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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2012

Open to Public inspection

OMB No 1545-0047

For the 2012 calendar year, or tax year beginning and ending Employer identification number C Name of organization Check if applicable Healing Heroes Network, Inc. Address change 26-3714861 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 727-781-4376 31640 US Hwy 19 N., Ste. Terminated City, town or post office, state, and ZIP code Palm Harbor FL. 34684 1,661,079 Amended return G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Stacey Spiegel 31640 US Hwy 19 N H(b) Are all affiliates included? Palm Harbor FL 34684 If "No," attach a list (see instructions) **X** 501(c)(3) Tax-exempt status healingheroes.org Website: H(c) Group exemption number Corporation Trust Year of formation 2008 Form of organization Other > M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities HHN is committed to healing America's Heroes by providing financial Activities & Governance assistance for quality care to military personnel injured in the line of duty in Iraq or Afghanistan since 9/11/01 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 2 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part Nine 29)
 Total number of volunteers (estimate if necessary) 10 5 33 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990, T, line 84 0 1 Prior Year **Current Year** 4,626,303 **1,640,108** 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,387 651 10 Investment income (Part VIII, column (A), lines 3, 4-and-7d) -152,587 20,320 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,475,103 1,661,079 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,587 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 284,581 262,612 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 212,043 362,359 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,337,274 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 449,972 3,831,378 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,999,183 4,456,349 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -338,104 18,754 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year (C) 6 660,314 472,339 20 Total assets (Part X, line 16) 362,082 211,953 21 Total liabilities (Part X, line 26) 448,361 110,257 22 Net assets or fund balances\_Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign ∡Here Stacey Spiegel Type or print name and title Print/Type preparer's name Preparer's signature Paid James A. Jimenez, CPA James A. Jime Preparer Guida & Jimenez, PA Firm's name **Use Only** 1302 W Sligh Ave 33604 Tampa, FL May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

			Yes	Nọ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		- 1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- 1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
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		- 1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
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	X	
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		X
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		X
đ	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_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	, , , , , , , , , , , , , , , , , , , ,			
	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_	_X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		,	
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_20b	L	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and 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		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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		X
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
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	X	<u></u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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? If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
	···		-	

19 Eriet fire number reported in 80x 3 of Form 1096. Enter -0- of not applicable  5 Enter the number of Forms W-2C included in line 1s. Enter -0- of not applicable  6 Enter the number of Forms W-2C included in line 1s. Enter -0- of not applicable  6 Of the engantation comply with backup withhording uses for reportable payments to vendors and reportable gamming (parming) see provided in line 1s. Enter -0- of not applicable  7 Enter the number of employee with the provided in the provided provided in the provided provided in the provided provided in the provided provided provided in the provided prov	, u	Check if Schedule O contains a response to any question in this Part V					
1s Enter the number reported in Box 3 of Form 1096 Enter -O- in not applicable		C. C. S. N. C.				Yes	No
be Enter the number of Forms W-23 molused on line 1 a Enter O-I not applicable O bit the organization comply with backpu withholding rules for proportials payments to vendors and reportable gamming gamming warmings to prize winess?  Statements, fleed for the calendar year ending with or within the year covered by this return.  Statements, fleed for the calendar year ending with or within the year covered by this return.  Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  Did the organization have uniterable business gross science of \$1.000 or more dump the year?  All any time dump the calendar year, did the organization that was consistent in or a significant or other financial accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts).  May the third organization and the foreign country (such as a bank account, securities account, or other financial accounts).  May the third organization and the foreign country (such as a bank account, securities account, or other financial accounts).  May the third organization and the properties of the prope	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_1a	1			
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24 Enter the number of employees reported on Form W-5, Transmittal of Wage and Tax  Statements, Ref of the calandar year ending with or within the year covered by this return  1 bit all least one is reported on line 2a, did the organization of leaf irequired finderial employment tax inturna?  2 bit was not fines 1 and 2a is gratest than 30, you may be required to efficile emitractions?  3 bit if Yes, 1 and 1 fide a Form 900 of Tor this year? If No. From year and yea	С	Did the organization comply with backup withholding rules for reportable payments to vendors and					ĺ
Statements, field for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3		reportable gaming (gambling) winnings to prize winners?			1c		
If a least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-flie (see instructions)  3				10	_		ĺ
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b	X	<u> </u>
b If "Yes," has it fliet a Form 950-T for this year? If "No." provide an explanation in Schedule O  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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country over, a financial account in a foreign country    5e enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  5e was the organization to a provide that it was or is a party to a prohibited tax shelter transaction?  5g Was the organization have annual gross receipts that are normally greater than \$100,000, and did 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 organization solicit any contributions that were not tax deductible?  5g Was the organization noticit with every solicitation an express statement that such contributions or girls were not tax deductible?  5g Organizations that may receive deductible contributions under section 170(c).  5g Under the organization noticity the donor of the value of the goods or services provided?  5g Was the organization noticy the donor of the value of the goods or services provided?  5g Was the organization noticy the donor of the value of the goods or services provided?  5g Was the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payment in excess of \$75 made partly as a contribution or draft of the form \$282?  5g Was the organization or secure any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7g Was the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?  7g Was the organization received a cont			ons)				
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 accounts)  b If Yes, "enter the name of the foreign country ▶  See 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 sheller transaction at any time during the tax year?  5b Dd any stazable party northy the organization file Form 8886-T?  6c If Yes' to line Sa or Sb, did the organization file Form 8886-T?  6d Oces the organization annual gross receips that are normally greater than \$100,000, and did the organization annual gross receips that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d View organizations that may receive deductible contributions under section 170(c).  6d View organizations that may receive deductible contributions under section 170(c).  6d View organizations that may receive deductible contributions under section 170(c).  6d View organizations that may receive deductible contributions under section 170(c).  7d View organizations that may receive deductible contributions under section 170(c).  8 Uf Yes, "Indicate the number of Forms 8282 filed during the year any terminal property for which it was required to file Form 8282?  8 Uf Yes, "Indicate the number of Forms 8282 filed during the year.  9 Uf the organization, during the year, any permittinus, directly or indirectly, to na personal benefit contract?  7a X View organization, during the year, any permittinus, directly or indirectly, to na personal benefit contract?  7a X View organization seceived a contribution of qualified intellectual property, did the organization file Form 899 as required?  8 Notes the organization maintaining donor advised funds and section 599(a)(3) support	3a					<b> </b>	X
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts accounty?  b   f*Yes,* enter the name of the foreign country   ▶  58   Was the organization of thing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  59   Was the organization to a prohibited tax shelter transaction at any time during the tax year?  50   Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-7.  50   Enter the interest of the organization file Form 8886-7.  50   St.    51   Yes*, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ax deductible as charitable contributions?  52   St.    53   X   Yes*, did the organization include with every solicitation an express statement that such contributions or girtls were not tax deductible?  54   Organizations that may receive deductible contributions under section 170(c).  55   Organizations that may receive deductible contributions under section 170(c).  56   Organizations that may receive deductible contributions under section 170(c).  56   Organizations that may receive deductible contributions under section 170(c).  57   Organizations that may receive deductible contributions under section 170(c).  58   Organization that the payor?  59   Organization that the payor?  50   Organization that the payor?  50   Organization that the payor?  51   Yes*, did the organization notify the donor of the value of the goods or services provided?  50   Organization that the payor?  51   Organization that the payor?  52   Organization that the payor?  53   Organization that the payor?  54   Yes*, directly that the payor	b	·			3b	<b> </b> -	<u> </u>
account?  b If "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  58 Was the originarization a party to a prohibited tax shelter transaction of any time during the tax year?  59 Did any taxable party notify the originarization that it was or is a party to a prohibited tax shelter transaction?  50 Des the originarization will be originarization that it was or is a party to a prohibited tax shelter transaction?  50 Des the originarization include with every solicitation on express statement that such contributions?  50 If "Yes," of the originarization include with every solicitation in express statement that such contributions or grifts were not tax deductible contributions under section 170(c).  50 Did the originarization include with every solicitation an express statement that such contributions or grifts were not tax deductible contributions under section 170(c).  50 Did the originarization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 Did the originarization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  81 If "Yes," or idicate the originarization individual property?  82 If "Yes," indicate the number of Forms 8282 flied during the year required to fife Form 8282?  83 If the originarization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  94 If the originarization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  95 If the originarization received a contribution of cars, boats, anglines, or other vehicles, did the originarization fle Form 1088-0.  96 Sponsoring originizations maintaining donor advised funds and section 509(a)(3) supporting originizations. Did the supporting originarization, or a dorie	4a				1		
b If "Yes," enter the name of the foreign country ▶ See 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 taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c C  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as chantable contributions?  5g If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6g 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).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and senoces provided to the payor?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  12 Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  13 The organization seceive any funds, directly or indirectly, on a personal benefit contract?  14 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  15 Sponsoring organization make any taxable distributions under section \$990(a) supporting organization, have excess business holdings at any time during the year?  15 Sponsoring organi			financial				v
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax sheller transaction?  5		•			4a	<b></b> -	
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or a party to a profibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8886-17  6 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?  6 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).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization on the payor?  11 F*Yes,* did the organization on the value of the goods or services provided?  12 If *Yes,* indicate the number of Forms 8282 filed during the year  13 Did the organization on the payor?  14 Did the organization on the payor and the payor of the value of the goods or services provided?  15 Did the organization notify the donor of the value of the goods or services provided?  16 Did the organization notify the donor of the value of the goods or services provided?  17 Fyes,* indicate the number of Forms 8282 filed during the year  18 Did the organization on the payor of the value of the goods or services provided?  19 Did the organization on the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  19 Tyes,* if the organization on the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  19 Did the organization on the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  19 Sponsoring organization on the provided organization, directly or	D		int Annoi	unto			
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter 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 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  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 on hand 13c  In "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	۵				-	<del> </del>	<b> </b>
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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  14b	13					<b></b>	<b></b>
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c	<u> </u>	44-	<del>                                     </del>	-
	_		tule O		_	+	+^-
		in 103, has it lied a routh 120 to report these payments, in No, provide an explanation in Sched	aute O	<del></del>			0 (2012)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "l	No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sei			s.			
	Check if Schedule O contains a response to any question 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 1a 4						
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2						
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			37			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	<u>х</u> х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X			
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v			
	one or more members of the governing body?	7a		<u>x</u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_,		x			
_	stockholders, or persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		x				
a	The governing body?	8a 8b	X				
þ	Each committee with authority to act on behalf of the governing body?	60					
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							
Sec	tine digarization's maining address: it res, provide the names and addresses in ochedule o	de)		X			
<u> </u>	Elect 2.1 ellece (This desirent 2 requests information about policies flot required by the internal restorate ex	<u>,</u>	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	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				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	l			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X	L			
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?						
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>			
b		15b	ļ	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a							
	with a taxable entity during the year?	16a	-	X			
b							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		1			
500	organization's exempt status with respect to such arrangements?	16b	!	<u> </u>			
	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, II	KG	KY				
17 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)	,,					
	available for public inspection. Indicate how you made these available. Check all that apply						
	Own website X Another's website X Upon request X 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,						
	and financial statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the						
	organization ▶ Healing Heroes Network, Inc. 31640 US Hwy 19 N, Suite 2						
P		3-93	3-2	2336			

