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Form **990**

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)

OMB No 1545-0047

Inspection

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements and ending For the 2009 calendar year, or tax year beginning Please Check if applicable C Name of organization D Employer identification number HOPE FOR HEROISM use IRS Address change Doing Business As 91-2105756 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type Initial return 5901 WILSON AVENUE SOUTH (206) 852-2440 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Amended return SEATTLE WA 98118 G Gross receipts \$ tions Application pending Name and address of principal officer H(a) Is this a group return for affiliates? CHAIM LEVINE 5901 WILSON AVENUE SOUTH, SEATTLE, WA 98118 H(b) Are all affiliates included? 501(c) (If "No," attach a list (see instructions) Tax-exempt status 3) **◄** (insert no) 4947(a)(1) or 527 J Website: ▶ www HopeForHeroism org H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation 2002 M State of legal domicile WA Part I Summary Briefly describe the organization's mission or most significant activities HOPE FOR HEROISM SUPPORTS JEWISH & ISRAELI HEROISM AROUND THE WORLD THROUGH EDUCATION, SUCH AS HEROISM FILMS WHICH ALSO PROMOTES INCREASED ACTS OF SELFLESSNESS, & PROVIDING AID TO HEROS SO THAT THEY IN TURN CAN HELP OTHERS 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part-VI, line-1a) Number of independent voting members of the governing body (Flart VI, line 1b) 4 Total number of employees (Part V, line-2a) 5 Total number of volunteers (estimate) if necessary) 6 Total gross unrelated business revenue from Part VIII- column (6), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34-7b 0 Prior Year **Current Year** Contributions and grants (Part VIII line 14 8 601,848 725,023 9 Program service revenue (Part VIII, line 2g) 11,343 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,066 15,520 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 625,914 751<u>,886</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 92.528 227,100 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 287,180 182,449 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 159,855 246,025 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 539,563 655,574 19 Revenue less expenses Subtract line 18 from line 12 86,351 96,312 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,126,618 1,223,062 21 Total liabilities (Part X, line 26) 0 Net assets or fund balances Subtract line 21 from line 20 1,126,618 1,223,062 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here Type or print name and title Preparer's Preparer's identifying number Date Check if self-Paid employed 11/4/2010 Preparer's Firm's name (or yours SCHNAUFER AND WALKER, P.C EIN **Use Only** if self-employed). 2695 VILLA CREEK DR, #268, DALLAS, TX 75234 ▶ (972) 798-2046 May the IRS discuss this return with the preparer shown above? (see instructions) XIYes No

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

Form	990 (2009)		91-2105756	Page 2
Pa	art III	Statement of Program Service Accomplishments		
1 ,		scribe the organization's mission		
		OR HEROISM INITIATES INNOVATIVE & SUSTAINABLE PROGRAMS THAT REFLECT THE FU		
		OF SELFLESSNESS, HUMILITY, & KIDDUSH HASHEM BOTH IN HOW THEY OPERATE INTE		
		THEY BENEFIT ITS FOCUS IS TO DEVELOP SCALABLE PROGRAMS THAT MAKE A LIFE C PARTICIPANTS IN THE U.S., ISRAEL, & AROUND THE WORLD	HANGING IM	PACI
2		rganization undertake any significant program services during the year which were not listed on		
_		Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O		٠.,
3		rganization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O		_
4		the exempt purpose achievements for each of the organization's three largest program services		
		601(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	unt of grants a	and
	allocatio	is to others, the total expenses, and revenue, if any, for each program service reported		
4a	•) (Expenses \$ 594,319 including grants of \$ 227,100) (Revenue \$		0)
		DR HEROISM SUPPORTS JEWISH & ISRAELI HEROISM AROUND THE WORLD THROUGH E		
		M FILMS WHICH ALSO PROMOTES INCREASED ACTS OF SELFLESSNESS, & PROVIDING A		5.50
	וניישתני	IEY IN TURN CAN HELP OTHERS		
4b	(Code) (Expenses \$0 including grants of \$0) (Revenue \$		0)
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		<u> </u>
		••••••		
		•••••••••••••••••••••••••••••••••••••••		
4d		ogram services (Describe in Schedule O)		
40	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$ pagram service expenses > 594,319	0)	
-+¢	ı yıaı Di	/gram 361 710C GAPCH3C3 F JJ74,J [J		

