (ii) and (i	sons?	,	Yes	No
		If the organiz supporting of Since August (i) A persor the gove	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the si	ten determination from to his box organization accepted ar lirectly controls, either all upported organization?	ny gift or co	at it is a Ty ontribution ether with	pe I, Type  from any persons o	of the follows	e III owing pers in (ii) and (i	sons? ii) below	, 11g(i)		No
		If the organiz supporting of Since August (i) A person the gove (ii) A family	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the so member of a persor	tten determination from this box organization accepted and lirectly controls, either all upported organization? In described in (i) above?	the IRS that my gift or co	at it is a Ty contribution ether with	pe I, Type  from any persons o	of the foll	e III owing pers in (ii) and (i	sons? ii) below	, 11g(i) 11g(ii)		No
g	ı	supporting or supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the si member of a persor controlled entity of a	tten determination from this box organization accepted and lirectly controls, either all upported organization? In described in (i) above? In person described in (i) or the lirectly controls, either all upported organization?	ny gift or coone or tog	at it is a Ty contribution ether with	pe I, Type  from any persons o	of the foll	e III owing pers in (ii) and (i	sons? ii) below	, 11g(i) 11g(ii)		No
	ı	supporting or supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the si member of a persor controlled entity of a	tten determination from this box organization accepted and lirectly controls, either all upported organization? In described in (i) above?	ny gift or coone or tog	at it is a Ty contribution ether with	pe I, Type  from any persons o	of the foll	e III owing pers in (ii) and (i	sons? ii) below	, 11g(i) 11g(ii)		No
g h	J 1	If the organiz supporting of Since August (i) A person the gove (ii) A family (iii) A 35% of Provide the fo	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted are directly controls, either also upported organization? In described in (i) above? It person described in (i) organization about the supported organization?	ny gift or coone or tog	at it is a Ty contribution ether with e? (s).	pe I, Type	II, or Type of the foll described	e III owing pers in (ii) and (i	sons? ii) below	11g(i) 11g(ii) 11g(iii)	Yes	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the si member of a persor controlled entity of a	ten determination from this box organization accepted are directly controls, either also upported organization? In described in (i) above? In person described in (i) organization  (iii) Type of organization	ny gift or coone or tog	at it is a Ty contribution ether with e? (s).	pe I, Type  from any persons c  (v) Did you organizat	of the followers of the	e III  owing pers in (ii) and (i	the	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of Since August (i) A person the gove (ii) A family (iii) A 35% of Provide the fo	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization (iv) Is the o	at it is a Ty contribution ether with e? (s).	pe I, Type  In from any persons co  (v) Did you organizat	of the followers of the	e III owing pers in (ii) and (i	the un in col.	11g(i) 11g(ii) 11g(iii)	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) controls about the supported organization (described on lines 1-9)	ny gift or coone or tog or (ii) above ganization (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat	of the followers of the	e III  owing persin (ii) and (iii) and (iii) and (iii) and (iii)	the un in col.	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	
g h	) Name	If the organiz supporting of supported support	ation received a writ rganization, check th t 17, 2006, has the con member of the some member of a person controlled entity of a collowing information	ten determination from this box organization accepted ardirectly controls, either all upported organization? In described in (i) above? In person described in (i) about the supported organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization( (iv) Is the o	et it is a Ty contribution ether with e? (s). organization sted in your document?	pe I, Type  from any persons c  (v) Did you organizat (i) of you	of the following of the	e III owing pers in (ii) and (i  (vi) Is organizatic (i) organiz U.S.	the in in col. ed in the ?	11g(i) 11g(ii) 11g(iii) (vii) Amount	Yes of more	