390X 02/03/2015 11 17 AM	-		-							
Form 990 (2012) <b>Healin</b>	a Heroes Na	<b>&gt;+</b> 6	30 T	·ŀ	т	nc		26-371	4861	Page <b>7</b>
								Key Employees, Hig		
· · · · · · · · · · · · · · · · · · ·	nt Contractors			,			•		,	
Check if Sc	<u>hedule O contains</u>	<u>a r</u>	esp	ons	e to	an	y qı	uestion in this Part VII		
								Compensated Employee		<del></del>
1a Complete this table for all portion or all portion and the complete for all programmes are complete for all programmes and the complete for all programmes are complete for all	persons required to be	liste	d R	epor	t cor	nper	ısatı	on for the calendar year er	ding with or within the	
<ul> <li>List all of the organizatio compensation Enter -0- in coli</li> </ul>	umns (D), (E), and (F)	ıf no	con	npen	satio	on wa	as pa	aid	,, •	· ·
List all of the organizatio	•	•	•	•				•	• •	
<ul> <li>List the organization's fiv who received reportable comporganization and any related or</li> </ul>	ensation (Box 5 of For	npen m W	isate /-2 a	d en nd/o	iploy r Box	ees 7 o	(oth f Fo	er than an officer, director, rm 1099-MISC) of more tha	trustee, or key employee) an \$100,000 from the	
<ul> <li>List all of the organizatio</li> <li>\$100,000 of reportable competence</li> </ul>	ensation from the orga	nızat	ion a	and a	iny r	elate	d or	ganizations		
<ul> <li>List all of the organizatio organization, more than \$10,00 List persons in the following or compensated employees, and</li> </ul>	00 of reportable compl der individual trustee:	епѕа	tion	from	the	orga	nıza	tion and any related organ	zations	
Check this box if neither th	e organization nor an	y rela	ated	orga	nızat	tions	con	npensated any current offic	er, director, or trustee.	
(A) Name and Title			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Stacey Spiege	1									
	40.00		:		ļ					
Treasurer	0.00	X	<u> </u>	X				110,246	0	1,758
(2) Allan Spiegel	-					'				
Descident	0.00	x	ļ	x				o	o	o
President (3) Sandra Milhoa		^	-	^				<u> </u>		0
(3) Danata Milliot	0.00									
	0.00	X						0	o	0
(4) Henry Balzani	, ND									
-	0.00		}		Ì		1			
	0.00	X		L	L_		L	0	0	0
(5)										
(6)										
					Ь	<u> </u>	Ь_			

(9) (10)

(11)

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Newport Creative Communications 33 Railroad Avenue