Pai	t IV Checklist of Required Schedules			
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	Х	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	†
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		,	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			*
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			£
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that			-
12	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No			*
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	-	✝ˆ
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X

Part IV: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		İ	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			.,
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	255		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		_^_
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	 -		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30_		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			ı
••	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	ا 🚛 ا		
35	III, IV, and V, line 1	34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ا م		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35_		X
J U	organization? If "Yes," complete Schedule R, Part V, line 2	9.		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	_X_
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		
JU	19? Note . All Form 990 filers are required to complete Schedule O	20		
	10 Note: All Form 990 mers are required to complete obligation	38 50m	990 ((2000)
		⊦orm	JJU ((2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a`	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			L
	gaming (gambling) winnings to prize winners?	1c	X	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			ì
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
. .	and Financial Accounts			å ,
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?.	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	E.		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		<u> </u>
Va	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		 ^-
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 52		
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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			Ī
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
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?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the organization make any taxable distributions under section 4966?	9a		-
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			1
''a	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>
				<u></u>

Form 990 (2009) HOPE FOR HEROISM 91-2105756 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management

	to to to thing body and management		Yes	No
10	Enter the number of voting members of the governing body . 1a 4		103	
1a b	Enter the number of voting members that are independent		i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	-	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	,		Y
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3 4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5		6		$\hat{\mathbf{x}}$
6	Does the organization have members or stockholders?	- 0		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7.		v
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		
0	the year by the following			
_	The governing body?	8a	~x~	
a b	Each committee with authority to act on behalf of the governing body?	8b	^_	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_ 00		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal	Ja		_^_
	enue Code)			
71676	situe code)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		-^-
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	105		
• •	form?	11		х
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			 ^
12a		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	-124		
	rise to conflicts?	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			\vdash
•	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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			
	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			\
	the organization's exempt status with respect to such arrangements?	16b]
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6104 requires an organization 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6	nly)		
	available for public inspection Indicate how you make these available. Check all that apply	- *		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the conflict of interesting the conflict of the	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ► CHAIM LEVINE (206) 852-24	40		
	5901 WILSON AVENUE SOUTH, SEATTLE, WA 98118			

compensated employees, and former such persons

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Position (check all that apply) Name and Title Reportable Average Reportable Estimated hours per Officer compensation compensation amount of Highest compensated Individual trustee Institutional Key employee employee other week from from related director the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) l trustee and related organizations CHAIM LEVINE Х **PRESIDENT** 40 Х 30.887 0 0 DAN LEVITAN **SECRETARY** Х Х 0 0 0 DAVID ROSTOV **TREASURER** Х Х 0 0 MARK SHIRO VICE PRESIDENT 40 Х Х 77.078 0

Name and total According to Possition (checks all Instal sport). Provided and part of the compensation from related compensation from the organization and related on plans 137 ("Yes"," complete Schedule J for such individuals The organization and related on plans 137 ("Yes"," complete Schedule J for such individuals The organization and related on line 1a; it he sum of reportable compensation from the organization and related on plans 147 ("Yes"," complete Schedule J for such individuals The organization of the state of the target than \$150,000 for "Yes", "complete Schedule J for such individuals The organization of the state of the target than \$150,000 for "Yes", "complete Schedule J for such individuals The organization of the state of the organization of the organiz		rt VII Section A. Officers, Directors, Tru (A)	(B)	<u> </u>			C)			(D)	(E)		(F)
tous per la compensation from related organization of the compensation from the organization of the compensation of the compe		•		1 ' '									
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation Compensation	5		•				•			ganızatıon for		5	X
Compensation from the organization (A) Name and business address Description of services Compensation	Sec	tion B. Independent Contractors											· · · · · · · · · · · · · · · · · · ·
Name and business address Description of services Compensation	1		npensated inde	pend	ent d	contr	acto	rs tha	at re	ceived more tha	n \$100,000 of		·
2 Total number of independent contractors (including but not limited to those listed above) who recoved			ddress								vices C		on
2 Total number of independent contractors (including but not limited to those listed above) who recoved													(
2 Total number of independent contractors (including but not limited to those listed above) who recoved									ļ	 			(
2 Total number of independent contractors (including but not limited to those listed above) who recoved													
2 Total number of independent contractors (including but not limited to those listed above) who recoved													
	2	Total number of independent contractors (in	cluding but not	limita	ad to	thes	ما م	tod a	hou	a) who rosss d			