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			51,610.	14,514.	94,814.	160,938.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			51,610.	14,514.	94,814.	160,938.
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)						
6	Public support. Subtract line 5 from line 4.						160,938.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total 160,938.
7	Amounts from line 4			51,610.	14,514.	94,814.	160,938.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			814,658.	917,302.	567,161.	2299121.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						2460059.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for $% \left( 1\right) =\left( 1\right) \left( 1\right$	the organization's	s first, second, th	ird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here					<b>X</b>
	ction C. Computation of Publi						
	Public support percentage for 2013 (lin					14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the or	•		,		•	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2012. If the or	•		·		•	
	and <b>stop here.</b> The organization qualif						
17a	10% -facts-and-circumstances test	•	•				•
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b		and see instruction	·

### 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.)

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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.)						
<b>14 First five years.</b> If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

INFINITE HERO FOUNDATION

OMB No. 1545-0047

Name of the organization

Employer identification number

45-0983498

Organization type (check one):									
Filers of:	ilers of: Section:								
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization							
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private 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							
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule									
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.									
Special F	Special Rules								
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.									
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.							
	contributions for us If this box is checke purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year							
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),							

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### INFINITE HERO FOUNDATION

45-0983498

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

#### INFINITE HERO FOUNDATION

45-0983498

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
222452 10 24		Schodulo B (Form (	190 990-F7 or 990-PF) /2013

Name of organization

Employer identification number

	ITE HERO FOUNDATION				45-0983498				
Part III	Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., indiverse years.	vidual contributions to section he following line entry. For organ c., contributions of \$1,000 or le	501(c)(7), (8), nizations comp ss for the year	, or (10) organization of the control of the contro	ns that total more than \$1,000 for the				
(a) No	Use duplicate copies of Part III if addition	al space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
—									
		(e) Transfer (	of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee				
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
ŀ	(e) Transfer of gift								
	Transferee's name, address, a		Relationship of transferor to transferee						
			n	elationship of trai					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
		(e) Transfer (	of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held				
-		(e) Transfer (	of gift		<del></del>				
	Transferee's name, address, a			elationship of tra	nsferor to transferee				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Financial Statements**

➤ 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. 
➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** 

45-0983498 INFINITE HERO FOUNDATION Maintaining Daney Advised Funds or Other Similar Funds or Accounts

Pai	organizations waintaining bonor Advise organization answered "Yes" to Form 990, Part IV, line		o Accounts. Complete il tile
	organization answered 165 to Form 550, Part IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements.		<u> </u>
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public exh	•	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ıblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>.</b> .
			•
2	If the organization received or held works of art, historical trea	·	al gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2013

	rt III   Organizations Maintaining Co	ollections of A			easures, or Ot	her :	Simil		ts/contin		age =
	Using the organization's acquisition, accession										
3	(check all that apply):	on, and other record	is, check	arry or trie	Tollowing that are a	sigili	licarit	use or its	Collectio	II ILEIII	15
	`	d		oon or ove	hanga programa						
a											
b											
C	S .										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
5	to be sold to raise funds rather than to be ma								Yes		٦ ٨ ٦
Dai	rt IV Escrow and Custodial Arrang										<u> No</u>
ı aı	reported an amount on Form 990, Part		ete ii trie	organizatio	on answered res	to For	111 990	, Part IV, I	irie 9, or		
12	Is the organization an agent, trustee, custodia		diany for c	ontribution	ne or other assets n	ot inc	ludod				
Id			-						Yes		No
<b>L</b>	on Form 990, Part X? \ \ \Yes \ \No b If "Yes," explain the arrangement in Part XIII and complete the following table:										
D	ii res, explain the arrangement in Part Alli a	ind complete the lo	illowing to	abie.					A maun		
_	c Beginning balance Amount  tc										
<u> </u>											
e	e Distributions during the year  f Ending balance										
	f Ending balance1  2a Did the organization include an amount on Form 990, Part X, line 21?								Yes	$\neg$	TNo
	If "Yes," explain the arrangement in Part XIII.										∐ No
	rt V Endowment Funds. Complete if										
. u	Zildewillelle i dilde. Complete ii	(a) Current year		ior year	(c) Two years back		Three	ears hack	(a) Four	r veare	hack
4.	Reginning of year belones	` ′ ′	(b) Pi	ior year	(C) TWO years back	(a)	Tilleey	Gai S Dack	(e) i oui	years	Dack
	Beginning of year balance					+					
b						+					
C	Net investment earnings, gains, and losses					+					
d	' ······					+					
е	Other expenditures for facilities										
	and programs					+					
f	Administrative expenses					+					
g	End of year balance		//:		-)\						
2	Provide the estimated percentage of the curre	-		j, column (a	a)) neid as:						
а	• • •	0/	_%								
b	·	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should	-									
за	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are neid a	and administered to	r the	organiz	zation	ı		
	by:								- m	Yes	No
	(i) unrelated organizations								3a(i)		<del> </del>
	(ii) related organizations	Bakada - 1									<del></del>
b									3b		Щ_
Do:	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		wment fo	unds.							
Pai							40				
	Complete if the organization answered							, 1	, n =	<del></del>	
	Description of property	(a) Cost or o					mulate	ed	(d) Boo	k valu	е
		,	neni)	Dasis	(other)	ehred	ciation				
	Land										
	Equipment	<b>I</b>	-								
	Other		V/	- (D) line i	10(-))						0 -

