Form: 990

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www irs gov/form990.

2013
Open to Public Inspection

For the 2013 calendar year, or tax year beginning Employer identification number C. Name of organization Healing Heroes Network, Inc. Check if applicable Healing Heroes Network, Inc Address change Doing Business As 26-3714861 Name change Number and street to, P.O. box, fimal is not cultivated to street address: i Room/suite Telephone number Initial return 727-781-4376 31640 US Hwy 19 N 2 Terminated City or town, state or province, country, and ZIP or foreign postal code 2,544,356 X Amended return 34684 Palm Harbor G Gross receipts\$ Name and address of principal difficer Application persons X No H(a) is this a group return for subordinates? Yes Stacey Spiegel 31640 US Hwy 19 N H(b) Are all subordinales included? If "No lattach a list (see instructions) Palm Harbor FL 34684 X 501(c)(3) 501(c) (◀ (insert no.) 1947/a):1) or healingheroes.org H(c) Group exemption number Year of formation 2008 X Corporation Irrist : Association M. State of legal don ic le Form of organization 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 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 not assets 3 Number of voting members of the governing body (Part VI, line 1a) 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 5 13 6 Total number of volunteers (estimate if necessary) 6 42 0 7a Total unrelated business revenue from Part VIII. column (C), line 12 7a 0 b Net unrelated business taxable income froin Form 990-T. line 34 7b Prior Year Current Year 1,640 108 2,542 408 8 Contributions and grants (Part VIII line 1h) Revenue 0 9 Program service revenue (Part VIII 10 Investment income (Part VI) colum REGE VED d) 651 373 1 1e) commin (A), line 12) 20,320 1,575 11 Other revenue (Part VIII, column (A) 9c, 10c 1,661,079 2,544,356 12 Total revenue - add lines 8 Much 11 (must eq 13 Grants and similar amounts part (Part Column (Actives 1 47,106 14 Benefits paid to or for members (Part IX column (A) line 4) 0 284,581 295 315 15 Salares, other compensation, employed transplant (A) lines 5-10) 599,475 1,737,594 16a Professional fundraising fees (Part IX, Column (A), line 11e) 1,855,936 b Total fundraising expenses (Part IX column (D) line 25) ▶ 439,766 1,115,127 17 Other expenses (Part IX column (A) lines 11a-11d 11f-24e) 999,183 519,781 18 Total expenses Add lines 13-17 (must equal Part IX column (A), line 25) -338,104 24,575 19 Revenue less expenses. Suptract line 18 from line 12 Beginning of Current Year End of Year 472,338 442,205 Ç 20 Total assets (Part X, line 16) 362,081 307,373 N 21 Total liabilities (Part X line 26) 110,257 134,832 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of peguny 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. Disclaration of preparer fother trips officer) is based on all information of which preparer has any knowledge Director Executive Sign Signature of officer Here Executive Director Type or print name and time Print/Type preparer's name Preparer s signature Paid Andra Zachow Salveggi Preparer Use Only Firm's name > Andra Zachow Salveggi, CPA Firm's address ➤ 3495 5th Avenue N , St Petersburg, FL 33 May the IRS discuss this return with the preparer shown above? (see

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2013)	<u>Healing Heroes</u>	s Network, Inc.	26-3714861	Page 2
Part III St	atement of Program	Service Accomplishments		
Cl	neck if Schedule O co	ntains a response or note to	any line in this Part III	X
	be the organization's missi			
HHN is	commited to he	ealing America's H	leroes by providing	financial
assistan	ce for qualit	y care to militar	y personnel injure	d in the line of
		anistan since 9/11		
2 Did the organ	nization undertake any signi	ficant program services during the	year which were not listed on the	
prior Form 99	90 or 990-EZ?			Yes X No
If "Yes," desc	onbe these new services on	Schedule O		
		or make significant changes in how	it conducts, any program	
services?	Ų.	5	, ,,,	Yes X No
If "Yes." desc	cribe these changes on Sch	nedule O		
	=		s three largest program services, as i	measured by
			ort the amount of grants and allocation	
		for each program service reported	or the amount of grants and anocate	nis to others,
the total expe	orises, and revenue, it any,	for each program service reported		
4a (Code) (Expenses \$	397,093 including grant	s of \$ 47,106) (i	Payanua ¢
charity, assistan duty in communic awarenes desperat professi and func brave we	committed to ce for quality ation, educates of the often conals willing from our bunded warrior	healing America' y care to militar anistan since Sept ion and community on untreated injur or services. With to provide a wid generous donors, is in receiving mu	s Heroes by provid y personnel injured	d in the line of hrough ives to bring ar and the ork of es and services, work aids these s. While the U.S.
		_	-	
4b (Code	<u></u>			
4b (Code) (Expenses \$	ınduding grant		Revenue \$)
4b (Code	<u></u>			
4b (Code	<u></u>			
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) (Expenses \$	including grant	s of \$) (f	Revenue \$
4c (Code 4d Other progra) (Expenses \$) (Expenses \$	including grant	s of \$) (f	Revenue \$
4c (Code) (Expenses \$) (Expenses \$	including grant	s of \$) (f	Revenue \$

Form 990 (2013) Healing Heroes Network, Inc. 26-3714861 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, X Part III 5 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 X 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 169 If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III