Duxbury MA 02332-3807 FR Counsel 871,880

Outreach Calling 200 S Virginia St 8th Floor

Reno NV 89501 Advocacy/FR 269,631

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Yes No

(19)

							(A)	(B) Related or	(C)	(D)
		•					Total revenue	exempt	Unrelated business	Revenue excluded from tax
								function revenue	revenue	under sections 512, 513, or 514
nts	1a	Federated cam	paigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ues	1b						
A'S'	C	Fundraising ev	ents	1c						
뜵티	d	Related organi	zations	1d_						
ă,E	е	Government grants (	contributions)	1e			1			
Ş	f	All other contributions	s, gifts, grants,							
ള		and similar amounts	not included above	1f	1,	640,108				
털	g	Noncash contribution	is included in lines 1a-	1f	\$	25,243		į		
ᇮ蔰	h	Total. Add line	s 1a-1f			<b>•</b>	1,640,108			
e						Busn Code				
š	2a									
8	b									
Š	C					<u> </u>				
Program Service Revenue	d									
Ë	е					ļ <u>.</u>				
<u>g</u>	f	All other progra	am service reve	nue		L				
_	g	Total. Add line				<b>•</b>				
	3		ome (including	divider	nds, intere	est,				4=4
		and other simil	•			<b>P</b>	651			651
	4	Income from in	vestment of tax	r-exem	pt bond p	roceeds -				· · · · · · · · · · · · · · · · · · ·
	5	Royalties								
		}	(ı) Real		(II) F	Personal				
	6a	Gross rents		·						
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from	<del></del>		1	<u> </u>				· · · · · · · · · · · · · · · · · · ·
		sales of assets	(i) Securities	·	(11)	) Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps			<del> </del>					
	_	Gain or (loss)			<u> </u>				•	
	d	Net gain or (lo		4						
ne	Вa	Gross income fro	om tundraising eve	ents		Ì				
/en		(not including \$			}					
Other Revenue			eported on line 1c	-		20 220				
ler		See Part IV, line		a		20,320				
ā		Less direct ex	•	b			20,320			
		Net income or			g events		20,320			
	9a	Gross income fro				ľ				
		See Part IV, line		a	<u> </u>					
		Less direct ex		b	L			:		
		Net income or Gross sales of			livilles					
	Tua	returns and all	-			l				
	_			a						
		Less cost of g		b se of u	L					
	C	Net income or	(loss) from sale cellaneous Revenue	s or in	ventory	Busn Code				
	44-		And leads Mayeride			Duan Code		1		
	11a					<del>                                     </del>			<del></del>	
	b									
	d	All other reven	NIA.			<del></del>		<u> </u>		-
	e	Total. Add line							<del></del>	
	12		e. See instruction	ns			1,661,079	0	0	. 651

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Form 990 (2012)

### 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 to any question in this Part IX (A) expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b. Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 52,587 52,587 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 110,246 66,147 30,869 trustees, and key employees 13,230 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 151,977 91,186 42,554 18,237 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,758 1,055 492 Other employee benefits 211 20,600 12,360 5,768 2.472 Payroll taxes Fees for services (non-employees) Management 77,407 77,407 Legal 4,495 4,495 Accounting d Lobbying 1,212,043 1,212,043 Professional fundraising services See Part IV. line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 2,565 2,565 (A) amount, list line 11g expenses on Schedule O) 137,054 234,841 23,989 73,798 Advertising and promotion 12 48,795 37,923 10,872 13 Office expenses 10,31719,671 3,875 5,479 14 Information technology 15 Royalties 24,693 24,693 16 Occupancy 19,663 2,078 17,585 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,740 1,740 22 Depreciation, depletion, and amortization 12,632 11,797 835 23 Insurance 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 O) Rehab Devic 1,485 1,485 1,053 Miscellaneous Expense 1,053 932 Program Expense-Spec Even 932 d e All other expenses 1,999,183 376,157 285,752 1,337,274 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 186,696 390,107 Cash-non-interest bearing 451,921 10,125 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 4,649 4,632 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 6,288 53,938 Inventories for sale or use 8 586 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 13,456 10a other basis Complete Part VI of Schedule D 10b 4,527 10,174 8,929 b Less accumulated depreciation 10c Investments—publicly traded securities 11 11 12 Investments-other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 660,314 472,339 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 81,655 282,082 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 80,000 23 Secured mortgages and notes payable to unrelated third parties 23 130,298 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 211,953 26 362,082 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 448,361 27 110,257 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 110,257 448,361 Total net assets or fund balances 33 472,339 660,314 Total liabilities and net assets/fund balances

Form **990** (2012)

Form	990 (2012) Healing Heroes Network, Inc. 26-3714861			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,99		
3	Revenue less expenses Subtract line 2 from line 1	3			104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4.4	<u> 18,</u>	361
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1:	10,	257
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			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				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		_	For	m <b>99</b> (	0 (2012)

## **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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Healing Heroes Network, Inc.