Par	t VIII	Statement of Revenue							
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ts	1a	Federated campaigns .	•	1a	0				
Z Z	b	Membership dues		1b	0				
å, g	С	Fundraising events		1c	0				
ar a	d	Related organizations	_	1d					
S, S	e	Government grants (contributions)	•	1e					
is:		All other contributions, gifts, grants	and	.,					
ber P		similar amounts not included above		1f	725,023				
重할	g	Noncash contributions included in			550				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f	iiiies (α-1) φ	,	330	725,023			
	- ''	Total. Add lifted Ta-11	·		Business Code	120,023			
Program Service Revenue	2a	Shabbat events & High Holiday ser	2/1006		900099	11,343	11 242	-	
Še	b	Chabbat events a riight rioliday sei	vices		900099		11,343		
Se F					-	0			
Ž	C				<u> </u>	0			
Š	d					0			
<u>ra</u>	e	All il				0			
õ	T	All other program service revenue				0			
	<u>g</u>	Total. Add lines 2a–2f				11,343			
	3	Investment income (including divide	ends, interest	t, ar	nd				
		other similar amounts)	•			15,520			15,520
	4	Income from investment of tax-exe	mpt bond pro	cee	ds ►	0		·	
	5	Royalties			•	0			
			(ı) Real		(II) Personal				
	6a	Gross Rents							* \$
	b	Less rental expenses							
	С	Rental income or (loss)		0	0			,	
	d	Net rental income or (loss)				0			
	7a	Gross amount from sales of	(ı) Securities	3	(II) Other				
		assets other than inventory		0	. 0				
	b	Less cost or other basis							
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .				0		_	
a)	8a	Gross income from fundraising							
Other Revenue		events (not including \$	0				1		
Š		of contributions reported on line 1c)						
<u>~</u>		See Part IV, line 18		а	0				
Jer		Less direct expenses		b	0				
ğ		Net income or (loss) from fundraisii	•		>	0			
	9a	Gross income from gaming activitie	es .						
		See Part IV, line 19		а	0				
		Less: direct expenses .		b	0				
		Net income or (loss) from gaming a	ctivities			0			
	10a	Gross sales of inventory, less							
		returns and allowances		а	0				
	b	Less cost of goods sold		b	0				
	С	Net income or (loss) from sales of i	nventory		>	o			
		Miscellaneous Revenue			Business Code				
	11a					0			
	b					0			
	С					0			
	d	All other revenue .				0			
	е	Total. Add lines 11a-11d			▶	0			
	12	Total revenue. See instructions .	•		▶ [751,886	11,343	0	15,520

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	227,100	227,100		ner-mann.
4	Benefits paid to or for members .	0	0		
5	Compensation of current officers, directors,				
•	trustees, and key employees	107,965	93,930	8,637	5,398
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k)				_
_	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits .	74,484	64,801	5,959	3,724
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)				
a b	Management .	0	0	0	0
	Legal Accounting		0	0	0
d	Lobbying	14,169	0	14,169	0
e	Professional fundraising services See Part IV, line 17		- 0	<u> </u>	0
f	Investment management fees	<u> </u>	0		0
g	Other	64,817	58,336	5,185	1,296
12	Advertising and promotion	4,153	4,070	0,100	83
13	Office expenses	4,615	2,661	1,793	161
14	Information technology .	9,939	8,448	1,193	298
15	Royalties	0,000	0,440	1,195	0
16	Occupancy	26,823	22,279	3,758	786
17	Travel	7,909	7,514	158	237
18	Payments of travel or entertainment expenses			100	
	for any federal, state, or local public officials	o	o	ol	0
19	Conferences, conventions, and meetings	38	28	10	0
20	Interest	0	0	0	0
21	Payments to affiliates .	0	0	0	0
22	Depreciation, depletion, and amortization	1,840	1,380	460	0
23	Insurance .	0	0	0	0
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a	Program Kiddush Hashem	48,718	48,718	0	0
b	Program Shabbat services	17,117	17,117	0	0
C	Program support for injured soldiers	6,816	6,816	0	0
d	Speaker honorariums	9,245	9,245	0	0
e	Supplies	11,312	8,351	2,621	340
7E	All other expenses	18,514	13,525	4,451	538
25	Total functional expenses. Add lines 1 through 24f	655,574	594,319	48,394	12,861
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				5 000 (2022)