20a

20b

N/A

X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	1 990 (2013) Healing Heroes Network, Inc. 26-3714861			<u> P</u>	age 4
<u> </u>	art IV Checklist of Required Schedules (continued)				
			$\overline{}$	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		۱.,		x
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		<u>-^</u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		22	x	
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		122		
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					
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1.0		
·	to defease any tax-exempt bonds?	N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	24d		
25a		•			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
ь	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			i	
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If so, complete Schedule L, Part II		26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		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	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1		
	Schedule L, Part IV		28b		Х
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
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,		1		
	Part I		31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1		٠,,
	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,		1		
25-	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		 ^
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	N/A	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	11/22	330	 	
30	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		"	1	†
Ψ.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1		
	Part VI		37	1	x
				4	

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

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	990 (2013) Healing heroes Network, Inc. 26-3/14	90T	. <u> — — — — — — — — — — — — — — — — — </u>			age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	. ,				\Box
	Check if Schedule O contains a response or note to any line in this Part	<u>v</u>				للل
		1 1	4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4	-	'	
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authont	y	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
	account)?			4a		X
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	Accour	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?		N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed dunng the year	7d				_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	>	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					_
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?		N/A	8	1	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		L_
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A]		!
11	Section 501(c)(12) organizations. Enter		-			1
а	Gross income from members or shareholders	11a	N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b	N/A			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a	<u></u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	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	13b	N/A			
С	Enter the amount of reserves on hand	13c	N/A			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	-		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e 0	N/A	14b		
DAA				Fo	m 99	0 (2013)

Form	990 (2013) Healing Heroes Network, Inc. 26-3714861		P	age 6			
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a	"No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee insti	uction	าร			
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4						
	If there are material differences in voting rights among members of the governing body, or	7					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O	Ī					
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	7					
_	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	<u>├</u>					
supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1					
, a	one or more members of the governing body?	7a		x			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		-			
Ь	stockholders, or persons other than the governing body?	7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	10		_			
	The governing body?	8a	x	İ			
a	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	80		 			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x			
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue						
<u> </u>	tion B. Foncies (This Section B requests information about policies not required by the internal Revenue	Code.					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X			
b		Tua					
D	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? N/A	406					
44-	dimension of the 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	<u> </u>	 			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	v				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	 			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1	₹.				
40	describe in Schedule O how this was done	12c	X				
13	Did the organization have a written designed retention and destruction policy?	13	X	 			
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	-			
15	Did the process for determining compensation of the following persons include a review and approval by			1			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77				
a	The organization's CEO, Executive Director, or top management official	15a	X	32			
b	Other officers or key employees of the organization	15b		x			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		٠,,			
	with a taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
	Organization of exempt states with respect to east arrangements	16b	l	L			
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA states Cont'd on Scheduling and Cont'd on Scheduling	le O					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)						
	available for public inspection. Indicate how you made these available. Check all that apply						
_	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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						
Pa	alm_Harbor FL 34684 72	<u>7-78</u>	1-4	<u> 376</u>			

Form 990 (201	3) Healing								26-371			Page 7
Part VII	•	-	Dir	ect	ors,	Trı	uste	es,	Key Employees, Hi	ghest Compensated	Employees,	and
	Independent (s a	resi	oons	se c	or no	ote	to any line in this Par	t VII		
Section A.									t Compensated Employee			
1a Complete ti organization's t		ons required to b	e liste	ed F	Repoi	t cor	nper	satı	on for the calendar year en	ding with or within the		
	f the organization's of Enter -0- in columns								individuals or organizations aid	s), regardless of amount of	Ī	
	•	•	-		-				ons for definition of "key en	· · · · · ·		
who received r	organization's five cu eportable compensa nd any related orgar	tion (Box 5 of Fo	mper m V	isate /-2 a	a en nd/o	npioy r Box	rees k 7 d	(oth f Fo	er than an officer, director, rm 1099-MISC) of more that	an \$100,000 from the		
	f the organization's feportable compensate								compensated employees virganizations	who received more than		
organization, m List persons in	nore than \$10,000 o	f reportable comp individual truste	pensa es or	tion	from	the	orga	nıza	in the capacity as a former ation and any related organ trustees, officers, key emp	izations		
\Box	• •			lated	огда	anıza	tions	COI	mpensated any current offic	er, director, or trustee		
Na	(A) me and Title	(B) Average hours per week		(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		(list any hours for	- 1				r/trust		the organization	organizations (W-2/1099-MISC)	compensation from the	n
		related organizations	or dire	nstitutional	Officer	Key e	Highest a employee	Former	(W-2/1099-MISC)	,	organization and related	
		below dotted	Individual trustee or director	2		employee	88		,		organizations	3
			stee	trustee		8	compensated					
(1) Stace	y Spiegel		-	├		 	8	_				
(1) 5 6466	, ppreger	40.00										
	Director	0.00	X	_	X			ļ	115,263	0		0
(2) Allan	Spiegel,	0.00										
President	5	0.00	$ \mathbf{x} $		$ \mathbf{x} $	ŀ			0	o		0
(3) Sandr	a Milhoan											
Director		0.00	x						0	o		0
	Balzani,	MD	1		1	t						
_		0.00							_	_		_
Director	· · · · · · · · · · · · · · · · · · ·	0.00	X	-	\vdash	-	<u> </u>		0	0		0
(5)		ļ										
(6)			+	\vdash	\vdash						_	
						ļ						
(7)								_				
			_		ļ	ļ	_		·			
(8)												
(9)		 	1	\vdash	T	T	-	 				
		,										
(10)												
(11)		-	+	-	-	-	-	\vdash				
· ,												
DAA					۰	1	1	!		1	Form \$	90 (2013)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (D) (F) (E) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an related other week (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) hours for omanization from the Key Highest o Institutional (W-2/1099-MISC) organization related and related organizations employee below dotted organizations trustee trustee (12)(13)(14)(15)(16)(17)(18)(19)115,263 1b Sub-total ▶ Total from continuation sheets to Part VII, Section A C 115,263 Total (add lines 1b and 1c) 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 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated X employee on line 1a? If "Yes," complete Schedule J for such individual 3 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 X 4 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 Section B. Independent Contractors 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 (A) Name and business address Newport Creative Communications FR Consultant 748,742 Outreach Calling Advocacy & FR 405,922 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 Form 990 (2013) DAA