Employer identification number 26-3714861

The organization is not a private foundation because it s. (For lines 1 through 11, check only one box.)    A school described in section 170(b)(1)(A)(ii), Atlant, Schedule E.)   A school described in section 170(b)(1)(A)(iii), Atlant, Schedule E.)   A school described in section 170(b)(1)(A)(iii), Atlant, Schedule E.)   A school described in section 170(b)(1)(A)(iii), Atlant, Schedule E.)   A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state   A negarization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), Complete Part II)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv), Complete Part II)   A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv), (A)(iv), (Complete Part II)   A norganization that normally receives (I) more than 33.13% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33.13% of its support from contributions. Many from businesses acquired by the organization after June 30. 1375. Set section 590(a)(2), Complete Part II)   An organization organized and operated exclusively to the brendit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 590(a)(2). Set section 590(a)(2), Set section 590(a)(3), Set the box that describes the performance of governmental and operated exclusively for the brendit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization organizat	₽₽	ırt i	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ructior	ns.		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A nogranutation operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state city, and state  Total a school organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A regional, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A regional state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A norganization that normally receives (1) more than 33 1/3% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II)  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II)  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II)  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II)  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II)  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II)  A community frust described in section 170(b)(1)(A)(iv). (Complete Part II)  A norganization organized and operated exclusively to the section 590(a)(2). (Complete Part III)  An organization organized and operated exclusively to the section 590(a)(2). (Complete Part III)  An organization organized and operated exclusively to the sent off to public safety. See section 590(a)(2). See section 590(a)(2). (Complete Part III)  A community frust and section 10(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	The	orga	nization is not	a private foundation because	e it is. (For lines 1 through 11, o	check only	one box	.)						
A hospital or a cooperative hospital service organization described in section 170(b)(1)A(hiii). Enter the hospital's name, city, and state city, and state and organization operated in conjunction with a hospital described in section 170(b)(1)A(hiii). Enter the hospital's name, city, and state and organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(hiii). Compiler Part II )  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(hiii). (Compiler Part II )  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(hiii). (Compiler Part II )  An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 13% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses a soquired by the organization after June 30, 1975 See section 599(a)(2). (Compiler Part III)  An organization organized and operated exclusively for the for public safety See section 599(a)(2). (Compiler Part III)  An organization organized and operated exclusively for the for public safety See section 599(a)(2). See section 599(a)(3). See section 599(a)(3). The public safety or public safety or public safety or public safety or section 599(a)(2). See section 599(a)(2). See section 599(a)(3). The public safety or public safety or indirectly by one or more disqualified persons ofter than foundation managers and other than one or more publicly supported organizations described in (ii) and (iii) and (iiii) and (iii) and (iii) a	1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	)(A)(i).						
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Eiter the hospital's name, city, and state    An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)   An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II)   An organization that normally receives (10(b)(1)(A)(iv). (Complete Part II)   An organization that normally receives (10(b)(1)(A)(iv). (Complete Part II)   An organization that normally receives (10(b)(1)(A)(iv). (Complete Part II)   An organization and the section 170(b)(1)(A)(iv). (Complete Part II)   An organization and the section 170(b)(1)(A)(iv). (Complete Part II)   An organization and invariation organization and invariations and invariations are support from contributions, membership fees, and gross receipts from activities related to its exempt functions—aubject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business tabable more (less section 511 tax) from businesses acquired by the organization and operated exclusively to test for public safety. See section 599(a)(2). (Complete Part III)   An organization organized and operated exclusively to test for public safety. See section 599(a)(3).   An organization organized and operated exclusively to test for public safety. See section 599(a)(3) or section 599(a)(3). Oneck the box that describes the type of supporting organizations of complete part III).   An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 599(a)(3). One city the box function of the section 599(a)(3) or section 599(a)(3). One city the box that describes the type of supported organi	2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E )									
city, and state  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A community rust described in section 170(b)(1)(A)(iv). (Complete Part II )  A community rust described in section 170(b)(1)(A)(iv). (Complete Part II )  A community rust described in section 170(b)(1)(A)(iv). (Complete Part II I)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activates related to its exempt functions—subject to cartian exceptions, and (2) no more than 33 1/3% of its support from gross investment moore and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 599(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 599(a)(4).  An organization organized and operated exclusively to test for public safety. See section 599(a)(2). See section 599(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a   Type   b   Type II   c   Type IIII—functionally integrated d   Type IIII—Non-functionally integrated organization and complete lines 11e through 11h  a   Type I   b   Type IIII   c   Type IIII   c   Type IIII   c   Type IIII   T	3		A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)(	iii).						
city, and state  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A community rust described in section 170(b)(1)(A)(iv). (Complete Part II )  A community rust described in section 170(b)(1)(A)(iv). (Complete Part II )  A community rust described in section 170(b)(1)(A)(iv). (Complete Part II I)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activates related to its exempt functions—subject to cartian exceptions, and (2) no more than 33 1/3% of its support from gross investment moore and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 599(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 599(a)(4).  An organization organized and operated exclusively to test for public safety. See section 599(a)(2). See section 599(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a   Type   b   Type II   c   Type IIII—functionally integrated d   Type IIII—Non-functionally integrated organization and complete lines 11e through 11h  a   Type I   b   Type IIII   c   Type IIII   c   Type IIII   c   Type IIII   T	4	П	A medical res	search organization operate	d in conjunction with a hospital o	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	er the ho	ospital's nam	ıe,	
section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II)  A norganization that normally receives a substantial part of its support from a contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (iess section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)  10		_								•		·		
section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II)  A norganization that normally receives a substantial part of its support from a contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (iess section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)  10	5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnme	ntal uni	t descri	bed in			
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  8			_	•	-	•	, ,							
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  8	6					ection 17	'0(b)(1)(A	)(v).						
described in section 170(b)(1)(A)(vi). (Complete Part II )  8		X							rom the	genera	aldua I	<u>:</u>		
A community trust described in section 170(b)(1)(A)(A)(v). (Complete Part II.)   An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization afeature 30, 1975 See section 509(a)(2). (Complete Part III.)   An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	-		Ū	•	• • • • • • • • • • • • • • • • • • • •	u gov				go	родо	,		
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10	8					111.3			•					
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10		H	-				contributi	ons me	mhershii	n fees	and are	220		
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10	J	Ш	_	•						•	_	,33		
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)  10			•		· ·	· ·	•	•						
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box that describes the type of supporting organization and complete lines 11e through 11h  a				-		-			, 11011110	, u 311103.				
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 fe through 11 h a	10	$\Box$	-	=				-						
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type II c Type III or Type I		H	•	•	•	•				out the	_			
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	•••	لـــا	•	•		•		•	•			1		
a  Type I  b  Type II  c  Type III  c  Type III  c  Type III  Type III  c  Type III  T											5000.01	•		
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  11g(ii)   A family member of a person described in (i) above?  11g(iii)   A 35% controlled entity of a person described in (i) or (ii) above?  1 Provide the following information about the supported organization(described on lines 1-9 above or IRC section (see instructions))  (ii) Name of supported (iii) EIN (ivi) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in (iii) (iii) organization in (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (														
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and  (iii) below, the governing body of the supported organization?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A 75% controlled entity of a person described in (i) or (ii) above?  (iii) A 95% controlled entity of a person described in (ii) above?  (iv) Name of supported organization  (iv) Is the organization (v) Did you notify the organization organization organization (iii) EIN  (ivi) Is the organization (v) Did you notify the organization organization organization organization organization (iii) EIN  (ivi) Is the organization organization organization organization organization organization organization organization organization (iii) EIN  (ivi) Is the organization orga	_	П	· ·			-							ateu	
or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box    Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		ш	-	· · · · · · · · · · · · · · · · · · ·		-					•			
f If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iiii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) A maily member of a person described in (i) or (ii) above?  (iii) A maily member of a person described in (i) or (ii) above?  (iii) A maily member of a person described in (i) or (ii) above?  (iii) A maily member of a person described in (i) or (ii) above?  (iii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)					. man one or more passes, cap	portou 01;	ga <u>_</u> a	4555.		0000000	000(0)(	•,		
organization, check this box  Gince August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A significant of a person described in (i) or (ii) above?  (ii) Name of supported organization  (ii) Name of supported organization  (iii) Significant organization  (iv) Significant organization  (iv) Did you notify the organization in col (i) of your sour governing document?  (iv) Significant organization  (iv) Significant organ	f			. , ,	ermination from the IRS that it is	a Type I	Type II	or Type	III sunna	ortina				
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and ves indirectly or indirectly controls, either alone or together with persons described in (ii) and ves individual vest in the following indirectly of a person described in (i) above?  (ii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iii) A family member of a person described in (i) or (ii) above?  (iv) In family in the organization or (iv) Did you notify the organization in col (i) (i) Of you notify the organization in col (i) (i) Of you notify the organization in col (i) (i) Of you notify the organization in col (i) (i) Of you notify the organization in col (ii) Of you notify the organization in col (iii) Of you notify the organization in col (iii) Of your notify the organization in col (iii) Of your notify the organization i	•					, u 1 ypo 1,		o. Type	ш эаррс	, ung				
following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iiii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization (described or lines 1–9 above or IRC section (see instructions))  (iii) Name of supported organization (described on lines 1–9 above or IRC section (see instructions))  (A) Ves No Ves	~				tion accepted any gift or contrib	ution from	anv of th	ne						Ш
(i) A person who directly or indirectly controls, either alone or together with persons described in (i) alove?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (ii) Name of supported organization of controlled entity of a person described organization (iii) State organization (iii) EIN  (iii) Type of organization (iii) EIN  (iv) State organization in col (i) isled in your governing document?  (iv) Is the organization in col (i) for your or IRC section (iii) experiment or supported organization in col (i) isled in your governing document?  (iv) Is the organization in col (i) for your or IRC section (iii) experiment or support or in col (i) isled in your governing document?  (iv) State organization in col (i) isled in your governing document?  (iv) State organization in col (i) isled in your governing document?  (iv) State organization in col (i) isled in your governing document?  (iv) State organization in col (i) isled in your governing document?  (iv) State organization in col (i) isled in your governing document?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iv) Islem organization in col (i) isled in your governing document?  (iv) Islem organization in col (i) isled in your governing document?  (vi) Islem organization in col (i) isled in your governing document?  (vi) State organization in col (i) isled in your governing document?  (vi) State organization in col (i) isled in your governing document?  (vii) Amount of monetary support.  (viii) A 35% controlled entity is in col (i) isled in your governing document?  (vii) State organization in col (i) isled in your governing document?  (viii) A 35% controlled entity is in col (i) isled in your governing document?  (viii) A 35% controlled entity is in col (i) isled i	g				tion accepted any girt of contrib	ation non	i any or u							
(iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) A 9 Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (A) Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (B) Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (B) Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (C) Provide the following information about the supported organization in cold (i) fisted in your support (ii) organization in cold (i) organization in cold (ii) organization in cold (iii) organization in cold (ii			• •		entrole either alone or together	with nere	one decor	shed in (	u) and				Van	T No
(iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above?    Name of supported organization organization (described on lines 1-9 above or iRC section (see instructions))						with perso	Jiis desci	ibed iii (	II) allu			44-0	<del></del>	NO
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or iRC section (see instructions))  (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D			٠.		• • •									+
Provide the following information about the supported organization (ii) Rin   (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))   (iv) Is the organization in col (i) Isisted in your governing document?   (iv) Is the organization in col (i) Isisted in your governing document?   (iv) Is the organization in col (ii) Isisted in your governing document?   (iv) Is the organization in col (ii) Isisted in your governing document?   (iv) Is the organization in col (ii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Is the organization in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted in col (iii) Isisted in your governing document?   (iv) Isisted														<del></del>
(ii) Name of supported organization (described on lines 1–9 above or IRC section (see instructions))  (A)  (B)  (C)  (D)  (D)  (E)  (III) EIN  (III) Type of organization (described on lines 1–9 above or IRC section (see instructions))  (IV) Is the organization in col (i) sted in your governing document? Support?  Yes No Yes No  (V) Did you notify the organization in col (i) organized in the US?  Yes No Yes No  (C)  (D)  (E)  Total	h											[1190	<u> </u>	
Organization   (described on tines 1–9 above or IRC section (see instructions))   In col (i) isted in your governing document?   Support?   Ves   No   V		) Nam		T	T	(IV) is the	ornanization	(v) Did :	ou notify	fuil	s the	(wi) Amoun	t of mor	netan/
above or IRC section (see instructions))	v			(11) 2114		1	•		•			` ′		letary
(A) (B) (C) (D) (E) (Total					above or IRC section	governing	document?							
(A) (B) (C) (D) (E) Total					(see instructions))	Vae	No			-				
(B) (C) (D) (E) Total	<u>(Δ)</u>		<del></del>			<del> </del>	1	140			-,,,			
(C) (D) (E) Total	(~)													
(C) (D) (E) Total	(B)				<del> </del>		<del>                                     </del>	ļ <u>-</u> -				<del></del>		
(D) (E) Total	(-,													
(D) (E) Total	(C)		······································			† <del></del>	l			<del> </del>		-		
(E) Total	(Ο)													
(E) Total	(D)					1	<del>                                     </del>	<u> </u>	ļ <del>.</del> .					
Total	(5)						1	ŀ						
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		_	erwork Reduc	tion Act Notice, see the In	structions for		•	1	1	Sched	ule A (F	Form 990 or	990-F	Z) 2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

