Form 990-E7

Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

2012

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning , 2012, and ending Check if applicable: C D Employer identification number Address change The Warrior Meditation Foundation, Inc. 45-5571507 Name chance E Telephone number PO Box 2416 Initial return Malibu, CA 90265 Terminated (310) 662-3038 Amended return Group Exemption Application pending Number . X Cash Other (specify) Accounting Method: Accrual H Check ► X if the organization is not Website: ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Tax-exempt status (check only one) -X 501(c)(3) 501(c) () <(insert no.) 4947(a)(1) or 527 Check ► |X| if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 12,764. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part !) Check If the organization used Schedule O to respond to any question in this Part I 12.764 Program service revenue including government fees and contracts 2 3 Investment income Δ 5 a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on tine 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b c Less: direct expenses from gaming and fundraising events... 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 a Gross sales of inventory, less returns and allowances.... 7 a b Less: cost of goods sold..... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)...... 7 c Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 12,764 Grants and similar amounts paid (list in Schedule Q). 10 16 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits..... 12 Professional fees and other payments to independent contractors 1.579. 13 Occupancy, rent, utilities, and maintenance 14 7,000. Printing, publications, postage, and shipping 15 160. Other expenses (describe in Schedule O). See Schedule O 16 56.272. Total expenses. Add lines 10 through 16... 17 65.011. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -52,247. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 0. 20 Other changes in net assets or fund balances (explain in Schedule O). 20

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20.

Form 990-EZ (2012)

-52,247.

21

Form	n 990-EZ (2012) The Warrior Med	itation Foundation	, Inc.	45	-557	1507 Page 2
Par	Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	estion in this Part II			X
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments				22	1,042.
23	Land and buildings				23	
24	Other assets (describe in Schedule O) .				24	
25	Total assets			0	. 25	1,042.
26	Total liabilities (describe in Schedule O)	See Schedule	e 0	0	. 26	53,289.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	0	. 27	-52,247.
	t III Statement of Program Service Ac Check if the organization used Sc	hedule O to respond to any o	trs for Part III.) question in this Part III.	X	(Regi	Expenses uired for section 501
Desc meas bene	s the organization's primary exempt purpose? Sec ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e Schedule 0 ecomplishments for each of e manner, describe the service each program title.	its three largest prograr ces provided, the numb	n services, as er of persons	organ 4947	and 501(c)(4) nizations and section (a)(1) trusts; optional hers.)
28	See Schedule 0					
	(Grants \$) If th	is amount includes foreign g	rants, check here	eee.	28 a	
29]		
				}		
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30						
				1	İ	
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	edule O)			\neg	
	(Grants \$) If th	is amount includes foreign g	rants, check here		31 a	
32	Total program service expenses (add lin	nes 28a through 31a)	or correct de corrección	5111115111111111111111111	32	
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees. List each one evi	en if not compensated.	(see the	instructions for Part IV.)
	Check if the organization used Sc	hedule O to respond to any o		The state of the s	-	AUG 000000 HASAF
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (I) not paid, enter -0-)	(d) Health benefit: contributions to employ benefit plans, and defi compensation	s, oyee erred	(e) Estimated amount of other compensation
Ron	ald S Clark	1818				
Pre	sident	[~ ~~\\(\)\\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\	0.		0.	0.
Joh	n Bohlinger	11 13/1/2/1		Ì		
Sec	retary	\\	0.		0.	0.
Tin	Agajanian	-				
	rd Member	0	l o.		0.	0.
Cal	eb Casey Affleck					
Boa	rd Member	l o	0.		0.1	0.
				117		
					ļ	
						-

orm	990-EZ	(2012)	The	Warrior	Meditation	Foundation.	Inc.

