Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Additional profile Martinor Meditation Foundation Inc. Association Gardinal profile Foundation Gardinal profile Gardinal profi	A	For t	he 2013 calendar year, or tax year beginning , 2013, and ending	1	
The Warrior Meditation Foundation, Inc. 45-5571507	뭐	Check	if applicable: C	mployer i	dentification number
Po Box 2416 Mailbu, CA 90265 Canal Company Po Box 2416 Mailbu, CA 90265 Canal Company Po Box 2416 Mailbu, CA 90265 For coup Exemption Power Powe	-	Į.	The Marrier Meditation Tourndation Tre	45-55	71507
Terminated mended tribut CA 90265 G310) 662-3038 F Group Exemption Number Manufacture	H		PO Poy 2416	elephone i	number
Accounting Method: Cash Accrual Other (specify) H Check S If the organization is not required to attach Schedule 8 (Form 990-195) Take-emptatus (heck only one) S S S S S S S S S	F	t	IMalibu CX 00265	(310)	662-3038
Application pending A care Accrual Other (specify) Number	-				
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K Form of organization:	1	Web:	site: ► N/A required to	attach	Schedule B (Form
L Add lines Sb, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	J	Tax-ex	tempt status (check only one) — X 501(c)(3)	Z, or 99	00-PF).
assets (Part II, column (B) below) are \$500,000 or more, file form 990 instead of Form 990-EZ * \$ 193,500. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 5 b 5 c Gain or (fost) from sale of assets other than inventory 5 a Gross income from gaming and fundraising events 6 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than \$15,000) 5 c Less: direct expenses from gaming and fundraising events 6 c Less: direct expenses from gaming and fundraising events 6 c Less: direct expenses from gaming and fundraising events 6 c Less: direct expenses from gaming and fundraising events 6 c Less: direct expenses from gaming and fundraising events 6 c Less: cost of goods sold 7 a Gross sales of inventory, less returns and allowances 7 a Less: cost of goods sold 7 a Gross sales of inventory (Subtract line 7b from line 7a) 7 c Rother revenue (describe in Schedule O) 8 The Interface 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 193,500. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 15 330. 16 Other expenses (describe in Schedule O) 16 144,278. 17 Total expenses. Add lines 10 through 16 17 146,025. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Less or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column	K	Form	of organization: X Corporation Trust Association Other		
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11 Benefits paid to or for members		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	193,500.
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16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 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 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 -4,772.	Ñ	14	Occupancy, rent, utilities, and maintenance.	14	<u> </u>
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17 Total expenses. Add lines 10 through 16 146,025. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 47,475. 19 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 -52,247. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -4,772.	Þ	16	Other expenses (describe in Schedule O). See Schedule O	16	·
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	2				-4 772
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Form	990-EZ (2013) The Warrior Med	<u>itation Foundation</u>	, Inc.	45	-557	1507 Page 2
Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) edule 0 to respond to any qu	estion in this Part II			X
		1		(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			1,042	22	51,757.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		THE COLUMN CERTAINS		24	
25	Total assets		co conservation and	1,042	. 25	51,757.
26	Total liabilities (describe in Schedule O	See Schedule	0 €	53,289		56,529.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	-52,247		-4,772.
	t III Statement of Program Service Ad			-36,641	1 - 1	Expenses
- ai	Check if the organization used Sc	hedule O to respond to any o	nuctions for rait in pour	III	(Reg	uired for section 501
What	is the organization's primary exempt purpose? See	schedule O			(c)(3)	and 501 (c)(4)
Desc meas bene	ribe the organization's program service a sured by expenses. In a clear and concis- fited, and other relevant information for e	e manner, describe the service and program title.	its three largest proc ces provided, the nu	ram services, as mber of persons	4947	nizations and section (a)(1) trusts; optional thers.)
28	See Schedule 0	Tools brogram into				
	366 36164416-6					
					1	
	(Grants \$) If th	is amount includes foreign g	rants, check here	F	28 a	137,429.
29	71.01		TOTAL OF THE PARTY		200	131,423.
	(Grants \$) If th	is amount includes foreign g			20.	
70	(Grants 5) II th	is amount includes foreign g	rants, check here	Control Control	29 a	
30						
					.	
		is amount includes foreign g	rants, check here	C21	30 a	
31	Other program services (describe in Sch					
	(Grants \$) If th	is amount includes foreign g	rants, check here		31 a	
32	Total program service expenses (add li	nes 28a through 31a)			32	137,429.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one	even if not compensated —	see the i	nstructions for Part IV)
91594	Check if the organization used Sc	hedule O to respond to any o	question in this Part	1V ₁ /(2)/3/		
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (If not paid, enter -0-)	(d) Health benefit contributions to emp benefit plans, and de compensation	ls. loyee ferred	(e) Estimated amount of other compensation
Por	nald_S_Clark	E 62/1V	123			
	esident	- ~ (O) (O) 6 h	j	ο.	0.	0.
	n Bohlinger	1 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	0.1	υ.	<u> </u>
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	rd Member	0	1	0.	0.	0.
	Leb_Casey Affleck	_		_ 1	_	
Ros	ard Member	0		0.	0.	0.
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			1			
	·					
			4			Form 990-EZ (2013)