		(2013) Healing He		Net	work,	Inc.	26-3714861		Page
Pa	rt V	'III Statement of Rev Check if Schedule	<mark>enue</mark> O cor	ntains a	response	or note to any line	e in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
캶	1a	Federated campaigns	1a						
g ä	b	Membership dues	1b						
λ,ς Ar	С	Fundraising events	1c						
캶	d	Related organizations	1d						
š.ř.	е	Government grants (contributions)	1e						
e g	f	All other contributions, gifts, grants,							
좚		and similar amounts not included above	_1f		,542,408				
out	g	Noncash contributions included in lines 1	a-1f	\$	21,783				
Program Service Revenue Contributions, Gifts, Grants Program Service Amounts	<u>h</u>	Total. Add lines 1a-1f		-	<u> </u>	2,542,408			
Ē	2-				Busn. Code			•	
Re	2a b								
<u>8</u>	C								
ě	d								
E	e								
gra	f	All other program service reve	enue						
F	g	Total. Add lines 2a-2f			•				
	3	Investment income (including	dıvıder	nds, ınter	est,				
		and other similar amounts)			▶	373			373
	4	Income from investment of tax	x-exem	pt bond	proceeds 🕨				
	5	Royalties			•				
		(ı) Real		(11)	Personal				
	6a	Gross rents							
	b	Less rental exps							
	C	Rental inc or (loss)		_					
	d 7a	Net rental income or (loss) Gross amount from			ı) Othar				
		sales of assets (i) Secunties	•	, , , , , , , , , , , , , , , , , , ,	i) Other				
	h	Other than inventory Less cost or other		<u> </u>					
		basis & sales exps							
	С	Gain or (loss)							
		Net gain or (loss)			>	-			
0		Gross income from fundraising eve	ents						
nue		(not including \$							
eve		of contributions reported on line 1c	;)						
Other Revenu		See Part IV, line 18	а		1,575				
the	b	Less direct expenses	ь						
J		Net income or (loss) from fun-		events	>	1,575			
	9a	Gross income from gaming activities	es						
		See Part IV, line 19	а						
		Less direct expenses	b				1		
		Net income or (loss) from gar		tivities	•				
	τυа	Gross sales of inventory, less							
	L	returns and allowances	a b						
		Less cost of goods sold Net income or (loss) from sale	,	ventor	—				1
		Miscellaneous Revenue	so Oi III	ventory	Busn. Code			-	
	11a				1				
	b								
	c					- · · ·			
	_	All other revenue							

2,544,356

373

0

e Total. Add lines 11a-11d

12 Total revenue. See instructions

7b, 8b, 1 0 2 0 3 0 4 E	Check if Schedule O contains a response trinclude amounts reported on lines 6b, 9b, and 10b of Part VIII. 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 U.S. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees.	Total expenses 47,106	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
7b, 8b, 1 0 2 0 3 0 4 E	, 9b, and 10b of Part VIII. 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 U.S. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors,	Total expenses	Program service expenses	Management and	Fundraising
2 (1 3 (1 4 E	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 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	47,106	47,106		
2 (1 3 (1 4 E	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 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	47,106	47,106		
3 ((4 E	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors,		-:/255		
	Compensation of current officers, directors,				
5 (•				
	trustops and key employees				
6 (Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	115,263	69,158	32,273	13,832
•	persons described in section 4958(c)(3)(B)	159,434	05 660	44 640	10 120
8 F	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	159,434	95,660	44,642	19,132
9 (Other employee benefits				
	Payroll taxes	20,618	12,371	5,773	2,474
	Fees for services (non-employees)				
	Management Legal	8,335		8,335	
	Accounting	18,212		18,212	
	Lobbying				
	Professional fundraising services See Part IV, line 17 Investment management fees	1,737,594			1,737,594
_	Other (If line 11g amount exceeds 10% of line 25, column	0.4.6		0.4.6	
	(A) amount, list line 11g expenses on Schedule (O)	946 222,556	137,388	946 11,190	72 070
	Advertising and promotion Office expenses	89,322	7,205	73,191	73,978 8,926
	Information technology	12,889	10,956	1,933	0,320
	Royalties				
	Occupancy	34,656		34,656	
17	Travel	38,494	17,249	21,245	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	3,996		3,996	
20 l	Interest				
21 F	Payments to affiliates				
	Depreciation, depletion, and amortization	1,793		1,793	
24 (Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column	8,567		8,567	
	(A) amount, list line 24e expenses on Schedule O)				
b	ļ				
c	İ				
d					
е /	All other expenses				
	Total functional expenses Add lines 1 through 24e	2,519,781	397,093	266,752	1,855,936
f f	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