tion A. Public Support	(-) 0000 T	(1) 0000	(1) 0010	(-1) 0044 T	(-) 0040 T	
dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	30,150	172,012	5,084,685	4,626,303	1,640,108	11,553,258
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	30,150	172,012	5,084,685	4,626,303	1,640,108	11,553,258
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)						
Public support. Subtract line 5 from line 4						11,553,258
tion B. Total Support						
ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	( <b>d</b> ) 2011	(e) 2012	(f) Total
Amounts from line 4	30,150	172,012	5,084,685	4,626,303	1,640,108	11,553,258
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. Add lines 7 through 10						11,553,258
Gross receipts from related activities, etc	(see instructions)				12	20,320
First five years. If the Form 990 is for the	organization's first,	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	
						<b>▶</b> X
tion C. Computation of Public Su	pport Percent	age				
Public support percentage for 2012 (line 6	, column (f) divided	by line 11, colum	n (f))		14	%
Public support percentage from 2011 Sch	edule A, Part II, line	e 14			15	%
33 1/3% support test—2012. If the organ	ization did not chec	k the box on line 1	13, and line 14 is 3	3 1/3% or more, cl	heck this	
box and stop here. The organization qual	ifies as a publicly si	upported organiza	tion			▶ _
33 1/3% support test—2011. If the organ	ization did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore,	
	•		-			▶ [_
	•					
,						
organization						▶ [
					d line	
_						
Explain in Part IV how the organization me supported organization	eets the "facts-and-	circumstances" te	st. The organizatio	n qualifies as a pu	blicly	▶ [
Private foundation. If the organization di instructions	d not check a box o	on line 13, 16a, 16l	b, 17a, or 17b, che	ck this box and se	e	▶ [
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. The organization Quality support test—2012. If the organization, check this box and stop here. The organization quality support test—2011. If the organization of the properties of the progenization quality support test—2011. If the organization of the organization meets the "fa organization of the organization meets the supported organization meets the "fa organization or more, and if the organization meets the "fa organization in Part IV how the organization meets the "fa organization organization meets the "fa organization organization organization organization organization meets the "fa organization organiza	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions). First five years. If the Form 990 is for the organization's first organization, check this box and stop here  etion C. Computation of Public Support Percent  Public support percentage from 2011 Schedule A, Part II, line 33 1/3% support test—2012. If the organization did not check sox and stop here. The organization qualifies as a publicly side of the organization meets the "facts-and-circumstances test—2012. If the organization of the organization neets the "facts-and-circumstances test—2012. If the organization of the organization of the organization meets the "facts-and-circumstances test—2011. If the organization of the organization neets the "facts-and-circumstances test—2011. If the organization of the organization of the organization meets the "facts-and-circumstances test—2011. If the organization of the organization of the organization meets the "facts-and-circumstances test—2011. If the organization of the organization of the organization meets the "facts-and-circumstances test—2011. If the organization of the organization	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, for organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage for 2012 (line 6, column (f) divided by line 11, column Public support percentage for 2011 Schedule A, Part III, line 14  33 1/3% support test—2012. If the organization did not check a box on line 13  31 1/3% support test—2011. If the organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13  10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13  15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Part IV how the organization meets the "facts-and-circumstances" test. Part IV how the organization meets the "facts-and-circumstances" test. Part IV how the organization meets the "facts-and-circumstances" test. Part IV how the organization meets the "facts-and-circumstances" test. Part IV how the organization meets t	Grifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization without charge furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3  Total. Add lines 1 through 3  Total Add lines 1 through 3  Total Add lines 1 through 3  Total Computation 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)  Public support. Subtract line 5 from line 4  tions B. Total Support  Idea year (or fiscal year beginning in) Amounts from line 4  Total comport. Subtract line 5 from line 4  Total comport. Subtract line 5 from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 4  Total support.  Idea year (or fiscal year beginning in) Amounts from line 1  Idea year (or fiscal year beginning in) Amounts from	Garts, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dary year (of iscal year beginning in) ►  Amounts from line 4  Amounts from line 4  30,150  172,012  5,084,685  4,626,303  703,150  172,012  5,084,685  4,626,303  Amounts from line 4  30,150  172,012  5,084,685  4,626,303  Amounts from line 4  4  100 B. Total Support  4  30,150  172,012  5,084,685  4,626,303  Amounts from line 4  30,150  172,012  5,084,685  4,626,303  Amounts from line 4  100 B. Total Support  4  100 B. Total Support  100 B. Total	Garles, groffscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012  Garles, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues laved for the organization whose the part to or expended on its behalf  Tax revenues laved for the organization whose the part to or expended on its behalf  Tax revenues laved for the organization whose the part to ore expended on the behalf  Tax revenues laved for the organization whose the part to ore expended on the behalf  Tax variety and the part of the organization whose the part of ore expended on the behalf  Tax variety and the part of the part