Forn	n 990-EZ (2013) The Warrior Meditation Foundation, Inc. 45-55715	07	F	age 3
	Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule 0.		Yes	No
24		33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
1	of 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	 	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	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 parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		х
	a Did the organization the Form 1720-FOE for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	V	_
ŧ	of if 'Yes,' complete Schedule L, Part II and enter the total amount involved		Х	
39	Section 501(c)(7) organizations. Enter:	-	E 33	
á	a Initiation fees and capital contributions included on line 9 N/	A		
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	100		188
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0.			
ŧ	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 b		v
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			X
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	1100		
	by the organization 0 a All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		Х
	The organization's books are in care of Maguire and Hart Located at 28351 Agoura Road Agoura Hills CA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:		670 Yes	No X
(See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		х
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.		►	N/A N/A
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	HECKING.	х
	o Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
•	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
			(L a)	BILIS
	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			X
	TEEA0812L 11/27/13	Form 99	O-EZ	(2013)

Form 990-	EZ (2013) The Warrior Meditat	ion Foundation	n, Inc.		45-557	<u>/1507</u>	P	age 4
46 Did t	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campa	aign activities o	on behalf o	f or in opposition to	46	Yes	No X
Part Vi		only					 ∋s	
	Check if the organization used Schedul	e O to respond to any	question in th	is Part VI.				
47 Did ti	ne organization engage in lobbying activities	or have a caction 501/h	a) clastion in af	foot during t	ha tay yang? If 'Vac '		Yes	No
comp	blete Schedule C, Part II	or have a section sorti		rect during i	ile tax year: ii Tes,	47		X
	e organization a school as described in se							Х
	he organization make any transfers to an		_					Х
	es,' was the related organization a section							
	plete this table for the organization's five high oyees) who each received more than \$100,0					еу		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable o (Forms W 2/1)	ompensation 099-MISC)	(d) Health benefits. contributions to employee benefit plans, and deterred compensation	(e) Estimate other com		
None								
					-1			
f Total	number of other employees paid over \$1	<u> </u> 00,000 ►			V 1 1 1			
51 Com	plete this table for the organization's five high	nest compensated inder	pendent contrac	tors who ea	ch received more than \$	100,000 of		
com	pensation from the organization. If there i	s none, enter 'None.'	W /		M			
	(a) Name and business address of each independent co	ontractor	[[(8]1]	(b) Type o	I service	(c) Comp	ensation	0
None								
		977						
	/ /-,		-					
			-					
			-					
d Total	number of other independent contractors	each receiving over	\$100,000	AMARIA	.			
52 Did t chari	he organization complete Schedule A? Notable trusts must attach a completed Sch	ote. All section 501(c) edule A	(3) organizatio	ns and 494	7(a)(1) nonexempt	► X Yes	. [No
Under penaltit	s of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying school is based on all information	edules and stateme of which preparer I	nts, and to the	best of my knowledge and bel	lief, it is		
				* 100.00				
Sign	Signature of officer				Date			
Here	John Bohlinger Type or print name and title				Secretary			
	Print/Type preparer's name	Preparer's s gnature		Date		TIN		
Paid	Vincent Maguire, EA	Vincent Magui	re, EA		Check L if self-employed P	0016527	7	
Preparer	Firm's name > MAGUIRE & HART,	GP						
Use Only	Firm's address > PO BOX 973				Firm's EIN	26-1242		
M /5		A 91376-0973			Phone no. (81			
May the IR	S discuss this return with the preparer st	nown above? See inst	ructions			Yes		No
						Form 99	U-EZ ((2013)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. 2013