_	art)	(Balance Sheet	,	<u> </u>			rage 11
		Check if Schedule O contains a response or note	to any lin	e in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			390,107	1	342,985
	2	Savings and temporary cash investments			10,125	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,632	4	40,496
	5	Loans and other receivables from current and former of	ectors,				
	1	trustees, key employees, and highest compensated em					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	defined under section			-	
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and conti	nbuting employers and			
		sponsoring organizations of section 501(c)(9) voluntary	employee	es' beneficiary			
B		organizations (see instructions) Complete Part II of Sch	edule L			6	
Assets	7	Notes and loans receivable, net		<u>[</u>		7	
Ř	8	Inventones for sale or use			53,938	8	38,669
	9	Prepaid expenses and deferred charges			4,608	9	4,512
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	21,865			
	b	Less accumulated depreciation	10b	6,322	8,928	10c	15,543
	11	Investments—publicly traded securities		1		11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		<u> </u>		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)		472,338	16	442,205
	17	Accounts payable and accrued expenses		1	282,081	17	<u>287,373</u>
	18	Grants payable		1		18	
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability Complete Part IV o		T		21	
es	22	Loans and other payables to current and former officers		5,			
=	ŀ	trustees, key employees, highest compensated employe	es, and				
Liabilities	İ	disqualified persons Complete Part II of Schedule L		ļ	80,000	22	20,000
	i	Secured mortgages and notes payable to unrelated third	•			23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to		1			
		parties, and other liabilities not included on lines 17-24)	Complete	e Part X			
		of Schedule D		-	260 001	25	000 000
	26	Total liabilities. Add lines 17 through 25			362,081	26	307,373
s		Organizations that follow SFAS 117 (ASC 958), check	k here 🟲	X and			
ည		complete lines 27 through 29, and lines 33 and 34.			110 057		124 020
<u>a</u>	27	Unrestricted net assets		-	110,257	27	134,832
8	28	Temporarily restricted net assets		-		28	
Net Assets or Fund Balances	29	Permanently restricted net assets)\ abaa!:	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29	
or F	1	Organizations that do not follow SFAS 117 (ASC 958	у, спеск	here ▶ and			
ţŝ	20	complete lines 30 through 34.				_	
sse	ı	Capital stock or trust principal, or current funds	4.6	}		30	
Ä	31	Paid-in or capital surplus, or land, building, or equipmen		nda		31	
Š	l	Retained earnings, endowment, accumulated income, or	i otner fu	lius	110 257	32	124 020
	33	Total habilities and not assets/fund belonges		}	110,257 472,338	33	134,832
_	J-#	Total liabilities and net assets/fund balances			4 12,338	34	442,205

=orm	990 (2013) Healing Heroes Network, Inc. 26-3/14861				Pag	<u>je 12</u>		
Pa	rt XI Reconciliation of Net Assets		_	•				
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		2,54	14,3	356		
2	Total expenses (must equal Part IX, column (A), line 25)	2_		2,51	19,7	781		
3	Revenue less expenses Subtract line 2 from line 1	3		2	24,5	575		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		110,257				
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		13	34,8	332		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line 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							
С	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		ļ					
	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	N/A		3b				
				For	n 990	(2013)		

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.

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

2013

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Healing Heroes Network, Inc. Healing Heroes Network, Inc

Healing Heroes Network, Inc 26-3714861

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 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 c Type III-Functionally integrated b | Type II d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iu) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (III) Type of organization (a) EIN (vi) is the (i) Name of supported (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in anization in col support ∞l (i) of your (i) organized in the above or IRC section governing document? support? (see Instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	172,012	5,084,685	4,626,303	1,640,108	2,542,408	14,065,516
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	172,012	5,084,685	4,626,303	1,640,108	2,542,408	14,065,516
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						14,065,516
	tion B. Total Support						
Calen	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	172,012	5,084,685	4,626,303	1,640,108	2,542,408	14,065,516
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources					373	373
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				,		
11	Total support. Add lines 7 through 10						14,065,889
12	Gross receipts from related activities, etc	(see instructions)				12	1,575
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	urth, or fifth tax yea	ir as a section 501	I(c)(3)	
	organization, check this box and stop her						▶∐
Sec	tion C. Computation of Public S	• •					
14	Public support percentage for 2013 (line 6	, ,	-	n (f))		14	100.00%
15	Public support percentage from 2012 Sche			40 44 44 -		15_	%
16a	33 1/3% support test—2013. If the organ				33 1/3% or more, o	check this	⊾ ਦਾ
	box and stop here. The organization qual	•			5 io 22 1/20/ ac	oro	▶ 🗓
D	33 1/3% support test—2012. If the organ check this box and stop here. The organi				ວ 15 33 1/3% OF M	oie,	▶ □
17a	•	•		•	a or 16b and line	14 15	- U
110	10% or more, and if the organization mee	-					
	Part IV how the organization meets the "f				• •		
	organization						▶ 🗌
b	10%-facts-and-circumstances test—20	•					
	15 is 10% or more, and if the organization				-		
	Explain in Part IV how the organization m supported organization	eets the "facts-and	-cırcumstances" te	st The organization	n qualities as a pi	ublicly	▶ □
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b. che	eck this box and se	ee	
	instructions						<u> </u>

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.