Schedule D (Form 990) 2013

Schedule D	) (Form 990) 2013	INFINITE	HERO	FOUNDATI	ON	45	-0983498	Page \$
Part VII		Other Securities						<u>g</u> -
	Complete if the or	ganization answered "	Yes" to F	orm 990, Part IV, I	ine 11b. See Form 990	), Part X, line 12.		
(a) Descrip		GOTY (including name of secu		(b) Book value		f valuation: Cost or end	d-of-year market va	lue
(1) Financi	al derivatives							
		s						
(3) Other	. ,							
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		0, Part X, col. (B) line 12.						
Part VIII	∐ Investments -	Program Related	d.					
		ganization answered "`	Yes" to F					
	(a) Description o	f investment		(b) Book value	(c) Method o	f valuation: Cost or end	d-of-year market va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)			_					
		0, Part X, col. (B) line 13.	) <b>&gt;</b>					
Part IX	Other Assets.							
	Complete if the or	ganization answered "			ine 11d. See Form 990	), Part X, line 15.	(In) De alessale	
			(a) Des	cription			(b) Book valu	ie
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	umn (h) must squal E	Form 990, Part X, col. (I	2) lino 15	- 1				
Part X	Other Liabiliti		5) IIIIE 13	)./				
raitA		<b>es.</b> ganization answered "`	/00" to E	Form 000 Port IV I	ing 11g or 11f Cog Eg	rm 000 Dort V line 25		
		Description of liability	res lor	-01111 990, Part 1V, 1	(b) Book value	1111 990, Part X, III le 25		
<u>1.</u> (1) For		occomption or nability			(b) Book value			
	deral income taxes							
(2)								
(4)								
(5)								
(0)								

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

332053 09-25-13

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
---

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	675,610.
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	13,635.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,635.
3	Subtract line 2e from line 1			3	661,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	661,975.
D -	.t. VII.   D : !!: - t!	14	P.H. P	D - 1 -	

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.		_	
1	Total expenses and losses per audited financial statements			1	1,059,661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	13,635.		
b	Prior year adjustments	2b			
С		اما			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,635.
3	Subtract line 2e from line 1			3	1,046,026.
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.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,046,026.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

EXPLANATION: THE FOUNDATION ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS
CODIFICATION 740, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAIN TAX
POSITIONS AS OF MARCH 31, 2011 (INCEPTION). THE FOUNDATION FILES ANNUAL
EXEMPT ORGANIZATION 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,
2013 OR 2012. THE FOUNDATION DOES NOT ANTICIPATE ANY MATERIAL CHANGE IN
ITS ASSESSMENT OF UNCERTAIN TAX POSITIONS WILL OCCUR IN THE TWELVE MONTHS
FOLLOWING DECEMBER 31, 2013. THE FOUNDATION MAY FROM TIME TO TIME BE
SUBJECT TO ROUTINE AUDITS BY THE IRS, FTB OR OTHER TAXING AUTHORITIES.