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.)

500	tion A. Public Support	quality diluci ti	ile tests listed t	below, please c	omplete i alt il	· <i>)</i>	<del></del>
	idar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(4) 2000	(2) 2000	(0) 2010	(4) 2011	(0) 20:2	(i) i otai
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		,	,			<u>.</u>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6			ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						·-··
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						<u></u>
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	:					
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax ve	ar as a section 50	1(c)(3)	
_	organization, check this box and stop her	_		· ·			▶ [
Sec	tion C. Computation of Public Si	upport Percen	itage				
15	Public support percentage for 2012 (line 8	3, column (f) divide	ed by line 13, colum	nn (f))		15	%
16	Public support percentage from 2011 Sch					16	%
<u>Sec</u>	tion D. Computation of Investme	<u>∍nt Income Pe</u>	rcentage			<del></del>	
17	Investment income percentage for 2012 (			3, column (f))		17	
18	Investment income percentage from 2011					18	%_
19a	33 1/3% support tests—2012. If the orga						
_	17 is not more than 33 1/3%, check this b		-				
þ	33 1/3% support tests—2011. If the orga						
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di		<del>-</del>			-	
20_	i made roundation, it the organization th	a not offered a pox	<u> </u>	TOD, CHECK HIS DO	on and see monde		

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Schedule A (Form 990 or 990-EZ) 2012 Healing Heroes Network, Inc. 26-3714861

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

### **SCHEDULE D** (Form 990)

Department of the Treasury

# **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. OMB No. 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Employer identification number Name of the organization 26-3714861 Healing Heroes Network, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

13,456

8,929

4,527

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2012 Healing Heroes Networ		26-3714861	Page
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
(1) Financial derivatives		<del>-</del>	
(2) Closely-held equity interests			
(3) Other		<del> </del>	<del> </del>
(A)	<del>- ,</del>	-	
(B)			
(C)			·
(D) (E)			
(E) (F)		<del></del>	
(G)	<del></del>	<del>-</del>	
(H)			
(1)			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )			<del></del>
Part VIII Investments—Program Related. See Form 99	0 Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-year	
(1)			1.7
(2)	<u> </u>		
(3)			
(4)		-	
(5)			<u> </u>
(6)			**
_(7)			<del></del>
_(8)			
(9)			
(10)			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )			<del> </del>
Part IX Other Assets. See Form 990, Part X, line 15.	-		
(a) Description			(b) Book value
(1)			
(2)			· · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	·		
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	···.	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X, line 25	). 		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		4	
(2)		_	
(3)			
(4)	·	_	
(5)		4	
(6)	<del> </del>	4	
(7)		4	
(8)	-	4	
(9)	<del>                                     </del>	4	
(10)	<del> </del>	4	
(11)		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		<u> </u>	······································
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote t			organization's
liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the	e text of the footnote has b	een provided in Part XIII	
DAA		9	chedule D (Form 990) 201

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 Healing Heroes Network, Inc.		<u> 26-371486</u>	1	Page <b>4</b>
₽£	art XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	1,827,209
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	166,130		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	166,130
3	Subtract line 2e from line 1			3	1,661,079
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		1	
b	Other (Describe in Part XIII )	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,661,079
Pa	art XII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per F	Retur	
1	Total expenses and losses per audited financial statements			1	2,165,313
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	166,130		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	166,130
3	Subtract line 2e from line 1			3	1,999,183
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 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		· · · · · · · · · · · · · · · · · · ·	5	1,999,183
P	art XIII Supplemental Information				

Complete this part to 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.

Schedule D (Form 990) 2012 Healing Heroes Network, Inc.

Part XIII Supplemental Information (continued)

26-3714861 Page 5

# SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			Heroes Net		26-3714	861
Pa		n <mark>eral Informatio</mark> n 990, Part IV, l <sub>i</sub> ne		tside the United States. C	Complete if the organization ans	wered "Yes" to
1	For grantmak	ers. Does the organiz	ation maintain records	to substantiate the amount of its	grants and other	
		-	or the grants or assista	nce, and the selection criteria use	ed to award the	
	grants or assis	stance?				∐ Yes ∐ No
2	_	ers. Describe in Part		ocedures for monitoring the use o	of its grants and other	
3				be duplicated if additional space	is needed.)	
<u> </u>	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees, agents, and independent	region (by type) (e g , fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			contractors in region	investments, grants to recipients	service(s) in region	in region
				located in the region)		
(1)						
(2)						
(3)		····				
(4)						
(5)						
				-		
(6)						
<u>(7)</u>						
(8)						
(9)						
<u>(10)</u>	,					
(11)						ļ
(12)						
<u>(13)</u>						
(14)			<u></u>			
<u>(15)</u>						
<u>(16)</u>						
·						
(17)	Lub total					
	Sub-total otal from continuation	<del></del>	<del>                                     </del>			<del></del>
s	heets to Part I					
	otals (add nes 3a and 3b)				<b>!</b>	}
		<del></del>	<del>*</del>	<del></del>	<del></del>	<del></del>

Schedule F (Form 990) 2012 Healing Heroes Network, Inc. 26-3714861 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicat	ed if additional sp	ace is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description * of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	various						
(1) Medical Services			52,587		<del></del>	<u> </u>	
(2)			:	-			<u> </u>
(3)							
_(4)							
_(5)							
(6)				W, 1,			
				., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(8)							
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(13)							
(14)							
(15)							
(16)							
(17)							
(18)							E (Form 990) 2012

for Form 5713)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 Healing Heroes Network, Inc.