4.00	-	-	-		-	-
45	_ 5	۰,	1	15	ıD	1

Page 3

the instructions for Part V) Check if the organization used Schedule		edule	0	X
33 Did the organization engage in any activity not previously reported to the			Yes	No
provide a detailed description of each activity in Schedule O.		33		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a change to the organization's name. Otherwise, explain the change on Schedule O (see instru		ect 34		Х
35 a Did the organization have unrelated business gross income of \$1,000 or more				
	I to the Languista and application in Colonida.	35 a		<u>X</u>
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year's c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization.		0 35b	\vdash	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization reporting, and proxy tax requirements during the year? If 'Yes,' complete		35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable particles and the property of the property	arts of Schedule N.	36		X
37a Enter amount of political expenditures, direct or indirect, as described in	the instructions. > 37a	0.		
b Did the organization file Form 1120-POL for this year?	ctor, trustae, or key employee or were	37b		X
38 a Did the organization borrow from, or make any loans to, any officer, dire any such loans made in a prior year and still outstanding at the end of the bild 'Yes,' complete Schedule L. Part II and enter the total	ne tax year covered by this return?	38 a	х	Terrespond
amount involved	жини 38 ь 51,39	9.		
39 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on line 9		/A		
b Gross receipts, included on line 9, for public use of club facilities		/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the org	- -			
section 4911 ► 0 ; section 4912 ►	0. ; section 4955 ► 0			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization enga transaction during the year or did it engage in an excess benefit transaction in	ge in any section 4958 excess benefit a prior year that has not been reported	Incharge.	(C. C. C	101010
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, I	Part I	. 40 b		Х
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax impo managers or disqualified persons during the year under sections 4912, 4	sed on organization	10.3	100	
		0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line by the organization		0.		
e All organizations. At any time during the tax year, was the organization a				
shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
41 List the states with which a copy of this return is filed None				
42 a The organization's				
books are in care of Maguire and Hart Located at 28351 Agoura Road Agoura Hills CA	Telephone no. ► <u>818</u> ZIP + 4 ► 913		670	
b At any time during the calendar year, did the organization have an interest in a	or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities	account, or other financial account)?	ⓐ 42b		Х
If 'Yes,' enter the name of the foreign country."		_	199	
See the instructions for executions and filling requirements for Form TD F 00-22.1. Persent of	Fernier Park and Cinemial Account	1.00		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of c At any time during the calendar year, did the organization maintain an oil	20 T (8)	42c		Х
If 'Yes,' enter the name of the foreign country.	mee datable of the old.	420		
The state of the foliagh country.		_		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu	of Form 1041 - Check here		- П	N/A
and enter the amount of tax-exempt interest received or accrued during			-	N/A
•			Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes				
of Form 200 F7	s,' Form 990 must be completed instead	44		
of Form 990-EZ		44 a		Х
of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If instead of Form 990-EZ.		44a		
of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	'Yes,' Form 990 must be completed	44b 44c		X X
of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	'Yes,' Form 990 must be completed	44b 44c		X
of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services duding the difference of the services of	'Yes,' Form 990 must be completed uring the year? payments?	44 b 44 c		X
of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services dud if 'Yes' to line 44c, has the organization filed a Form 720 to report these if 'No,' provide an explanation in Schedule O. 45 a Did the organization have a controlled entity of the organization within the	'Yes,' Form 990 must be completed uring the year? payments? e meaning of section 512(b)(13)?	44 b 44 c 44 d 45 a		X
of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services duding the did of the total of	'Yes,' Form 990 must be completed uring the year? payments? e meaning of section 512(b)(13)?	44 b 44 c 44 d 45 a		X