CURRENTLY THERE ARE NO AUDITS IN PROGRESS FOR ANY TAX YEARS.

332054 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 INFINITE HERO FOUNDATION	45-0983498 Page 5
Schedule D (Form 990) 2013   INFINITE HERO FOUNDATION   Part XIII   Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) (2013)

INFINITE	45-0983498								
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec			
criteria used to award the grants or assis	stance?						No		
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.					
Part II Grants and Other Assistance to		-			anization answered "	Yes" to Form 990, Part	IV, line 21, for any		
recipient that received more than					(f) Method of	1	T		
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FORT WORTH AIRPOWER FOUNDATION									
P.O. BOX 8728							MOBILITY OF HEROES		
FORT WORTH, TX 76124	75-2828493	501(C)(3)	100,000.	0.			PROGRAM		
IRAQ STAR INC. DBA RAW									
72185 MAGNESIA FALLS DRIVE							REBUILDING AMERICA'S		
RANCHO MIRAGE, CA 92270	20-8622945	501(C)(3)	100,000.	0.			WARRIORS PROGRAM		
IRAQ AND AFGHANISTAN VETERANS OF									
AMERICA, INC 292 MADISON									
AVENUE, 10TH FLOOR - NEW YORK, NY							MENTAL HEALTH SUPPORT		
10017	20-1664531	501(C)(3)	100,000.	0.			PROGRAM		
INJURED MARINE SEMPER FI FUND									
BLDG H49 SANTA MARGARITA ROAD							PTSD & TBI SUPPORT		
CAMP PENDLETON, CA 92055	26-0086305	501(C)(3)	100,000.	0.			PROGRAM		
ARMED FORCES FOUNDATION									
16 N. CAROLINA, SE							ARMED FORCES FOUNDATION		
WASHINGTON DC 20003	75-3070368	501(C)(3)	100,000.	0.			SCHOOL COUNSELOR		
·			, ,				+		
HEARTBEAT SERVING WOUNDED WARRIORS									
17230 116TH ST SE									
SNOHOMISH, WA 98291	03-0547294	501(C)(3)	80,000.	0.			SCUBA WARRIORS PROGRAM		
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				▶8.		
3 Enter total number of other organization	s listed in the line	1 table							

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

Schedule I (Form 990) INFINITE	45-0983498 Page										
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(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	<b>(h)</b> Purpose of grant or assistance				
UNIVERSITY SOUTHERN CALIFORNIA 12015 WATERFRONT DRIVE PLAYA VISTA, CA 90094	95-1642394	501(C)(3)	99,998.	0.			PTSD EXPOSURE THERAPY PROGRAM				
VAIL VETERANS FOUNDATION, INC. P.O. BOX 6473 VAIL, CO 81657	20-5254885	501(C)(3)	75,000.	0.			2014 WINTER PROGRAM EVENTS				
<u> </u>	20 3231003	501(6)(3)	,3,000.				272.110				

(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
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, colum	n (b), and any other a	dditional information.	
FORM 990, SCHEDULE I, PART I, LIN	E 2:				
EXPLANATION: THE FOUNDATION'S STA	FF PERFORI	MS PRE-GR	ANT DUE DIL	IGENCE ON	
EACH ORGANIZATION AND OBTAINS A D	ETAILED G	RANT PROP	OSAL DESCRI	BING THE	
OBJECTIVES AND ACTIVITIES OF THE	PROGRAM TO	O BE FUNDI	ED. FOLLOWI	NG BOARD	
APPROVAL, A GRANT AGREEMENT WITH	THE GRANT	EE ORGANI	ZATION IS S	IGNED,	
STIPULATING HOW THE GRANTEE MAY U					
SETTING OUT SPECIFIC MILESTONES T		-			
FULL FUNDING OF THE GRANT. GRANT.					
THAN . THAN THE OF THE GRANT.		2 GEMEKALI	TI KEĞOTKE	11141 1111	