Open to Public

Inspection

Schedule A (Form 990 or 990-EZ) 2013

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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 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.) 7 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 9 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 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. 11 Type II a | Type I c | Type III - Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11 q (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s). (iv) Is the organization in column (i) listed in your governing document? (vi) is the organization in column (i) organized in the U.S.? (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) of your support? (viii) Amount of monetary support Yes No Yes No Yes No (A) **(B)** (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2013 The Warrior Meditation Foundation, Inc. 45-5571507 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		······································				
Cale begi	ndar year (or fiscal year nning 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.').				12,764.	193,500.	206,264.
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.	12,764.	193,500.	206,264.
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		lera ni di				206,264.
Sec	tion B. Total Support			17			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0.	0.	0.	12,764.	193,500.	206,264.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			re (C	;OPY		0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		18(0) 1×				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<u> </u>	D-13				0.
11	Total support. Add lines 7 through 10						206,264.
12	Gross receipts from related activ	ities, etc (see ins	tructions).			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	<u> </u>
	tion C. Computation of Pul						
	Public support percentage for 20					-00-90-09-20-0	%
15	Public support percentage from :	2012 Schedule A,	Part II, line 14		90510301111110111	15	%_
16 8	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a put	did not check the plicly supported or	box on line 13, as ganization	nd the line 14 is 3	3-1/3% or more, o	check this box
i	33-1/3% support test — 2012. If to and stop here. The organization	he organization d qualifies as a pu	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	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est — 2013. If the omeets the 'facts-and-circumstand	organization did n and-circumstance: es' test. The orga	ot check a box or s' test, check this nization qualifies	line 13, 16a, or box and stop her as a publicly sup	l 6b, and line 14 is e. Explain in Part ported organization	s 10% IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization.	IV how the
	Private foundation. If the organization	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	•		22337
RAA					C-L	adula 8 /Farm OC	N A DON ETS 2012

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

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

Section A. Public Support						
Calendar year (or fiscal yr beginning in) > 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a 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				Win		
8 Public support (Subtract line 7c from line 6.)			- ((1(0)/45		Ì
Section B. Total Support			16111	<u> </u>		
Calendar year (or fiscal yr beginning in) 🟲 📗	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		701107	İ	1		
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18	7/2/17		1		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add Ins 9,10c, 11 and 12.)						
14 First five years. If the Form 990 i organization, check this box and	s for the organiz stop here	ation's first, secon	d, third, fourth,	or fifth tax year as	a section 501(c)	(3)
Section C. Computation of Pub						
15 Public support percentage for 20	13 (line 8, colum	n (f) divided by lin	e 13, column (f))	15	8
16 Public support percentage from 2	2012 Schedule A	, Part III, line 15			16	8
Section D. Computation of Inve						
17 Investment income percentage for	or 2013 (line 10c	, column (f) divided	by line 13, col	umn (1)	17	8
18 Investment income percentage fr	om 2012 Schedu	ile A, Part III, line	17			8
19 a 33-1/3% support tests — 2013. If is not more than 33-1/3%, check	the organization this box and sto	did not check the phere. The organi	box on line 14, zation qualifies	and line 15 is more as a publicly suppo	than 33-1/3%, a orted organizatio	and line 17
b 33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	, check this box	and stop here. The	organization qu	ualifies as a publicl	y supported orga	3-1/3%, and anization
20 Private foundation. If the organiz	ation did not che	eck a box on line 1	4, 19a, or 19b,	check this box and	see instructions.	20000000000

Schedul								The	e Wa	arri	ior	Me	dit	ati	on l	Foul	ndat	<u>io</u> n	, I	nc.	45	-55	7150	7		Page 4	
Part I	V	Sup or 17 (See	7b; a	and	Part	III, I	n ati o line	on.	Pro	vide	the	exi	plar	natio	ns r	eaui	red t	ov Pa	art I	l, line nform	10: F	Part	II, lin	ie 17a	3		
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															(E)	\v\(-1	10) (C))(<u> </u>							
									 		\$1.5	(0)	3	7.2] 271		77											
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SCHEDULE L (Form 990 or 990-EZ)

