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)

2016

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

7	A F	or the	2016 calenda	er year, or tax year beginning 0 , 2016, and ending			, 20		
E	B a	neck if ap	pticable.	C Name of organization	D Emp	loyer id	entification number		
	_ A	ddress d	hange	Project Infinity	1	47-3791716			
Į	⊒ א	lame cha	nge	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Telep	ohone n	umber		
Ļ	_	utiai retur		P.O. Box 1081	ł	81	7-313-4054		
ř	=	mairetun mended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	emption		
Č	=		n pending	Artington, Texas 76004-1081	Nun	nber I	>		
ō	G A	ccount	ing Method:	✓ Cash	H Check	▶ 🔲	if the organization is not		
1	W	ebsite/	: www.	project-infinity.org	required	d to att	ach Schedule B		
J	J Ta	х-ехеп	npt status (che	ck only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527	(Form 9	90, 99	0-EZ, or 990-PF).		
Ī	KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other					
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets				
(y) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· · ·	▶ \$	24,836		
	Pa	ert I		e, Expenses, and Changes in Net Assets or Fund Balances (see the					
_			 _	the organization used Schedule O to respond to any question in this Par	<u>tl</u>		<u> </u>		
		1		ns, gifts, grants, and similar amounts received		1	20,226		
	- 1	2	_	ervice revenue including government fees and contracts		2	4,610		
		3	Membersh	p dues and assessments	· · ·	3	0		
	ľ	4	Investment	1 1		4	. 0		
		5a		unt from sale of assets other than inventory	0				
	ŀ	b		or other basis and sales expenses	0	l			
		C	•		5c	0			
		6	_	d fundraising events					
	0	а	\$15,000) .	ome from gaming (attach Schedule G if greater than	_	Ì			
	Revenue		-		0	1			
rs.	8	D		me from fundraising events (not including \$ 0 of contributaising events reported on line 1) (attach Schedule G if the	IONS				
2017	۳			•					
2				t expenses from gaming and fundraising events 6c		1			
\bowtie	ı	d		e or (loss) from gaming and fundraising events	subtract	7			
\Leftrightarrow	I	•	line 6c)	e of (1055) from garing and fandraising events (add into ou and ob and		6d	0		
NOC		7a	-	s of inventory, less returns and allowances 7a		 •	<u>_</u>		
=		b		of goods sold		1			
\bigcirc	- 1	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>_</u>	7c	0		
y		8		nue (describe in Schedule d) RECEIVED		8	0		
Z		9		nue. Add lines 1, 2, 3, 4, 50, 60, 7c, and 8	•	9	24,836		
CHUNE		10	Grants and	similar amounts paid (list is chedule 0] 5 2017 . O		10	0		
15	i	11	Benefits pa	aid to or for members		11	0		
	စ္က	12	Salaries, o	ther compensation, and employee-benefits AC		12	0		
	ž	13	Profession	ther compensation, and employee benefits		13	22,459		
	Expenses	14	Occupanc	y, rent, utilities, and maintenance		14	0		
	ű	15	Printing, pr	ublications, postage, and shipping		15	. 0		
	ĺ	16	Other expe	nses (describe in Schedule O)		16	1,588		
_		17	Total expe	nses. Add lines 10 through 16	<u>.</u> . ▶	17	24,047		
	တ္က	18		deficit) for the year (Subtract line 17 from line 9)		18	789		
	<u>8</u>	19		or fund balances at beginning of year (from line 27, column (A)) (must ag					
	Net Assets			r figure reported on prior year's return)		19	1,646		
	萝	20		ges in net assets or fund balances (explain in Schedule O)		20	2,259		
		21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> Þ</u>	21	4,694		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)