Schedule I (Form 990)

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

# (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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 

		: HERO FOU					45	-09	834	98			
Part I Excess Ben	efit Transac	ctions (section 50	01(c)(3	3) and s	section 501(c)(4) org	anizations only).							
Complete if the	organization ar	nswered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, F	Part V,	line 40	Db.				
1 (a) Name of disqualified	(b	Relationship bet			ified	(c) Description of transaction					(d) Corrected?		
(a) Name of disqualified	person	person and organization			,,	Description of trai	isactio	) i i	Yes		es	No	
										_			
										_			
O F-1													
2 Enter the amount of tax section 4958	•	ŭ	•			•		•					
3 Enter the amount of tax	if any on line	2 above reimbure	ed by	the or	anization			Φ Φ					
5 Litter the amount of tax	a, ii arry, orr line	z, above, reimburs	sed by	ti ie or	gariizatiori			Ψ					
Part II Loans to an	d/or From I	nterested Per	sons	; <u> </u>									
Complete if the	organization ar	nswered "Yes" on	Form 9	990-EZ	, Part V, line 38a or f	orm 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on		
· · · · · · · · · · · · · · · · · · ·	-	90, Part X, line 5, 6											
1/-0					(f) Balance due	e (g) In (h) Ap			oproved (i) Written		/ritten		
interested person	with organizati	ation of loan		ization?	principal amount		default?		cómmittee?		agree	agreement?	
			То	From			Yes	No	Yes	No	Yes	No	
Total					<b>&gt;</b> \$								
		enefiting Inte											
Complete if the	organization ar	nswered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested	person	(b) Relationship			(c) Amount of assistance	(d) Type assistan				) Purp		f	
		interested pers the organiza		u	assistance	assistar	ice			assist	aile		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

# 45-0983498 Page 2 Schedule L (Form 990 or 990-EZ) 2013 INFINITE HERO FOUNDATION Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of **(b)** Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No OAKLEY, INC. COMMON DIR. & OFFIC 566,290.ROYALTY INC X Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: OAKLEY, INC. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMMON DIR. & OFFICERS (D) DESCRIPTION OF TRANSACTION: ROYALTY INCOME FORM 990, 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 IHF 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, 2013, THE FOUNDATION EARNED ROYALTIES OF \$566,290 UNDER

Schedule L (Form 990 or 990-EZ) 2013

THE SIGNATURE PRODUCT AGREEMENT WITH OAKLEY.

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INFINITE HERO FOUNDATION

**Employer identification number** 45-0983498

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S MISSION IS TO COMBAT THE MOST DIFFICULT FRONT LINE
ISSUES-MENTAL AND PHYSICAL-FACING MILITARY HEROES AND THEIR FAMILIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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, PROGRAM SERVICE ACCOMPLISHMENTS:
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 TRADITIONAL COMMUNICATION CHANNELS. THE
FOUNDATION WORKS WITH CORPORATE PARTNERS TO SPREAD AWARENESS TO THEIR
CONSUMERS AND SOCIAL MEDIA FOLLOWERS. THE FOUNDATION ALSO INTENDS TO

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

INTIIALLY IN SOUTHERN CALIFORNIA. GIVEN THE

HOLD CHARITY EVENTS,

**Employer identification number** 45-0983498

PROXIMITY TO MILITARY INSTALLATIONS SUCH AS THE NAVAL BASE IN 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 VI, SECTION A, LINE 2:

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

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: LINE 11A: AN EXTERNAL TAX FIRM AND THE FOUNDATION'S MANAGEMENT WORK TOGETHER TO GATHER THE INFORMATION NECESSARY TO PREPARE THE FORM 990. 332212 09-04-13

BASED ON THE 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 THE APPROPRIATE CHANGES AND