	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		<u>.</u>					
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							
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)			<u>.</u>				
Sec	tion B. Total Support					<u>!</u>		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
9	Amounts from line 6							
I0a	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 carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the organization, check this box and stop here	J	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	_	▶ □
Sec	tion C. Computation of Public S		itage					
15	Public support percentage for 2013 (line 8	, column (f) divided	by line 13, colum	nn (f))		1	5	%
16	Public support percentage from 2012 Sche	edule A, Part III, Iır	ne 15	<u> </u>		1	6	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage			· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2013 (I			3, column (f))			7	%_
18	Investment income percentage from 2012						8	<u>%</u>
19a	33 1/3% support tests—2013. If the orga							. □
b	17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
_	line 18 is not more than 33 1/3%, check th							►□
20	Private foundation. If the organization did	•	-	•		•		

Schedule A (Form 990 or 990-EZ) 2013 Healing Heroes Network, Inc. 26-3714861 Page Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and

Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 6 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate water and other accounts with the organization answered "Yes" to Form 990, Part IV, Inne 7 5 Did the organization officer of the organization sets sets beld in stoner advised funds are the organization from all denors and donor advisors in writing that grant funds can be used only for charactible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring unpermastible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring unpermastible unputs as and not for the benefit of the donor or donor advisor, or for any other purpose conferring unpermastible unputs as and not for the benefit of the donor or donor advisor, or for any other purpose conferring unpermastible unputs as and organization or donor advisor, or for any other purpose conferring unpermastible unputs benefit? Preservation of land for pother, use (e.g., recreation or education) Preservation of an historically important land area Preservation of the form place 2 Complete in the organization character (e.g. acceptation of the form place 2 Complete in the last day of the tax year 2 Complete in the last day of the tax year 2 Complete in the last day of the tax year 2 Complete in the last day of the tax year 3 Complete in the last day of the tax year 3 Complete in the last day of the tax year 3 Complete in the last day of the tax year 3 Complete in the last day of the tax year 4 Complete in the last day of the tax year 3 Complete in the last day of the tax year 3 Complete in the last day of the tax year 4 Complete in the last day of the tax year 4 Complete in the last day of the tax year 4 Complete in the last day of the tax year 4 Complete in the last day of the tax year 4 Complete in		Name of the organization	e of the organization Employer identification number								
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4. Number of states where property subject to conservation easement is located ▶ 5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ 8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 9. 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 footinote 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 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, in Part XIII, the text of the footnote to its financial statements that describes these items b. \$ 1. Revenues included in Form 990		d Number of conservation easements included in ((c) acquired after 8/17/06, and not on a	-							
tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(8) (i) and section 170(h)(4)(B)(ii)? 9 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 financial statements that describes the organizations organization 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, in Form 990, Part XII, line 1 1 the organization elected in Form 990, Part XII, line 1 2 if the organization elected in Form 990, Part XIII, line 1 3 if the organization reported of held works of art, historical treasures,		historic structure listed in the National Register									
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following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1			historical treasures, or other similar assets for finan-	* *							
a Revenues included in Form 990, Part VIII, line 1		-		and garry provide the							
		·		▶ \$							
		b Assets included in Form 990, Part X		▶ \$							

Schedule D (Form 990) 2013 Healing	Heroes	Network	, Inc.		26-37148	61	Page 2	
Part III Organizations Maintair	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (
Using the organization's acquisition, according collection items (check all that apply)	ession, and othe	r records, check	any of the fo	llowing that are	a significant use	e of its		
a Public exhibition		d Loan o	r exchange pro	ograms				
b Scholarly research		e Other	σ.	ŭ				
c Preservation for future generations								
4 Provide a description of the organization	's collections an	d explain how th	ney further the	organization's	exempt purpose	ın Part		
XIII		•	•	J				
5 During the year, did the organization sol	icit or receive do	onations of art, h	istorical treasi	ures, or other s	ımılar			
assets to be sold to raise funds rather th							Yes No	
Part IV Escrow and Custodial								
Complete if the organiza			orm 990, Pa	art IV, line 9	, or reported	an amount	on Form	
990, Part X, line 21					•			
1a Is the organization an agent, trustee, cu	stodian or other	intermediary for	contributions	or other assets	not			
included on Form 990, Part X?		-					Yes No	
b If "Yes," explain the arrangement in Part	XIII and comple	ete the following	table					
							Amount	
c Beginning balance						1c		
d Additions during the year						1d		
e Distributions during the year						1e		
f Ending balance						1f		
2a Did the organization include an amount of	on Form 990, Pa	art X, line 21?					Yes No	
b If "Yes," explain the arrangement in Part	XIII Check here	e if the explanati	on has been p	provided in Part	XIII			
Part V Endowment Funds.								
Complete if the organiza	ation answere	ed "Yes" to Fe	orm 990, Pa	art IV, line 1	0			
	(a) Current		(b) Pnor year	(c) Two years		ree years back	(e) Four years back	
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships					-		1	
e Other expenditures for facilities and								
programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the	current year en	d balance (line 1	g. column (a))	held as			•	
a Board designated or quasi-endowment		%	3, (-,,					
b Permanent endowment ▶	%							
c Temporarily restricted endowment ▶	%							
The percentages in lines 2a, 2b, and 2c		0%						
3a Are there endowment funds not in the p			at are held and	d administered	for the			
organization by		· ·					Yes No	
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If "Yes" to 3a(ii), are the related organiza	ations listed as re	equired on Sche	dule R?				3b	
4 Describe in Part XIII the intended uses		· ·						
Part VI Land, Buildings, and I			· <u>-</u> .					
Complete if the organiza		ed "Yes" to Fo	orm 990, Pa	art IV, line 1	1a See Form	n 990, Part	X, line 10	
Description of property		st or other basis		other basis	(c) Accumulate		(d) Book value	
		nvestment)	(oth	ner)	depreciation			
1a Land							·-	
b Buildings								
c Leasehold improvements				- 1				
d Equipment				21,865	6	,322	15,543	
e Other								
Total. Add lines 1a through 1e (Column (d) m	nust equal Form	990, Part X, col	umn (B), line 1	10(c))		>	15,543	