Form 99	90-EZ (2012) The Warrior Meditat	tion Foundation	n, Inc.		45-5571	.507	Р	age 4
ac Di	d the energy (in the energy discrete, as in discrete.	-M. :NA:1					Yes	No
46 Di	d the organization engage, directly or indire indidates for public office? If 'Yes,' complete	ctiy, in political campa e Schedule C, Part I. I.	ligh activities on b	enair or or in o	pposition to	46		Х
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ons must answer o	questions 47-49	9b and 52, a	nd complete t	he table		
	Check if the organization used Schedu	le O to respond to any	question in this P	art VI.				
47 Die	d the organization engage in lobbying activities mplete Schedule C, Part II	or have a section 501(h	n) election in effect	during the tax y	ear? If 'Yes,'	. 47	Yes	No X
	the organization a school as described in s							Х
49 a Di	d the organization make any transfers to an	exempt non-charitable	e related organiza	ition?		/ 49 a		Х
50 Co	Yes,' was the related organization a section in the properties of the organization's five high uployees) who each received more than \$100,0	hest compensated empl	oyees (other than o	fficers, directors	, trustees and key			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compe (Forms W 2/1099 N	ensation contribut VISC) benefit pl	ealth benefits, lions to employee ans, and deferred mpensation	(e) Estimated other comp	d amoun pensatio	nt of
None								
				5	П			
51 Co	tal number of other employees paid over \$ implete this table for the organization's five hig impensation from the organization. If there	hest compensated indep	pendent contractors	107	ved more than \$10	0,000 of		
	a) Name and address of each independent contractor paid			(b) Type of service	1	(c) Comp	ensation	ni.
None			-					
			-					
			-					
52 Die	ital number of other independent contractors d the organization complete Schedule A? N aritable trusts must attach a completed Sch	ote: All section 501(c)			nonexempt -	► X Yes		Пио
Under pena	alties of perjury, I declare that I have examined this return, ct, and complete. Declaration of preparer (other than office	, including accompanying sche	edules and statements, a of which preparer has a	and to the best of m	y knowledge and belief			
Sign	Signature of officer	· · · ·		Date				
Here	John Bohlinger Type or print name and title.			Secre	tary			
	Print/Type preparer's name	Preparer's signature	Date		Check if PTif	4		
Paid	Vincent Maguire, EA	Vincent Magui	re, EA		self-employed P0	016527	7	
Prepare Use Onl		GP			Eine EIN P	6_1242	220	
OSE OUI	y Firm's address ► PO BOX 973 AGOURA HILLS, C	A 91376-0973	<u>-</u>		Phone no. (818	16-1242) 865-1)
Mav the	IRS discuss this return with the preparer sl		ructions		/010	<u>/ X</u> Yes	$\overline{}$	No
,						Form 990		_

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 2012

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name of the organization Employer Identification number The Warrior Meditation Foundation, Inc. 45-5571507 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 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). 9 (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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type I Type II d | Type III — Non-functionally integrated C 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 is a Type I, Type II or Type (II) supporting organization, check this box... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No 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? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization in column (i) listed in (II) EIN (v) Did you notify the organization in (vii) Amount of monetary (vi) is the organization in support column (i) of your support? column (i) your governing document? organized in the Yes Yes No No Yes No (A) (B) (C) (D) (E)

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

Page 2

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning 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.').					12,764.	12,764.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	12,764.	12,764.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						12,764.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	12,764.	12,764.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			7 E	,019y		0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	1	1000°				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	// @.	D = I				0.
11	Total support. Add lines 7 through 10						12,764.
12	Gross receipts from related activ	ities, etc (see ins	tructions).			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	tax year as a section	n 501(c)(3)	► X
Sec	tion C. Computation of Pul	olic Support P	ercentage		•••		
	Public support percentage for 20						%
15	Public support percentage from 2	2011 Schedule A.	Part II, line 14			15	%
16 a	33-1/3% support test $-$ 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported or	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	check this box
b	33-1/3% support test — 2011. If t and stop here. The organization	he organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts'	st – 2012. If the one meets the facts and circumstance	organization did n and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is e. Explain in Part ported organizatio	IV how
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	meets the 'facts-a I-circumstances' i	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ▶
	Private foundation. If the organiz	tation did not che	ck a box on line 1	13, 16a, 16b, 17a,	, or 17b, check th	s box and see ins	tructions
RAA					0.1		