Pa	ırt X	• Balance Sheet	-				91-2105756 Page 1 1
	•		_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			185,505	1	365,106
	2	Savings and temporary cash investments			912,080	2	835,045
	3	Pledges and grants receivable, net			0	3	(
	4	Accounts receivable, net			. 0	4	
i	5	Receivables from current and former officers, employees, and highest compensated employ			-		
		Schedule L	out complete i al		•	5	-
	6	Receivables from other disqualified persons (a	as defined under se	ction	·		
		4958(f)(1)) and persons described in section 4					
Ø	7					6	-
Assets	7	Notes and loans receivable, net Inventories for sale or use		-	0	7	(
Asi	8 9		•	-		8_	
1	_	Prepaid expenses and deferred charges	40-1	0.750	4 · · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment cost or	10a	9,756			
	h	other basis Complete Part VI of Schedule D Less accumulated depreciation	406	6 000	4.000		
	11	Investments—publicly traded securities	10b	6,900	4,696		2,856
	12	Investments—publicly traded securities Investments—other securities See Part IV, lin	n 11	·	21,537 0	11 12	14,855
	13	Investments—program-related See Part IV, III		0	13		
į	14	Intangible assets	H	0	14		
İ	15	Other assets See Part IV, line 11	<u> </u> -	2,800	15	5 200	
	16	Total assets. Add lines 1 through 15 (must ed	uual line 34)	-	1,126,618	16	5,200 1,223,062
	17	Accounts payable and accrued expenses	durinic 0+)		1,120,010	17	1,223,002
	18	Grants payable			18		
	19	Deferred revenue		-	19		
	20	Tax-exempt bond liabilities .			20		
S	21	Escrow or custodial account liability Complete	Part IV of Schedu	le D		21	
Liabilities	22	Payables to current and former officers, direct		`	*		
a D		employees, highest compensated employees,			*		
<u> </u>		persons Complete Part II of Schedule L	•			22	a man again
	23	Secured mortgages and notes payable to unre	elated third parties		0	23	(
	24	Unsecured notes and loans payable to unrelat			0	24	(
ŀ	25	Other liabilities Complete Part X of Schedule			0	25	(
	26	Total liabilities. Add lines 17 through 25			0	26	(
g		Organizations that follow SFAS 117, check					
ဦ		complete lines 27 through 29, and lines 33	and 34.	1			
<u>ब</u>	27	Unrestricted net assets		L	1,126,618	27	1,223,062
<u>m</u>	28	Temporarily restricted net assets		L		28	
Fund Balances	29	Permanently restricted net assets		L		29	
6		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	check here ▶				
ets	30	Capital stock or trust principal, or current funds	۹		-	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or		31			
۲.	32	Retained earnings, endowment, accumulated		32			
S	33	Total net assets or fund balances		·	1,126,618		1,223,062
	34	Total liabilities and net assets/fund balances	•	<u> </u>	1,126,618		1,223,062

Part XI Financial Statements and Reporting Yes No X Cash Accounting method used to prepare the Form 990 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a Were the organization's financial statements audited by an independent accountant? 2b 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 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Х If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Employer identification number

		R HEROISM							<u> </u>		<u> 105756</u>		
Pai				harity Status (All or						nstructio	ns		
_	orgar			lation because it is (F									
1	닏			irches, or association			ed in sec	tion 170	(b)(1)(A)(i	i).			
2	닏			on 170(b)(1)(A)(ii) . (A		•							
3	\sqsubseteq	A hospital o	r a cooperative l	hospital service organ	ızatıon de	scribed in	section	170(b)(1)	(A)(iii).				
4	Ш		esearch organiza ame, city, and st	ation operated in conji	unction w	ith a hosp	ital descri	bed in se	ction 170)(b)(1)(A))(iii). Ent	ter the	
5				r the benefit of a colle (Complete Part II)	ge or univ	ersity owi	ned or op	erated by	a govern	mental u	nit descr	ribed	
6				ernment or governme	ntal unit o	described	ın sectio	n 170(b)(1)(A)(v).				
7	X	An organiza	tion that normal	ly receives a substant (1)(A)(vi). (Complete	al part of					or from th	ie gener	al publ	IC
8	\Box			d in section 170(b)(1)	•	Complete i	Part II)						
9		An organiza receipts from support from	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 organiza	tion organized a	and operated exclusive	ly to test	for public	safety S	ee sectio	n 509(a)(4).			
11		purposes of	one or more putheck the box the	and operated exclusive blicly supported organ at describes the type of Type II c	izations of of support	described	ın section zatıon an	509(a)(1 d comple) or section	on 509(a) 1e throug	(2) See	section	
e f		persons other 509(a)(1) or	er than foundation section 509(a)(3	•	er than on	e or more	publicly :	supported	l organiza	tions des	scribed ii		on
g		organization	, check this box	a written determination the organization acce			•			e III supp	oorting		
		following pe	rsons?									_	
				or indirectly controls,				persons of	described	ın (ıı)		Yes	No
				verning body of the su		organizatio	n?				11g(i)		
				person described in (i ty of a person describe		· (11) abau		-		•	11g(ii)		
h				ation about the suppor							11g(iii)	L	
		of supported	(II) EIN	(iii) Type of organization	(iv) Is the o		(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?	(vii) Amount of support		of
					Yes	No	Yes	No	Yes	No	7		
												-	
					<u> </u>	-	-			ļ	 	.	0
													0
													0
													<u>o</u>
													0
Total													