26-3714861

Page 5

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047 2012

> Open to Public Inspection

Name of the organization Healing	g He	eroes Net	woi	k, Inc				26-37148	
Fundraising Act	ivitie	s. Complete if	the	organizatio	n an		red "Yes" to Form 9	90, Part IV, line 1	7.
Form 990-EZ file									
1 Indicate whether the organization	on raise	ed funds through a	iny of	f the following	activ	ities	Check all that apply		
a X Mail solicitations		•	e <u> </u>	Solicitation	of no	n-gov	ernment grants		
<b>b</b> Internet and email solicitation	ons	•	f L	Solicitation	of go	vernn	nent grants		
c X Phone solicitations		9	g 🗓	Special fun	draisi	ng ev	ents		
d In-person solicitations									
Did the organization have a writ or key employees listed in Form b If "Yes," list the ten highest paid compensated at least \$5,000 by	n 990, l i individ	Part VII) or entity i duals or entities (fi	n cor	nection with	profes int to	ssiona agree	al fundraising services?		X Yes No
(ı) Name and address of in or entity (fundraiser)			,	ii) Activity	custo	d fund- have ody or rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
					<del>                                     </del>	utions?		col (i)	
Newport Creative Con	muni	ications			Yes	No			
1 33 Railroad Avenue	343	002202005		Councel		x	005 353	071 000	112 472
Duxbury Outreach Calling	MA	02332-3807	EK	Counsel	┼		985,352	871,880	113,472
2 200 S Virginia St 8t	th Fl	Loor	1						
Reno		89501	FR	Counsel		x	299,590	269,631	29,959
3									
4									
5									
6									
7									
8									
9									
10									
Total						▶	1,284,942	1,141,511	143,431
				- 4 4 1 4 -	4	4			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Kentucky, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin, West Virginia

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Various Events None (add col (a) through col (c)) (event type) (total number) (event type) Revenue 20,320 20,320 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 20,320 20,320 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities Yes No a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

formed to administer char Indicate the percentage of The organization's facility An outside facility Enter the name and address Address  Address  Does the organization has revenue? If "Yes," enter the amount	tor, beneficiary or trustee of intable gaming? If gaming activity operated less of the person who prefive we a contract with a third part of gaming revenue receivance retained by the third part	of a trust or a member of a in pares the organization's greatly from whom the organization >		and the	1 -	No No % % No
formed to administer char Indicate the percentage of a The organization's facility An outside facility Enter the name and address Name Address  Does the organization has revenue? If "Yes," enter the amount amount of gaming revenue If "Yes," enter name and a Name Address  Address	ritable gaming? If gaming activity operated less of the person who prepared we a contract with a third part of gaming revenue receives retained by the third part	oares the organization's greaty from whom the organization	aming/special events books a	13b		% %
Indicate the percentage of a The organization's facility b An outside facility l4 Enter the name and address records  Name ►  Address ►  15a Does the organization has revenue? b If "Yes," enter the amount amount of gaming revenue c If "Yes," enter name and a Name ►  Address ►	f gaming activity operated ess of the person who preposes of the person who preposes of the person who preposes a contract with a third part of gaming revenue receives retained by the third part	pares the organization's grants from whom the organized by the organization	ızatıon receives gamıng	13b		% %
a The organization's facility b An outside facility 4 Enter the name and address records Name ▶ Address ▶ 15a Does the organization have revenue? b If "Yes," enter the amount amount of gaming revenue c If "Yes," enter name and a Name ▶ Address ▶	ess of the person who preposes of the person who preposes of the person who preposes of the third particle retained by the particle retained by the particle retained by the particle retained by the particle retained b	pares the organization's grants from whom the organized by the organization	ızatıon receives gamıng	13b		%
b An outside facility  Enter the name and address records  Name ▶  Address ▶  15a Does the organization has revenue?  b If "Yes," enter the amount amount of gaming revenue  c If "Yes," enter name and a Name ▶  Address ▶	ess of the person who preposes of the person who preposes of the person who preposes of the third particle retained by the particle retained by the third particle retained by the third p	arty from whom the organ	ızatıon receives gamıng	13b		%
Address ►  Name ►  Address ►  Does the organization has revenue?  If "Yes," enter the amount amount of gaming revenue  If "Yes," enter name and a Name ►  Address ►	ve a contract with a third p t of gaming revenue receiv ie retained by the third par	arty from whom the organ	ızatıon receives gamıng	and		
records  Name ►  Address ►  15a Does the organization have revenue?  b If "Yes," enter the amount amount of gaming revenue c If "Yes," enter name and a Name ►  Address ►	ve a contract with a third p t of gaming revenue receiv ie retained by the third par	arty from whom the organ	ızatıon receives gamıng		Yes	No
Address ►  Does the organization had revenue?  If "Yes," enter the amount amount of gaming revenue  If "Yes," enter name and a Name ►  Address ►	t of gaming revenue receivite retained by the third par	ved by the organization ▶		and the	Yes	No
<ul> <li>Does the organization has revenue?</li> <li>If "Yes," enter the amount amount of gaming revenue</li> <li>If "Yes," enter name and a Name ►</li> <li>Address ►</li> </ul>	t of gaming revenue receivite retained by the third par	ved by the organization ▶		and the	Yes	No
revenue?  b If "Yes," enter the amount amount of gaming revenuc  c If "Yes," enter name and a  Name   Address	t of gaming revenue receivite retained by the third par	ved by the organization ▶		and the	Yes	No
b If "Yes," enter the amount amount of gaming revenuc If "Yes," enter name and a Name ▶  Address ▶	ie retained by the third par		\$	and the	Yes	∐ NO
amount of gaming revenu c If "Yes," enter name and a Name ► Address ►	ie retained by the third par			and the		
c If "Yes," enter name and a Name ▶ Address ▶	•	y P	•			
Name ► Address ►	addices of the time party					
Address ►						
16 Gaming manager informa						
	ation					
Name ▶		•				
Gaming manager compe	nsation ▶ \$					
Description of services pr	rovided ►					
Director/officer	Employee	Independent co	ntractor			
47 Manufatani diatribistiana						
<ul><li>17 Mandatory distributions</li><li>a Is the organization require</li></ul>	ed under state law to make	e charitable distributions fi	rom the gaming proceeds to			
retain the state gaming lie		c chartable distributions in	om the gaming proceeds to		Yes	☐ No
<b>b</b> Enter the amount of distri		ate law to be distributed to	other exempt organizations of	or		
	s own exempt activities du					
			ride the explanations re			
	and (v) and Dart III. I	ines 9, 9b, 10b, 15b,	15c, 16, and 17b, as ap	oplicable Also comple	te this	
part to provid						