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

FOUNDATION'S OFFICERS AND EACH MEMBER OF ITS BOARD OF DIRECTORS FOR

APPROVAL, PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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 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 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, IMPERMISSABLE PRIVATE BENEFIT OR IN AN EXCESS OF BENEFIT TRANSACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,AL,AR,CT,DC,FL,GA,IL,KY,ME,MD,MA,MN,MS,NH,NJ,NM,NY,OK,OR,RI,SC,TN,UT,VA

WV,WI,CO,ND

INFINITE HERO FOUNDATION	45-0983498
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPEC	TION AT THE
FOUNDATION'S OFFICES.	
FORM 990, PART VII SECTION A:	
EXPLANATION: TWO OF THE FOUNDATION'S DIRECTORS AND EACH O	F ITS OFFICERS
ARE ALSO CURRENT OR FORMER OFFICERS, EMPLOYEES, OR DIRECT	ORS OF OAKLEY.
CERTAIN EMPLOYEES OF OAKLEY PROVIDE SERVICES TO THE FOUND	ATION IN
VARIOUS VOLUNTEER CAPACITIES, INCLUDING FUNDRAISING AND M	IANAGEMENT
ACTIVITIES. THE FOUNDATION PAID NO COMPENSATION TO ANY OF	THESE PERSONS
DURING THE YEAR ENDED DECEMBER 31, 2013.	
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	_

#### Form **8868** (Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

ightharpoonup X

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		)	$ ightharpoonup \left\lfloor X  ight floor$
	are filing for an Additional (Not Automatic) 3-Month Ex					
Do not o	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
	<b>nic filing</b> (e-file). You can electronically file Form 8868 if y					poration
	I to file Form 990-T), or an additional (not automatic) 3-mo					
	to file any of the forms listed in Part I or Part II with the ex					
	al Benefit Contracts, which must be sent to the IRS in page	•	*			
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		(See morradions). For more details		strome ming or the	3 101111,
Part			submit original (no copies ne	eded)		
	ration required to file Form 990-T and requesting an autor					
Part I or	di .			=	ı	
	ny r corporations (including 1120-C filers), partnerships, REM				sion of time	
	come tax returns.	iros, aria t	rusts must use romm roo4 to reques			ımbor
Tyma ar	Name of everyt everyteries or other files are instru	otiono			er's identifying nu	
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nur	liber (Eliv) or
print	INFINITE HERO FOUNDATION				45-09834	9.8
File by the			Alama	0:-		
due date for filing your	or Number, street, and room or suite no. If a P.O. box, s 22365 EL TORO ROAD, NO. #2		ctions.	Social se	curity number (SS	SN)
return. See	-					
instruction	s. City, town or post office, state, and ZIP code. For a for LAKE FOREST, CA 92630	oreign add	dress, see instructions.			
	LAKE FORESI, CA 92030					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		Τ_				<del> </del>
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	00-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	00-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
	BRIAN SAMPSON					
• The b	books are in the care of   20081 ELLIPSE	- F00'	THILL RANCH, CA 92	610		
Telep	phone No. ► 949-829-6410		Fax No. ▶ 949-266-87	04		
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Ur	nited States, check this box			ightharpoonup
	s is for a Group Return, enter the organization's four digit					. check this
box >	. If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation					
	3 TOTT CM 1 F 0 0 1 4	-	tion return for the organization name		The extension	
is	for the organization's return for:	r organiza	alon rotani lor the organization nam	ou ubovo.	THE EXCENSION	
	X calendar year 2013 or					
		00	nd ending			
	tax year beginning	, an			<u> </u>	
0 15	the tay year entered in line 1 is far less than 10 months.	book roos	laitial ratura	Cinal ratuur	··	
<b>2</b> If Γ	the tax year entered in line 1 is for less than 12 months, o	neck reas	son:	Final retur	n	
	Change in accounting period			- 1		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		_	Λ
	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					^
	stimated tax payments made. Include any prior year overp			3b	\$	0.
с В	<b>alance due.</b> Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,			=
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
Caution	<ul> <li>If you are going to make an electronic funds withdrawal ions.</li> </ul>	(direct de	ebit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-EO	for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13

Form 8868 (Rev. 1-2014)