Schedule D (F	Form 990) 2013 Healing Heroes Netwo	rk, Inc.	26-3714861	Page 3
Part VII	Investments—Other Securities.			-
	Complete if the organization answered "Yes" to	Form 990, Part IV, II	ne 11b. See Form 990, Part)	(, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuatio	
	(including name of security)		Cost or end-of-year market	value
(1) Financial				
•	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)		·	-	
(E)			 	
(F)				
(G)				-
(H)	on (h) must equal Form 000. Bort V. col. (P) line 12.)			
Part VIII	in (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		<u> </u>	
rait viii	Complete if the organization answered "Yes" to	Form 990 Part IV II	ne 11c See Form 990 Part X	Line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of Amostronic	(b) book value	Cost or end-of-year market	
(1)			 	
(1)				
(3)			-	
(4)				<u>-</u> -
(5)				 ··
(6)				
(7)			1	
(8)				
(9)				
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, II	ne 11d See Form 990, Part >	(<u>, line 15.</u>
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		. .		
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)	nn (b) must equal Form 990, Part X, col (B) line 15)	·	>	
Part X	Other Liabilities.			
r ait A	Complete if the organization answered "Yes" to	Form 990. Part IV. I	ne 11e or 11f. See Form 990	Part X.
	line 25			, ,
1.	(a) Description of liability	(b) Book value		· -
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)			╛	
(7)				
(8)			_	
(0)		1	1	

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Sche	dule D (Form 990) 2013 Healing Heroes Network, In	c.	26-371486	L	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements Wi	th Revenue per Re	eturn.	
	Complete if the organization answered "Yes" to Form 99	90, Part IV, I	ine 12a		
1	Total revenue, gains, and other support per audited financial statements		,	1	2,696,884
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	152,528		
С	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	<u>152,528</u>
3	Subtract line 2e from line 1			3	2,544,356
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			
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	2,544,356
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements V	ith Expenses per	Returi	١,
	Complete if the organization answered "Yes" to Form 99	90, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements			1	2,672,309
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	152,528		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d		ł	
8	Add lines 2a through 2d			2e	152,528
3	Subtract line 2e from line 1	. ,		3	2,519,781
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1	
C	Add lines 4a and 4b		ļ	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18.)			5	2 510 701

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

^{2,} Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2013 Healing Heroes Network, Inc.

Part XIII Supplemental Information (continued)

26-3714861

Page 5

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

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ

Open to Public

nternal Revenue Service		► lı	nformation about Sch	edule G	(Form 990 or 9	90-EZ)	and its	instructions is at www.irs.go	v/form990	Inspection
lame of the organization	Healing	j H∈	roes Net	wor	k, Inc				Employer identificati	on number
	Healing	I He	roes Net	wor	k, Inc	!			26-37148	61
			s. Complete if not required					red "Yes" to Form	990, Part IV, line	17
								Check all that apply		
a X Mail solicitation	-		•	e 🗌				ernment grants		
b X Internet and	email solicitatio	ons		f 🔲	Solicitation	of go	vernm	nent grants		
c X Phone solicit	ations			g X	Special fun	draisir	ng ev	ents		
d In-person so	licitations									
or key employees	s listed in Form en highest paid	n 990, i Lindivid	Part VII) or entity Iuals or entities (f	in cor	nection with	profe	ssiona	fficers, directors, trustee al fundraising services? ments under which the		X Yes No
	me and address of in or entity (fundraiser				(II) Activity	(iii) Did raiser custo contr contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Newport Cre	ative Com	mun	cations			Yes	No			
1 33 Raılroad	Avenue			. _	_ ,			200 000	740 700	150 450
Duxbury	11	MA	02332-3807	FR	Counsel	1	Х	902,232	748,782	153,450
Outreach Ca. 2 200 S Virgin	_	h Fl	oor	1						
Reno	50 00		89501	Ad	vocacy		х	451,024	405,922	45,102
3										
4										
5										
6	_									-
7				ļ						
8										
9										
10										
Total						•	$\overline{}$	1 353 256	1 154 704	198 552

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

Alaska, Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, 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, Texas, Utah, Virginia, Washington, Wisconsin, West Virginia

DAA

Sch	edule G (Form 990 or 990-EZ)	2013 Healing	Heroes Network,	_Inc. 26	5-3714861 Page 2
P	art II Fundraising E	Events. Complete if the	organization answered "	'Yes" to Form 990, Part I	√, line 18, or reported
				s income on Form 990-E	Z, lines 1 and 6b List
	events with gro	oss receipts greater tha		<u> </u>	
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					(add col (a) through
		(event type)	(event type)	(total number)	col (c))
nge					
Revenue	1 Gross receipts				
Ľ					
	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
w				:	
use	6 Rent/facility costs				
Expenses	7 Food and beverages				
Direct F					
٥	8 Entertainment				
	9 Other direct expenses				
	9 Other direct expenses				···· -
	10 Direct expense summary	Add lines 4 through 9 in colu	umn (d)		•
	11 Net income summary Su	btract line 10 from line 3, col	umn (d)		•
P	art III Gaming. Com	plete if the organization	answered "Yes" to Forn	n 990, Part IV, line 19, or	reported more N/A
	than \$15,000 C	on Form 990-EZ, line 6	(b) Pull tabs/instant		(d) Total gaming (add
nue		(a) Bingo	bingo/progressive bing	(c) Other gaming	col (a) through col (c))
Revenue					
	1 Gross revenue				
	2 Cook arres				
ses	2 Cash pnzes			-	
Expenses	3 Noncash prizes				
	,				
Direct	4 Rent/facility costs				
_					
	5 Other direct expenses	Yes	% Yes	% Yes	%
	6 Volunteer labor	I ⊢ No	" H No	″ ⊢ No	"
	7 Direct expense summary	Add lines 2 through 5 in col	umn (d)		•
	9 Not goming income cump	mary Subtract line 7 from line	a 1 column (d)		
_	6 Net gaming moone sum	nary Subtract line 7 hour line	e 1, column (d)		
9	Enter the state(s) in which the	e organization operates gami	ing activities		
а			=		Yes No
b	If "No," explain				
10-	Were any of the organization	's gaming licenses revoked s	suspended or terminated during	the tax year?	Yes No
	o If "Yes," explain	s garring nocrises revoked, s	suspended of terminated during	y the tax year.	[] 163 [] MC
	· •				