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

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

Sec	tion A. Public Support						
Calen 1	dar year (or fiscal yr beginning in) ► Gifts, grants, contributions and membership fees received. (Do not include	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	any 'unusual grants.'). 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.						
	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 5 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.				Wien		
	Public support (Subtract line 7c from line 6.)			- ((, (O) (P v		
Sec	tion B. Total Support						
	mon by rotal outplots			~1 / / / / / / /			
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calen		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2008	(b) 2009 \\ - 0 \(\chi \)	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2008	(b) 2009 \\ \[\tag{\tag{\tag{\tag{\tag{\tag{\tag{	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calend 9 10 a 6	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2008	(b) 2009 \\ \[\tag{\tag{\tag{\tag{\tag{\tag{\tag{	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calen 9 10 a b c 11	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Add income from unrelated business activities not included in line 10b, 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	(a) 2008	(b) 2009 \\ \[\tau \tau \tau \tau \tau \tau \tau \tau	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calen 9 10 a b c 11	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.)		7.3/2 7.3/2				
Calend 9 10 a b c 11 12 13 14	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizastop here	ation's first, secon				
Calend 9 10 a b c 11 12 13 14 Sec	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizatop hereblic Support P	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(
Calent 9 10 a 10 a b 11 12 13 14 Sec 15	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizes stop here. blic Support P	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Calenting 9 10 a b 11 12 13 14 Sec 15 16	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizatop here blic Support P 12 (line 8, colum 2011 Schedule A,	ation's first, secon Percentage n (f) divided by lir, Part III, line 15.	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
Calenting 9 10 a b 11 12 13 14 Sec 15 16	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizes top here. blic Support Polic (line 8, column 2011 Schedule A, restment Incor	ation's first, secon Percentage In (f) divided by lir Part III, line 15. In Percentage	nd, third, fourth, one 13, column (f))	r fifth tax year as	a section 501(c)(:	3) ▶ □
10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizes top here. blic Support Polic (line 8, column 2011 Schedule A, restment Incoror 2012 (line 10c, rom 2011 Schedule A)	ation's first, secon Percentage In (f) divided by line Percentage In (f) divided by line Percentage In (f) divided by line In Percentage In Part III, line 15.	nd, third, fourth, one 13, column (f))	r fifth tax year as	a section 501(c)(3	3)
10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizes top here. blic Support Polic (line 8, column 2011 Schedule A, restment Incoror 2012 (line 10c, rom 2011 Schedule A)	ation's first, secon Percentage In (f) divided by line Percentage In (f) divided by line Percentage In (f) divided by line In Percentage In Part III, line 15.	nd, third, fourth, one 13, column (f))	r fifth tax year as	a section 501(c)(3	3)
10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizatop here blic Support F 112 (line 8, column 2011 Schedule A, restment Incor or 2012 (line 10c, rom 2011 Schedule the organization of the organiza	ation's first, secon Percentage In (f) divided by lir. Part III, line 15. In Percentage It column (f) divided lie A, Part III, line did not check the phere. The organ did not check a b	nd, third, fourth, one 13, column (f)) and by line 13, column 17. box on line 14, anization qualifies a cox on line 14 or	mn (f)) and line 15 is more as a publicly suppine 19a, and line	a section 501(c)(3) 15 16 17 18 e than 33-1/3%, a orted organization 16 is more than 3	3)

Schedule A	(Form 990 or	990-EZ) 2012	The	Warrior	Meditat	ion	Found	ation,	Inc.	45-5571507		Page 4
Part IV	Suppleme Part II, lir (See inst	1e 17a or 1	nation. (7b; and f	Complete Part III, lin	this part to e 12. Also	prov com	ride the plete th	explan is part i	ations for any	required by Part I additional inform	I, line ation.	10;
	-											
7g												
										fl		
						16	<u> </u>	~ (C				
				-23	(D) (B) (A)		<u></u>					

Schedule A (Form 990 or 990-EZ) 2012

BAA

SCHEDULE L (Form 990 or 990-EZ)