rum:	350-62 (2010)		77777			Tage =
Pa	rt II Balance Sheets (see the instruction					
	Check if the organization used Sched	dule O to respond to ar		Part II		B) End of year
			}-	<u> </u>		
22 23	Cash, savings, and investments			1,646	23	<u>2,435</u> 0
24	Other assets (describe in Schedule O)				24	2,259
25	Total assets			1,646		4,694
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of col	umn (B) must agree with	n line 21)	1,646	27	4,694
Par						-
	Check if the organization used Sched				(Rea	Expenses ured for section
	it is the organization's primary exempt purpose				501(c)(3) and 501(c)(4)
as m	cribe the organization's program service accorneasured by expenses. In a clear and concisions benefited, and other relevant information for	se manner, describe the or each program title.	e services provided	, the number of	organ	izations, optional for s)
28	Provide specialized therapies in music therapy, art therapy for children. In 2016, 29 unduplicated			I therapy), and		
	(Out to the control of the control o	aunt includes foreign are	nto chock horo		28a	10.004
20		ount includes foreign gra			208	12,264
29	Provide specialized therapies in music therapy, art therapy for adults, including disabled veterar					
	art trierapy for adults, including disabled veteral	13. III 2010, 3 diladpiicate	3 01101123 301 400, 01 3			
	(Grants \$ 0) If this amo	ount includes foreign gra	ints, check here	🕨 🗌	29a	11,783
30						
	(O 0) Kithan and		onto aback bara		30a	
24	(Grants \$ 0) If this amo	ount includes foreign gra	ins, check here .		SUA	
31		ount includes foreign gra			31a	o
32		28a through 31a)		>	32	24,047
Par	t IV List of Officers, Directors, Trustees, and				nstruc	tions for Part IV)
	Check if the organization used Sche	dule O to respond to a			<u>., .</u>	🗸
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ot	Estimated amount of her compensation
Jay I	Doegey					
<u>Boar</u>	rd Member, President	4	0		0	0
	cia Gonzalez					
	rd Member, Vice President	11	0		9	0
	oke Cortez (see Schedule 0) rd Member, Treasurer	14	1,232		اه	0
	nela Culbertson		.,242		1	
	rd Member, Secretary	6	0		0	0
Robe	ert Cox					
Boar	rd Member	6	0		0	0
				-		
					\top	
					-	
					_ _	
					+-	

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
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 O	33		<u></u>
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		1
35a	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)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4		
b 38a	Did the organization file Form 1120-POL for this year?	37Ь		✓
50a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		*
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Texas			·
42a			6-1534	4
b	Located at ► 18503 Sigma Rd., San Antonio, TX ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	78258		
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ▶	1		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	<u>. </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	_		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		✓
Ь	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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	\Box	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a	explanation in Schedule O	44d		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	 	✓
	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)	45b		1

Form 990-l	EZ (20	116)	Project	Infinity i	EIN '	47-3791	716		P	age 4
		e organization engage, directly or in				= =	tion		Yes	No
Part VI		ndidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Science of Science 1 and 50 and 51.	s must answer que	stions 47–49b ar		d complete th	e tabl	46 es fo	or line	.vs □
	ıd th	ne organization engage in lobbying	activities or have a				tax		Yes	No
48 Is 49a D b if 50 C	the id th "Yes	If "Yes," complete Schedule C, Par organization a school as described in the organization make any transfers to s," was the related organization a seplete this table for the organization's byees) who each received more than	n section 170(b)(1)(A)(ii o an exempt non-cha ection 527 organizatio five highest compens	ritable related orgain? sated employees (anization? other than	officers, direct	ors, tru			√ √ √ d key
	(a) i	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	Health benefits, utions to employee plans, and deferred ompensation	(e) Est othe		d amou pensat	
None										
								_		
51 C	omp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independe	o ent contra	ctors who eacl	n recei	ved	more	than
	(a) 1	Name and business address of each independ	dent contractor	(b) Type of	service	(c) Compe	nsatio	on .	
None									,	
52 D	id t	number of other independent contra he organization complete Schedu leted Schedule A	=		. ►	ns must attac	0 h a .▶	Yes		
Under pena	alties ct, and	of penjury, I declare that I have examined this is complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and stat irmation of which prepa	tements, and rer has any k	to the best of my k nowledge.				
Sign Here	May 5, 2017 Date									
Paid Prepar	er	Print/Type preparer's name	Preparer's signature		Date	Check self-empk	Jfl	ΠN		
Use O		Firm's name ►				Firm's EIN ▶ Phone no.				
May the	IRS	discuss this return with the prepare	r shown above? See i	nstructions	<u> </u>			Yes n 990		Vo (2016)

Form 990-EZ (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Proje	ct Infi	nity					47-37	91716	
Par	t I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
The o	organi	zation is not a private founda	tion because it is	s (For lines 1 through	12, chec	k only or	ne box.)		
1		church, convention of church							
2		school described in section							
3		hospital or a cooperative hos							
4	_	medical research organization ospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	_	n organization operated for t ection 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in	
6 7	_ , , , , , , , , , , , , , , , , , , ,								
8	□ A	community trust described in	section 170(b)	(1)(A)(vi). (Complete i	Part II.)				
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	O ☐ An organization that normally receives: (1) more than 33½% 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 33½% 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.)								
11		n organızation organized and							
12		n organization organized and							
	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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	a Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		Type II. A supporting organ control or management of to organization(s). You must a	he supporting o	rganization vested in	the same				
C		Type III functionally integrates supported organization(ally integrated with,	
d		Type III non-functionally i that is not functionally integreguirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement ar	• , ,	
е		Check this box if the organ functionally integrated, or 1						e II, Type III	
f	Ent	er the number of supported of		-					
g		vide the following information					·	·	
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
					I	ı	1	l	