Schedule G (Form 990 or 990-EZ) 2013

Sche	dule G (Form 990 or 990-EZ) 2013	Healing	Heroes	Network,	Inc.	26-37148	61 Pag	e 3
11	Does the organization operate gaming	activities with no	nmembers?				Yes	No
12	Is the organization a grantor, beneficiar	-	rust or a mem	ber of a partnership	p or other entity	N/A	Г. Г	1
40	formed to administer charitable gaming					1	Yes L	No
13 a	Indicate the percentage of gaming active The organization's facility	vity operated in				13	.a	%
b	An outside facility					13		%
14	Enter the name and address of the per	rson who prepare	s the organiza	tion's gaming/spec	ial events books ar			
	records							
	Name ▶							
	Address ▶							
15a	Does the organization have a contract revenue?	with a third party	from whom the	e organization rece	eives gaming		☐ Yes ☐	No
b	If "Yes," enter the amount of gaming re	venue received b	y the organiza	tion ▶ \$		and the		•
	amount of gaming revenue retained by	the third party ▶	\$					
С	If "Yes," enter name and address of the	e third party						
	Name ▶							
	Address ▶							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Em	ployee	Independ	ent contractor				
17	Mandatory distributions							
а	Is the organization required under state	e law to make cha	antable distribu	itions from the gam	ning proceeds to			
	retain the state gaming license?						Yes	No
b	Enter the amount of distributions require				pt organizations or	ſ		
Par	t IV Supplemental Informa Part III, lines 9, 9b, 10b	ition. Provide , 15b, 15c, 16	the explana, and 17b, a	ations required	by Part I, line 2	2b, columns (iii) and	j (v), and any	_
	additional information (see instruction	ns)					

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

Healing Heroes Network, Inc.

ZU13Open to Public

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Healing Heroes N	etwork, Inc						26-3714861	
Part I General Information on Grants	and Assistance							
Does the organization maintain records to substantiathe selection criteria used to award the grants or as: Describe in Part IV the organization's procedures for	sistance?			eligibility for the gran	ts or assistance, ar	nd	Yes	X No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient	Governments an	d Organ	izations in the U	Inited States. Co e duplicated if ad	mplete if the or	ganization ai s needed.	nswered "Yes" to Fo	rm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	• • • • • •	-
(1)								
(2)								•
(3)								_
(4)								
(5)			,					
(6)								
(7)								
(8)								
(9)								
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the 		ın the line	1 table		1		>	

26-3714861

Schedule I (Form 990) (2013) Healing Heroes Network, Inc. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 Medical Services	Топрить	47,106		,,,		
2						
_3						
4						
5						
6						
7		<u> </u>				

4390AMENDED 01/24/2015 10 51 AM

SCHEDULE L

(Form 990 or 990-EZ) Department of the Treasury

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service Inspection Employer identification number Name of the organization Healing Heroes Network, Inc. 26-3714861 Healing Heroes Network, Inc Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? (a) Name of disqualified person (c) Description of transaction 1 organization Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (i) Written (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to (e) Onginal (f) Balance due (g) In default? (h) Approved with organization loan or from the principal amount by board or agreement? org? committee? Yes No Yes No Yes No To From Director/Officer Allan M Spiegel X X X X 100,000 20,000 Purchase Vehicle for Giveaway (1) (2) (3) (4) (5) (8) (9) (10)▶ \$ 20,000 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (b) Relationship between interested (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Part IV	Business Transactions Involving	Interested Persons.	20- 20 22		Page 2
	Complete if the organization answered "Yes (a) Name of interested person	on Form 990, Part IV, line 2 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shanng of org revenues?
(1)					1.03 1.0
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(7) (8) (9) (10)			ļ		
(10) Part V		<u>L</u>		<u> </u>	
	Supplemental Information Provide additional information for responses	to questions on Schedule L	(see instructions)		
					
					· .
					-
					-
					
	 				

SCHEDULE O (Form 990 or 990-EZ) 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.

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Healing Heroes Network, Inc. Healing Heroes Network, Inc

26-3714861

Amended Return Explanation

The original tax return is being amended as follows:

990, Part IV, Line 11e is checked yes, on the original return. Part IV, Line 11e is checked "no" on this amended return. The original amount of \$11,668 is now included in Accounts Payable and Accrued Expenses on the balance sheet at Part X, Line 17.

Joint costs were incorrectly reported in 990 Part IX Line 26 on the original return. The financials were updated to exclude Joint Cost Allocation. Therefore, Part IX, Line 26 is now zero and the box checking the use of SOP 98-2 is now unchecked.

Investment income totaling \$373 was originally reported on 990 Part VIII, Line 3, and is now reported on 990 line 3 column D in Part VIII.

990 Part VIII line 8 incorrectly reported \$1,575 of fundraising event revenues. This amount has been corrected reported on 990, Part VIII, Line 1f.