(7) (8) (9) (10)

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number The Warrior Meditation Foundation. Inc 45-5571507 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. (a) Name of disqualified person (b) Relationship between disqualified (d) Corrected? (c) Description of transaction 1 person and 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 2 **►**\$ 3 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, Page 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. (d) Loan to or from the organization? (b) Relationship with organization (e) Original principal amount (h) Approved by board or committee? (i) Written agreement? (a) Name of interested person (f) Balance due (g) In default? (c) Purpose of loan To From Yes No No Yes Yes (1) Jake S ClarkOfficer 51,399 51,399 Start Up X X X X (2)(3) (4) (5) (6) (7) (8) (9) (10)Total >\$ 51,399 **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (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 (1) (2)(3) (4) (5) (6)

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

Schedule L (Form 990 or 990-EZ) 2012

	Business Transactions I	nvolving Interested Perso	ns.			
	(a) Name of interested person	wered 'Yes' on Form 990, Part IV	(c) Amount of	(d) Description of transaction	(a) Sho	aring of
	(a) Harrie of interested person	interested person and the organization	transaction	(a) bescription of varisaction	organiz rever	zation's
(1)			:		Yes	No
(2)						_
(3)						_
(4)						
(5)				 		
(6)					_	
(7) (8)					_	
(9)					_	
(10)					_	
Part V	Supplemental Information					
	Complete this part to provide addi	tional information for responses	to questions on Sched	ule L (see instructions).		
						· -
			@ B	7(0)7		
))\====================================		
		[]				
			75 <u>37,</u>			
		2 4 (0) Cm SI				
		*\\				
		<u> </u>				
						· — — —

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

The Warrior Meditation Foundation, Inc.	45-5571507					
Form 990-EZ, Part III - Organization's Primary Exempt Purpose						
Through the alchemy of ceremony, ritual and spiritual initial	ation, as well as the					
use of Transcendental Meditation, equine assisted learning,	challenging ropes					
courses and cultural art forms, the Warrior accesses their	own_internal_adaptive					
mechanisms, and experiences a profound transformation beyond	mechanisms, and experiences a profound transformation beyond anything currently					
available.						
Further informed by the healing components of the Miraval Ex	xperience and the					
principles and traditions of twelve-step recovery programs,	the Project represents					
our foundation's signature offering: a concentrated dose of	spiritual nutrients					
that act as an awakening for Warriors seeking positive and lasting change in their						
lives. For many, the Project serves as the ultimate_life-changing and life						
re-affirming experience.						
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishm	ents					
Through a five and a half day "war detox," the Project offer	rs a safe and effective					
and evidenced-based experiential model for healing trauma.	A well-grounded and					
commonsense approach, the Project supports a Warrior's journ	ney though the dark					
night of the soul, paving the way to reintegration and emot	ional sobriety.					
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benef	it Contracts					
(a) Did the organization, during the year, receive any fund	ds, directly or					
indirectly, to pay premiums on a personal benefit contract?	No					
(b) Did the organization, during the year, pay premiums, di	irectly or					
indirectly, on a personal benefit contract?	No No					

2012

Schedule O - Supplemental Information

Page 2

The Warrior Meditation Foundation, Inc.

45-5571507

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion Meals & Entertainment	\$ 5,495. 283
Office Expenses	5,779.
Program Operating Expenses	28,706.
Program Supplies.	2,100.
Travel	13,909.
Total	\$ 56,272.

Form 990-EZ, Part II, Line 26 Total Liabilities

	<u>Beginn</u>	ing	 Ending
Accounts Payable and Accrued ExpensesPayable to Officers, Directors, Etc	\$	0.	\$ 1,890. 51,399.
Total	\$	0.	\$ 53,289.



^{**} **DISCLAIMER:** Save A Warrior no longer utilizes Transcendental Meditation ("TM") as its program's meditation technique, as is indicated on our Schedules. A different meditation method has been introduced.