Part							
	(Complete only if you checked the						llify under
Casti	Part III. If the organization fails to	quality unde	er the tests iis	sted below, p	lease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Calen 1	Gifts, grants, contributions, and	(a) 2012	(6) 2013	(6) 2014	(4) 2013	(e) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")				5,414	20,226	25,640
2	Tax revenues levied for the				3,414	20,220	25,040
_	organization's benefit and either paid]	
	to or expended on its behalf				اه	o	0
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge				o	ol	0
4	Total. Add lines 1 through 3				5,414	20,226	25,640
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)						18,898
6	Public support. Subtract line 5 from line 4		<u> </u>		j		6,742
	on B. Total Support	(-) 0010	/b) 0012	(=) 2014	(d) 2015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015 5,414	20,226	25,640
7		 -	l <u>-</u>		3,414	20,226	23,640
8	Gross income from interest, dividends, payments received on securities loans,		ļ		1		
	rents, royalties and income from similar						
	sources				اه	ا	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on				0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				1,923	4,610	6,533
11	Total support. Add lines 7 through 10		L		<u> </u>	<u> </u>	32,173
12	Gross receipts from related activities, etc					12	32,173
13	First five years. If the Form 990 is for the					ear as a sectio	
Cooti	organization, check this box and stop he on C. Computation of Public Suppor			• • • • •	<u> </u>	• • • • •	> 🗸
<u>3ecu</u>	Public support percentage for 2016 (line		·	1 column (ft)		14	<u>%</u>
15	Public support percentage from 2015 Scl	• • • • • • • • • • • • • • • • • • • •	-			15	//
16a	331/3% support test—2016. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organi	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 33¹ശ% or m	
	this box and stop here. The organization						▶ 🗖
17a	10%-facts-and-circumstances test-2	016. If the ora	anization did r	ot check a bo	x on line 13, 1	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, ci	heck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization						🕨 🗀
b	10%-facts-and-circumstances test-2	015. If the org	anization did r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization			\cdot \cdot \cdot \cdot			· · 🟲 🔲

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

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Part III	Support Sche	dule for	Organizatio	ns Described in	Section !	509(a)(2)

(Complete only if you checked the box on line 10 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	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise						ļ	
	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		ļ					
6	Total. Add lines 1 through 5	<u> </u>						
7a	Amounts included on lines 1, 2, and 3							
_	received from disqualified persons		 					
þ	Amounts included on lines 2 and 3							
	received from other than disqualified		j					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	j						
_	Add lines 7a and 7b		 					
8	Public support. (Subtract line 7c from						<u> </u>	
	line 6.)							
Secti	on B. Total Support	L		·			•	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on secunties loans, rents,	İ						
	royalties and income from similar sources .		ļ					
b	Unrelated business taxable income (less	}		İ				
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b						 	
11	Net income from unrelated business		İ				İ	
	activities not included in line 10b, whether or not the business is regularly carried on					1		
		ļ						
12	Other income. Do not include gain or loss from the sale of capital assets	1	1				1	
	(Explain in Part VI.)	1						
13	Total support. (Add lines 9, 10c, 11,		 				 	
	and 12.)				ļ			
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)	
	organization, check this box and stop he	re	. <u></u>	· · · · ·	<u></u>	<u> </u>	> 📮	
Secti	on C. Computation of Public Suppo							
15	Public support percentage for 2016 (line					15	<u>%</u>	
16	Public support percentage from 2015 Sc			· · · · ·		16	<u>%</u>	
	on D. Computation of Investment In			uniting 40 and	(6)	147		
17	Investment income percentage for 2016					17	<u>%</u>	
18	8 Investment income percentage from 2015 Schedule A, Part III, line 17							
19a								
_	331/a% support tests—2015. If the organi							
Þ	line 18 is not more than 331/3%, check this							
20	Private foundation. If the organization d		_					

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>'.)</u>	
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	[Yes	No
	class or purpose, describe the designation. If histoni and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		·
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

Schedul	e A (Form 990 or 990-EZ) 2016 NIA Project Infinity EIN 47-379	171	6	Page 5
Part		<u>, , ,</u>	<u> </u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ
	below, the governing body of a supported organization?	11a		├
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	1110		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