18

91-2105756 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 676,059 662,475 919,540 543,948 725,023 3,527,045 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 0 919,540 Total. Add lines 1 through 3 676,059 662,475 543,948 725,023 3,527,045 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 3,527,045 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Amounts from line 4 676,059 662,475 919,540 543,948 725,023 3,527,045 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 5,472 17,071 25,284 24.066 9.384 81,277 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 3,608,322 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97 75% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 91 69% 16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X | X | 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions

Par				ion 509(a)(2)			
0-2	(Complete only if you checked to	<u>he box on line</u>	9 of Part I)				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(b) 2006	(6) 2007	(u) 2008	(e) 2009	(I) I Olai
1	Gifts, grants, contributions, and		i				
	membership fees received (Do not include any "unusual grants")		i		Ì		
	• • •						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						(
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513			•			(
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge .						(
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						(
h	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	0	0	0	0	0	(
8	Public support (Subtract line 7c from						,
Sec	line 6) tion B. Total Support	<u></u>					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
							(1) 10101
9 10a	Amounts from line 6 Gross income from interest, dividends,	0	0		0	0	
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						,
С	acquired after June 30, 1975 Add lines 10a and 10b	0	0	0		0	
11	Net income from unrelated business	<u> </u>					<u>'</u>
• •	activities not included in line 10b,						
	whether or not the business is regularly	1					
	carried on .						(
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)		İ				,
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	o	ol	o	o	o	(
14	First five years. If the Form 990 is for the org	ganızatıon's firs	t, second, third	l, fourth, or fifth	tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	, ,		olumn (f))		15	0 00%
16	Public support percentage from 2008 Schedu					16	0 00%
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line			e 13, column (f)) .	17	0 00%
18	Investment income percentage from 2008 Sc 33 1/3% support tests–2009. If the organiza			line 14 and lin	0 15 is mars #	18	0 00%
ıJd	not more than 33 1/3%, check this box and s						id line 17 is
b	33 1/3% support tests-2008. If the organization d						▶ ∟
_	line 18 is not more than 33 1/3%, check this box ar						▶ □
20	Private foundation. If the organization did no				• • •	~	s. ▶ 🗖