(2) (3) (4) (5) (6) (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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public

Internal Revenue Service				at	www.ir:	s.gov/fo	orm990.						Insp	ection	
Name of the organization									En	sployer i	dentific	ation nu	ımber		
The Warrior Med										5-55°					
Part Excess Be	enefit Trans	actions	(sec	tion 5	01(c)(3	3) and	section 50	01(c)(4)	organiz	ations	s only	y).			
		l							100					(d) Con	17
1 (a) Name of disqua	littlea person		(D) R6		p between o and organiza		a	(1) Description	i oi trans	action			Yes	rrected?
(1)		+												162	140
(2)		1													
(3)															
(4)		i												i –	
(5)															
(6)															
2 Enter the amount of section 4958	of tax incurred	by the org	aniza	ition m	anagers	or disq	ualified perso	ons during	the year	under	. ►\$				
3 Enter the amount of											⊳s				
Part II Loans to a	and/or From	Interes	ted	Perso	ns.		55-35								
	he organization reported an am							r Form 99	0, Part IV,	line 2	6; or i	f the			
(a) Name of interested person	(b) Relationship with organization	(c) Purpo of loan	ose 1	fro	oan to or m the nization?		e) Original cipal amount	(f) Bala	nce due	(g) In	default?	by bo	proved pard or nittee?		Vritten ement?
				То	From	1				Yes	No	Yes	No	Yes	No
(1) Jake S Clark	Officer	Start	Uр	Х			51,399.	4	8,857.		X	X			X
(2)		ļ						W.	- 1	 					<u> </u>
(3)									0177	-			_	_	
(4)							-(1)		1100	+					├─
(5) (6)					-	r1 (7		+-	-	-		-	\vdash
(7)					~ 60	Val.	~ 13			+-					\vdash
(8)		T		18//	000	100				+					\vdash
(9)		17-1	70	U	13					+	1				\vdash
(10)		Ü	7							†					\vdash
Total	occurs out to the first						\$	4	8,857.					K III	300
Part III Grants or Complete if t	Assistance he organization	Benefiti answered	ing I I 'Yes	ntere:	sted Pe rm 990, I	ersons Part IV.	5. line 27.		•						
(a) Name of interes			ionship		interested		(c) Amount o	of assistance	(d) Ty	pe of As	sistance	(e)	Purpos	e of ass	astance
(1)									+						

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV	Business Transactions In Complete if the organization ansv	volving Interested Perso)ns.			
	(a) Name of interested person		(c) Amount of	(d) Description of transaction	(e) Sha	aring of
	tale of marchine ballet	(b) Relationship between interested person and the organization	transaction	(a) ender prior or a disserter	organi; rever	aring of zation's nues?
(1)				10	Yes	No
(2)					_	\vdash
(3)					+	
(4)						
(5)					_	
(6) (7)						\vdash
(8)						\vdash
(9)						\vdash
(10)						
Part V	Supplemental Information Provide additional information for a	rocnoneae to augetione on Scho	tula I Jean instruction	e)		
	TOVIDE BUBILIONAL INTOTTIBUTOR TO	responses to questions on sener	dule E (See Instruction	5).		
			 	 - 		
			(C)Q			
			QQ 74			
			<u> </u>			
			<u>9</u> (C)C			
			<u>6</u> 7 0.0			
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			<u>e</u> t 0.0			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

at www.irs.gov/form990.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

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 initiation, 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 anything currently available. Further informed by the healing components of the Miraval Experience 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 Alasting 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 Accomplishments Through a five and a half day "war detox," the Project offers a safe and effective and evidenced-based experiential model for healing trauma. A well-grounded and commonsense approach, the Project supports a Warrior's journey though the dark night of the soul, paving the way to reintegration and emotional sobriety. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....

2013

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	\$ 1,850.
Dues and Publications	540.
Insurance	
Meals & Entertainment	4,443.
Office Expenses	1,501.
Program Operating Expenses	100,116.
Program Supplies.	3,122.
Travel	32,341.
Total	\$ 144,278.

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

	Be	<u>eginning</u>	 <u>Ending</u>
Accounts Payable and Accrued Expenses. Payable to Officers, Directors, Etc		1,890. 51,399. 53,289.	 48,857.



** **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.