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

Department of the Treasury Internal Revenue Service

**Transactions With Interested Persons** 

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. ► See separate instructions OMB No 1545-0047

Name of the	organization

Employer identification number

_			· · · · · · · · · · · · · · · · · ·									
	Healing Heroes Ne	twork, Inc.	26-3714861									
Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)											
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 25a or 25b, or	Form 990-EZ, Part V, line 40b									
4	(b) Relationship between disqualified person and		to December of transaction	(d) Corrected?								
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No							
(1)												
(2)												
(3)												
(4)												
(5)					<u> </u>							
(6)												
2 Enter	the amount of tax incurred by the orga	anization managers or disqualified persons during the										
undor	saction 4059		<b>▶</b> \$									

#### Part II Loans to and/or From Interested Persons.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the

(a) Name of interested person	n amount on Form 990, Part	(c) Purpose of	(d) Lo	an to	(e) Original	(f) Balance due	(g) In	default?	(h) Ap	proved	(i) W	/ntten
,	with organization	loan	or fro	m the	principal amount				by bo	ard or	agree	ement?
			org	_						nttee?		
			То	From			Yes	No	Yes	No	Yes	No
Allan M. Spiegel	President				Ì					ŀ		
(1)			X		80,000	80,000		X	X		X	<u> </u>
						•			1			1
(2)								ļ				ļ
								l			ŀ	
(3)			-				<u> </u>	<del> </del>				<del> </del>
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107			1	$\Box$		<del>.</del>	<u> </u>	<u> </u>				
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(9)								ı				
						-						
(10)										<u> </u>	<u> </u>	
Total					▶ \$	80,000						

#### Part III **Grants or Assistance Benefiting Interested Persons.**

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
)					
2)					
3)					
4)					
5)					
)					
)					
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)					

	(a) Name o	of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S
	, ,	,	interested person and the	transaction	( )	of reve
	· · · · · · · · · · · · · · · · · · ·		organization			Yes
Allan	Spiegel,	MD	Husband/Board	7,355	Medical Services	
	<u> </u>					
	·			···-		
		<del></del>				
						<del></del>
	<del></del>					
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ert V	Cumplem	ental Information	<del></del>			
## <b>4</b>	Complete th	ic port to provide addition	al information for responses to quest	ione on Schodulo I. (e.	an instructions)	
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## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		<u> Heroes</u>	Network,	Inc.	26-371486	<u></u>		
_Pa	rt! Types of Property		<del> </del>					
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions	or amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	ınts		
1	ArtWorks of art	ļ			· · · · · · · · · · · · · · · · · · ·	·		
2	Art—Historical treasures							
3	Art—Fractional interests	<u> </u>						
4	Books and publications							
5	Clothing and household							
	goods	-						
6	Cars and other vehicles	X	1	4,690	Fair Market Value	<u> </u>		
7	Boats and planes	<b></b>						
8	Intellectual property		<del></del>					
9	Securities—Publicly traded	<b> </b>						
10	Securities—Closely held stock	1	·					
11	Securities—Partnership, LLC,							
40	or trust interests Securities—Miscellaneous	-						
12 13	Qualified conservation							
13	contribution—Historic							
	structures							
14	Qualified conservation		•					
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		<del>_</del>					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶( <b>T-Shirts</b> , <b>Etc</b>	) X	1004		Fair Market Valu	<u>e</u>		
26	Other ►(	) X	1	20,553				
27	Other ►(							
28_	Other ▶(	)						
29	Number of Forms 8283 received b	-	_	-				
	which the organization completed	Form 8283, F	Part IV, Donee Ackn	owledgement	29   1			
							Yes	No
30a	During the year, did the organizati							
	it must hold for at least three year			bution, and which is not requir	red to be			-
	used for exempt purposes for the		period?			30a		X
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift	acceptance p	olicy that requires tr	ie review of any non-standard			v	
00	contributions?	Alexander of			h	31	X	
32a	Does the organization hire or use	tnira parties o	or related organization	ons to solicit, process, or sell n	oncasn	20-		~
	contributions?					32a	-	X
b	If "Yes," describe in Part II		aluma (a) for a time	of proporty for which actions	(a) is absolved			
33	If the organization did not report a	n amount in c	column (c) for a type	or property for which column (	(a) is checked,			
	describe in Part II			· <del>- · · · · · · · · · · · · · · · · · ·</del>		1	لسيبا	<u> </u>

Schedule M (Form 990) (2012) Healing Heroes Network, Inc.

26-3714861

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Supplemental Information

Schedule M, Line 33: The Organziation received donated medical services valued at \$166,129.

SCHEDULE O (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.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Healing Heroes Network, Inc.

Employer identification number 26-3714861

Amended Return Explanation

The Tax Return for Healing Heroes Network Inc. is being amended due to the receipt of Amended Audited Financial Statements for The Years Ended December 31, 2012 & 2011.

Form 990, Part III, Line 4a - First Accomplishment unavailable. HHN fills in the gaps for these desperately needed services and aids those who sacrifice for our freedoms.

Form 990, Part VI, Line 2 - Related Party Information Among Officers Allan Spiegel, MD

President

Familial Relationship on Board

Stacey Spiegel

Treasurer

Familial Relationship on Board

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The form 990 was provided to all board members via email 10 days before the filing due date of the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Employees and directors are asked annually to review the Conflicts of

Interest and Business Ethics Policy as documented in the HHN Handbook, and

Name of the organization

Healing Heroes Network, Inc.

Employer identification number 26-3714861

to ascertain and disclose any potential conflicts of interest with existing or potential relationships or situations as described in the Policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The executive compensation plan was reviewed by an independent consulting
firm to evaluate HHN's executive compensation program against the
competitive market, with the intent of insuring that the compensation
program falls within a reasonable range of competitive practices for
comparable positions among similarly situated organizations. Following
their review and recommendations, the Board of Directors reviews and
approves the salary and benefits for the applicable top management
official, currently the Executive Director position.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Massachusetts, Maryland, Maine, Michigan, Minnesota, Mississippi, North Carolina, North Dakota, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin, West Virginia

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The organization's Form 990 is available to the public upon oral or written request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization's governing documents are available to the public through
their website, email or upon oral or written request.

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Department of the Treasury

► See separate instructions.

► Attach to your tax return

Attachment

Internal Revenue Service Identifying number Name(s) shown on return Healing Heroes Network, Inc. 26-3714861 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 898 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B--Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27 5 yrs MM h Residential rental property MM S/L 27 5 yrs MM S/L 39 yrs Nonresidential real property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L 40 yrs 40-year Part IV Summary (See instructions ) 21 Listed property Enter amount from line 28 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

898

23

22

23