	990 or 990-EZ) 2009	HOPE FOR HEROISM		91-2105756	Page 4
Part IV	Supplemental	Information. Complete	this part to provide the explanations requi	red by Part II, line 1	0;
	Part II. line 17a	or 17b and Part III line	e 12 Provide any other additional informati	on. See instructions	, S
•	<u> </u>	or ro, and rate m, mic	7 12 1 Total any other additional informati	on occ mondonom	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization		Employe	r identification number				
НОР	E FOR HEROISM		91-2105756					
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if							
	the organization answered "Yes" t	o Form 990, Part IV, line 6						
		(a) Donor advised funds	(b) i	unds and other accounts				
1	Total number at end of year .							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and d	-						
	funds are the organization's property, subje-			Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be							
	used only for charitable purposes and not for		r, or for any o					
_	purpose conferring impermissible private be			Yes No				
Par	Conservation Easements. Comp	lete if the organization answered "Yes	to Form 9	90, Part IV, line 7				
1	Purpose(s) of conservation easements held	by the organization (check all that apply)						
	Preservation of land for public use (e g	, recreation or pleasure) 🔛 Preservation	n of an histo	rically important land area				
	Protection of natural habitat	Preservation	n of a certifie	ed historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ition in the fi	orm of a conservation				
_	easement on the last day of the tax year	and a qualified control of the second		om or a concervation				
	, ,			Held at the End of the Tax Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation ear	sements	2b					
С	Number of conservation easements on a ce	rtified historic structure included in (a)	2c					
d	Number of conservation easements include	d in (c) acquired after 8/17/06	2d					
3	Number of conservation easements modifie	d, transferred, released, extinguished, or t	terminated b	y the organization				
	during the tax year							
4	Number of states where property subject to							
5	Does the organization have a written policy		ion, handling					
_	violations, and enforcement of the conserva			∐ Yes ∐ No				
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easemen	ts during the year				
7	Amount of ovnonces incurred in mentages	managina and sofaces and sofaces		4				
7	Amount of expenses incurred in monitoring, • \$	inspecting, and enforcing conservation ea	asements du	ring the year				
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	te of coetion					
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	is of section	Yes No				
9	In Part XIV, describe how the organization re	enorts conservation easements in its reve	nue and evn					
-	balance sheet, and include, if applicable, the							
	the organization's accounting for conservation		otta	and the coolings				
Par		ons of Art, Historical Treasures, or Othe	er Similar A	ssets.				
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8						
1a	If the organization elected, as permitted und	er SFAS 116, not to report in its revenue s	statement ar	nd balance sheet works of				
	art, historical treasures, or other similar asse	ets held for public exhibition, education, or	research in	furtherance of public				
	service, provide, in Part XIV, the text of the							
b	If the organization elected, as permitted und							
	historical treasures, or other similar assets h service, provide the following amounts relati	ield for public exhibition, education, or res	earcn in turt	nerance of public				
				▶ ♠				
	(i) Revenues included in Form 990, Part VII	i, mie I.		~ \$				
2	(ii) Assets included in Form 990, Part X If the organization received or held works of	art historical transuras or other similar a	coata far fi	annual agus provide the				
_	following amounts required to be reported u		SSEIS IOI IINA	anciai gain, provide the				
а	Revenues included in Form 990, Part VIII, III			▶ \$				
b	Assets included in Form 990, Part X		•	• Ψ				

Part	Organizations Maintaining	Collections of	Art,	Histo	rical T	reasures	, or Ot	her Similar A	ssets (c	ontını	ıed)
3	Using the organization's acquisition, use of its collection items (check all t		ther i	record	ls, chec	k any of th	e follow	ing that are a	significan	İ	
а	Public exhibition		d		Loan	or exchang	e progr	ams			
b	Scholarly research		е	同	Other	_					
С	Preservation for future general	tions						• • • • • • • • • • • • • • • • • • • •			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	During the year, did the organization assets to be sold to raise funds rathe									es 🔲	No
Part	IV Escrow and Custodial Arr IV, line 9, or reported an am	-	•		•	•	answe	red "Yes" to I	Form 990), Par	t
1a	Is the organization an agent, trustee,	custodian or oth	er int	erme	diary for	contributio	ons or o	ther assets no			1
	included on Form 990, Part X?	5 (3/8/							Y∙	es 🔙	No
b	If "Yes," explain the arrangement in F	Part XIV and com	iplete	the to	ollowing	table		1			
_	Dogunnung halanga						4.		Amount		
C C	Beginning balance				•		10				
d	Additions during the year Distributions during the year						1d				
e f	Ending balance					•	1e				
	· ·										0
2a	Did the organization include an amou		Part	X, line	e 21?				Y	es 🔀	No
b	If "Yes," explain the arrangement in F					1 1157 11 4 -		200 D - 1 1 1 1	40		
Part	V Endowment Funds. Comp					•					
4.	Parama of man halana	(a) Current year	(1	b) Prior	year	(c) Two year	rs back	(d) Three years ba	ack (e) Fo	ur years	back
1a	Beginning of year balance									.281 - 14	» '
b	Contributions									373	į
С	Net investment earnings, gains,					4			*	, i. y . " "	1
	and losses .										<u> </u>
d	Grants or scholarships				_						
е	Other expenditures for facilities										, ,
_	and programs									. »	
f	Administrative expenses									*	į
g	End of year balance .	0	<u> </u>		0		I			•	ł
2	Provide the estimated percentage of	•	ance		as						
а	Board designated or quasi-endowme			<u>%</u>							
b	Permanent endowment	%									
C		<u>%</u>									
3a	Are there endowment funds not in the	e possession of t	he or	ganız	ation the	at are held	and ad	ministered 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 organ							•	3b		
4	Describe in Part XIV the intended use										
Part	VI Investments—Land, Build	ings, and Equ	ipme	<u>ent. S</u>			art X, III	ne 10			
_	Description of investment	(a) Cost or otl (investm		SIS		t or other (other)		Accumulated epreciation	(d) Bo	ook value	e
1a	Land .			0		0					0
b	Buildings			0		0		0			0
С	Leasehold improvements			0		0		0			0
d	Equipment			_0		2,056		1,510			546
е	Other		_	0		7,700		5,390			2,310
Total	. Add lines 1a through 1e (Column (d) must equal For	m 990	0, Par	t X, coli	umn (B), lin	ne 10(c)). ▶			2,856