Schedule	A	(Form	990	OF	ggn	-F7)	2016	:

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Schedule A (Form 990 or 990-EZ) 2016	/)	111111 PTO 1	7-3/11 // (Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani:	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	_	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

emergency temporary reduction (see instructions).	6	
7 Check here if the current year is the organization's first as a n	non-functionally integrated Type	III supporting organization (see
instructions)		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

		of outporting organi	zadons (commuca)	Current Year	
	Section D - Distributions				
	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purp				
	Amounts paid to acquire exempt-use assets		_ 	· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (pnor IRS approval required)				
<u>6</u>	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive		
	(provide details in Part VI). See instructions.				
9_	Distributable amount for 2016 from Section C, line 6				
10_	Line 8 amount divided by Line 9 amount		<i>(</i> 10)	an and an an an an an an an an an an an an an	
Se	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdist Pre-2			(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2016:				
a					
b)	
	From 2013				
d	From 2014				
e_	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2016 distributable amount				
i_	Carryover from 2011 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		····		
4	Distributions for 2016 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			<u> </u>	
b	Applied to 2016 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				
e	Excess from 2016				

Schedule A (Fe	orm 990 or 990-EZ) 201	6 Project			47-3791716	Page 8
Part Vi	III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Pro IV, Section A, line 2; Part IV, Section at V. line 1: Part V.	vide the explanations 1, 2, 3b, 3c, 4b, C, line 1; Part IV, Section B, line 1e	4c, 5a, 6, 9a, Section D, line : Part V, Section	9b, 9c, 11a, 11b, an s 2 and 3: Part IV, S	t II, line 17a or 17b; Part d 11c; Part IV, Section ection E, lines 1c, 2a, 2b, 8; and Part V, Section E, ons.)
Part II: Sup	port Schedule for C	Organization Describ	ed in Section 170(b)(1)(A)(vī):		
Line 10: Ot	her Income-Partici	pant fees received fo	r specialized therapy	sessions: 2015	\$1,923; 2016 \$4,610	
					·	
		•				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				••••••••••••••••••••••••••••••••••••••		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Employer identification number

OMB No 1545-0047

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

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

Open to Public Inspection

Project Infinity	47-3791716
Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances:	
Line 8: Other revenue-\$0	
Line 10: Grants and similar amounts paid-\$0	
Line 13: Professional fees and other payments to independent contractors\$22,459	
Line 16: Other expenses1) bank service fees-\$410, plus 2) marketing outreach (CareStart	er and Constant Contact\$1,178) = \$1,588
Line 20: Other changes in net assetsaccounts receivable1) Kendra Scott Gives Back eve	nt\$1,584, plus 2) Booster event\$274, plus
3) 2015 IRS refund-\$400 = \$2,259	·
Part II: Balance Sheets	
Line 24: Other assets (end of 2016) are accounts receivable1) Kendra Scott Gives Back ev	ent-\$1,584, plus 2) Booster event \$274, plus
3) 2015 IRS refund\$400 = \$2,259	
Line 26: Total Liabilities\$0	·
Part III: Organization's primary exempt purpose and (Lines 28-31) Statement of Program Ser	vice Accomplishments:
Project Infinity's primary exempt purpose is to fill a community-wide gap in services	s due to 10+ years waiting lists for government
subsidized waiver programs and high cost of private therapy for vulnerable children	n and adults with disabilities (autism, trauma,
developmental delays, etc.). It offers high quality/low cost specialized group therap	y sessions to fill the gap by utilizing music,
recreational, art , and animal-assisted therapies. In 2016, we served 279 duplicated	individuals and 166 group sessions lead by
credentialed therapists. In 2017, our goal is 500 duplicated individuals in 175 group	sessions. When children participate in
specialized group sessions, over time, they improve behavioral, neurologic/cognitive	e, physical, and/or emotional functioning.
We measure change through client progress against therapeutic goals, and parent	surveys. The ultimate long-term outcome is for
every individual with a disability to function independently and realize his/her fulles	t potential.
Part IV: List of Officers, Directors, etc.:	
(a) NameBrooke Cortez, (c) Reportable Compensationreceived \$1,232 for conducting 16	group music therapy sessions at
Project Infinity's standard rate of \$77 per group session as a credentialed music therapist in	dependent contractor.
This is not an excess benefit transaction. Same rate is paid for other Project Infinity music	therapist groups.
No compensation is paid for being a director or officer.	