On the original return, 990 Part IV question 26 was incorrectly marked "no" On the amended return 990, Part IV question 26 is marked yes and Schedule L, Part II has been completed to properly reflect the amount due to a disqualified person/director/officer in the amount of \$20,000 for 2013 and \$80,000 in 2012.

Schedule M Line 25 has been changed from \$35,952 to reflect the removal of gift cards as a noncash contribution. Schedule M, Line 26 in the amount of \$21,781 has been removed to reflect that the organization did not receive noncash contributions in excess of \$25,000. Shedule M has been removed.

Amounts on Form 990, Part IX, Line 11e has been changed from \$421,289 to \$1,737,594 to properly reflect fundraising expenses that were inadvertently reported on 990, Part IX, Line 26.

Grants for medical services and rehab devices in the amount of \$47,106 were incorrectly reported on 990, Part IX, Line 24 and are now correctly reported on 990, Part IX, Line 2a and 2b.

Contract services in the amount of \$1,316,305 were incorrectly reported on 990, Part IX, line 24 and are now correctly reported 990, Part IX, Line 11e.

Schedule O related party description has been changed from Husband/Wife to "familial relationship on board."

990, Part VI, Section C, Line 18 is marked that the Form 990 is provided on "another's website" on the original return. 990, Part VI,
Section C, Line 18 has been changed and the "own website" has been checked.

Form 990, Part III, Line 4a - First Accomplishment injured military, the scope of covered services can be limited, delayed or

Employer identification number

Healing Heroes Network, Inc.

26-3714861

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

ExecDirector

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

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

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

Name of the organization

Healing Heroes Network, Inc.

Employer identification number 26-3714861

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 Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, 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, Texas, Utah, Virginia, Washington, Wisconsin, West Virginia

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)

	ment of the Treasury Il Revenue Service	(99)	➤ See se	eparate instructions	s.	► Attach	to voi	ır tax retii	m.		Attachment Sequence No	179
	s) shown on return			Network,	Inc.	PAttacii	to you	ii tax ietu		ng numi		
	-, -, -, -, -, -, -, -, -, -, -, -, -, -	_		Network,	Inc					3714		
Busine	ess or activity to which th									-		
I	ndirect D	Depreciati	.on									
Pa	ırt I Elect	ion To Expens	se Certain I	Property Under	Section	179						
	Note:	: If you have a	ny listed pro	perty, complete	Part V b	efore you	comp	olete Par	t I.			
1	Maximum amour	nt (see instructions)							1	<u>500</u>	,000
2				æ (see instructions)						2		
3				uction in limitation (s		tions)				3	2,000	,000
4				If zero or less, ente						4		
5_	Dollar limitation for t	tax year Subtract line (a) Description		zero or less, enter -0-		ng separately, s			Elected cost	5		
_6		(a) Description	or property		(5) 00	ot (business use	Only)	(6)	Liected Cost			
		 			1							
7	Listed property F	Enter the amount for	rom line 29	· · · · · · · · ·			7					
8				nounts in column (c)	, lines 6 ar	nd 7				8	-	
9		on Enter the sma			,					9		
10	Carryover of disa	Illowed deduction f	rom line 13 of	your 2012 Form 456	52					10		
11	Business income	limitation Enter th	ne smaller of bu	usiness income (not	less than	zero) or line	5 (see	instruction	ns)	11		·
12	Section 179 expe	ense deduction Ad	d lines 9 and 1	0, but do not enter	more than	line 11				12		
13				es 9 and 10, less lir		<u> </u>	13					
				erty Instead, use Pa			<u></u>				<u> </u>	
				ce and Other D				clude lis	ted prop	erty)	(See instructi	ons)
14	•		-	rty (other than listed	property)	placed in ser	vice					
15	•	ear (see instructions to section 168(f)(1	•							14 15		
16		on (including ACRS	•							16	<u>-</u>	,509
				ınclude listed pi	roperty.)	(See instr	uction	ns)				/005
			(ection A	1		,				
17	MACRS deduction	ons for assets place	ed in service in	tax years beginning	before 20)13				17		0
18	If you are electing to g	roup any assets placed	in service during the	tax year into one or more	general asset	accounts, check	here		▶ □			
		Section B—As	ssets Placed in	n Service During 20	013 Tax Y	ear Using th	e Gen	eral Depr	eciation S	ystem	· 	'
	(a) Classification	of property	(b) Month and you placed in service	ear (c) Basis for d (business/inves only-see ins	tment use	(d) Recovery penod	(e) (Convention	(f) Metho	od	(g) Depreciation de	eduction
19a	3-year property					ļ						
b	5-year property					ļ <u> </u>	<u> </u>					
<u>C</u>	7-year property								ļ			
<u>d</u>												
<u>e</u>						1			 			
_ <u>f</u>	20-year property					25 450	 		S/L			
<u>g</u>	25-year property Residential renta					25 yrs 27 5 yrs	 	MM	S/L			
	property	"				27 5 yrs		MM	S/L			
ī	Nonresidential re	eal				39 yrs		MM	S/L		•	
	property							ММ	S/L			
		Section C—Ass	ets Placed in	Service During 201	3 Tax Yea	ar Using the	Alteri	ative Dep	reciation	Systen	n_	
20a	Class life								S/L			
b	12-year					12 yrs	<u> </u>		S/L			
	40-year					40 yrs	<u> </u>	ММ	S/L			_
_P		mary (See ins								, ,		
21		Enter amount from								21		
22			-	17, lines 19 and 20				nter here		_	4	E ^ ^
22	• •			erships and S corpo			<u> </u>			22		<u>,509</u>
23		n above and place isis attributable to :		inng the current year osts	i, eriler ine	i	23					
	POLICE OF RIC DA											