Page 3

investments—Other Securities	. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation arket value
Financial derivatives)	
Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
Other			
		 	
•••••••••••••••••••••••••••••••••••••••			
		· · · · · · · · · · · · · · · · · · ·	 .
		 	
)	
)	
	C)	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related	d. See Form 990, Part X	, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu	uation
	(2) 2001 12:20	Cost or end-of-year ma	
			
			
	0		
	0		
	0		
	0		
	0	<u> </u>	
`)	<u> </u>
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	art X, line 15		
(a) Description		(b) Book value
			0
			0
			0
			0
		·	
			0
			0
			0
			0
			0
T-4-1 (0:1 (1) 15 000 D 114			0
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 15) .	•	0
Part X Other Liabilities. See Form 990	, Part X, line 25		
1. (a) Description of liability	(b) Amount		
Federal income taxes		0]	
		<u>o</u>	
		0	
		o	
		ol .	
		<u> </u>	
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		<u> </u>	,
			
		_0	1
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	_ 	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		_ 0	

	HOPE FOR HEROISM	91-2105756	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
•			
	•••••		
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	·····		-
			
			-

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

HOPE FOR HEROISM 91-2105756 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?. 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i e , expenditures for a program service. agents in region fundraising, program services, describe specific type of region grants to recipients located in region service(s) in region the region) N/A O 0

· Page 2

HOPE FOR HEROISM

Schedule F (Form 990) 2009

Part II Grants ar

/es" to Form 990,	titon (I) Method of valuation valuation (book, FMV, appraisal, other)							_				
answered "Y \$5,000	(h) Description of non-cash assistance	0	0	0	0	0	0	0	0	0	0	
ie organization ved more than	(g) Amount of non-cash assistance											
Complete if th recipient recei	(f) Manner of cash disbursement	217,100 Checks										
Jnited States.	(e) Amount of cash grant	217,100	0	0	0	0	0	0	0	0	0	C
Outside the L	(d) Purpose of grant	Support heros & soldiers										_
zations or Entities ived more than \$5,0 I space is needed	(c) Region	Middle East and North Africa										
tance to Organi ecipient who rece 990) if additional	(b) IRS code section and EIN (if applicable)								÷			
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed	(a) Name of organization											

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

~

Schedule F (Form 990) 2009

HOPE FOR HEROISM

Schedule F (Form 990) 2009

(h) Method of valuation (book, FMV, appraisal, Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1(Form 990) if additional space is needed other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement ᅙ ō (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III

Schedule F (Form 990) 2009

Schedule P (Form 990) 2009								
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.							
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

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

Inspection Employer identification number

HOPE FOR HEROISM	91-2105756
Form 990 Part VI Section B Line 11A THE RETURN IS REVIEWED BY AN OFFICER PRIOR 1	TO IT BEING SIGNED
AND SUBMITTED TO THE IRS	
Form 990 Part VI Section B Line 12C DURING MEETINGS OF THE BOARD OF DIRECTORS,	OFFICERS AND
DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS, IF ANY, THAT WOULD GIVE RIS	E TO CONFLICTS
Form 990 Part VI Section B Line 15 THE BOARD OF DIRECTORS APPROVE COMPENSATION	ON, WITH ANY OFFICER
BEING VOTED UPON ABSTAINING FROM THE VOTE	
Form 990 Part VI Section C Line 19 THE NONPROFIT ORGANIZATION'S GOVERNING DOCI	UMENTS, CONFLICT OF
INTEREST POLICY, AND FORM 990 CONTAINING FINANCIAL STATEMENT INFORMATION	I ARE AVAILABLE BY REQUEST

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