### Extended to November 15, 2019

# Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or the	2018 calendar year, or tax year beginning	and	ending			
В	heck if pplicable	C Name of organization			D Employer identific	cation number	
	Addres change	INFINITE HERO FOUNDATIO	N				
	Name change				45-0	983498	
	Initial return Final return/	Number and street (or P.O. box if mail is not deliver 22365 EL TORO ROAD	ered to street address)	Room/suite 275	E Telephone number 855-687-4376		
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	1,323,188.	
	Amend	DAKE FUNEST, CA 32030			H(a) Is this a group re	eturn	
L	Application pendin		n Baden , Lake Forest,	CA 9	for subordinates <b>H(b)</b> Are all subordinates in	? Yes X No	
		empt status: X 501(c)(3) 501(c)( )	(insert no.) 4947(a)(1)			list. (see instructions)	
		e:▶ www.infinitehero.org			H(c) Group exemptio		
			ociation Other	L Year	of formation: 2011	A State of legal domicile: CA	
Pa		Summary				war bester was to the same and	
Activities & Governance	1	Briefly describe the organization's mission or most s Organization's mission sta	ignificant activities: See tement.	Schedu	le 0 for th	e	
rna	1 .	Check this box F if the organization discont		osed of more	than 25% of its net as	ssets.	
ove	3	Number of voting members of the governing body (F	Part VI, line 1a)		3	7	
ଷ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			7	
es	5	Total number of individuals employed in calendar ye	ar 2018 (Part V, line 2a)		5	2	
iviti	6	Total number of volunteers (estimate if necessary)			6	45	
Act		Total unrelated business revenue from Part VIII, colu				0.	
	b	Net unrelated business taxable income from Form 9	90·T, line 38			0.	
	V-20	the control of the co		1	Prior Year	Current Year	
e		Contributions and grants (Part VIII, line 1h)			848,937.	1,259,756.	
Revenue		Program service revenue (Part VIII, line 2g)			51.	0. 65.	
Re		Investment income (Part VIII, column (A), lines 3, 4, a			168,296.		
	200.0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		entertonneller of the	1,017,284.		
_		Total revenue - add lines 8 through 11 (must equal F Grants and similar amounts paid (Part IX, column (A			305,100.	532,050.	
		Benefits paid to or for members (Part IX, column (A)			0.		
un.		Salaries, other compensation, employee benefits (Pa			151,473.	180,550.	
se					0.	0.	
Expenses	ь	Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line	25) ▶ 224,7	746.			
ŭ		Other expenses (Part IX, column (A), lines 11a-11d,			357,095.	532,576.	
		Total expenses. Add lines 13-17 (must equal Part IX			813,668.	1,245,176.	
		Revenue less expenses. Subtract line 18 from line 1		MADINGSTREETS	203,616.	7,154.	
Ses				Ве	ginning of Current Year	End of Year	
Assets or Balances	20	Total assets (Part X, line 16)			478,612.	498,485.	
t As	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from li			3,573.	16,292.	
Ž	22	Net assets or fund balances. Subtract line 21 from li	ine 20		475,039.	482,193.	
		Signature Block					
		lities of perjury, I declare that I have examined this return, ir				ly knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of v	wnich preparei	r nas any knowledge.	7/	
		Signature of officer			Date		
Sig		Kevin R. Collins, Treas	uror		Data		
He	re	Type or print name and title	urer				
			Preparer's signature		Date Check	T PTIN	
Pai	d	Mark D. Murphy	r reparci o signature		if self-employ		
						95-3864890	
Use Only Firm's address 4685 MACARTHUR COURT, SUITE 300							
NEWPORT BEACH, CA 92660 Phone no. (949)650-277							
Ma	y the II	RS discuss this return with the preparer shown above				X Yes No	
	001 12-3			tions.		Form <b>990</b> (2018)	

Ра	Check if Schedule O contains a respons			X
1	Briefly describe the organization's mission:			
•	The Foundation funds pr	ograms that increa	ase the availability	of
	critical mental and phy			
	programs and therapies			
	<u> </u>			
2	Did the organization undertake any significant			
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sche			
3	Did the organization cease conducting, or make		ducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule			
4	Describe the organization's program service ac			
	Section 501(c)(3) and 501(c)(4) organizations a		grants and allocations to others, the total	al expenses, and
4-	revenue, if any, for each program service report	765	532,050.) (Revenue\$	
4a	(Code: ) (Expenses \$ 819 See Schedule O	including grants of \$	332,030• ) (Revenue \$	)
	bee benedule 0			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
710	/ (Code) (Expenses #	including grants or \$	) (Heveride #	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
4d	Other program services (Describe in Schedule	O.)		
	(Expenses \$ includi	ng grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	819,365.		
				Form <b>990</b> (2018)

10251115 757807 30125

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<sub>V</sub>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	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	11b		Х
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		<del></del>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	22	

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#### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			v
04-	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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	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	<b> </b>		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<del></del> -
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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		X
	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 (or a family member thereof) was an officer,		Х	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
00	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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 00a		† <u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
-	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2018)

# Form 990 (2018) INFINITE HERO FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, aid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country yeur has a bank account, or other financial accounts ("Feat").  b If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions that were not tax eductibles of the regarization file from 8886-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of a charitable contributions?  6b If "Yes," indicate the number of the visit of the visit of the seem of the visit of the				Yes	No		
b If a least one is reported on line 2a, did the organization field all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  1 "Yea," has it filed a form 360-T for this year? If 'No' to line 30, provide an explanation in Schedule O  3b If 'Yea," and uning the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 If 'Yea,' enter the name of the foreign country.  5 If 'Yea,' in line 5 are 5, did the foreign country.  5 If 'Yea,' in line 5 are 5, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yea to line 5 are 5, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yea to line 5 are 5, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yea to line 5 are 5, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yea to line 5 are 5, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If 'Yea,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If 'Yea,' indicate the number of Forms 8282? If make party as a contribution and party for goods and services provided to the payor?  7 If If yea,' indicate the number of Forms 8282? If end uning the year  9 If 'Yea,' indicate the number of Forms 8282? If end uning the year  9 If If we granization receives a contribution or indirectly, to pay premiums on a personal benefit contract?  9 If If we granization receives an ort	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  41 at 1am; 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 baric account; such in 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 baric account; such creating of the country in the such as baric accounts; or other financial accounts (FBAR).  51 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  52 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  54 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  54 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  55 Was the complete organization from the separation of the value of the goods or services provided?  56 Was the complete organization solicit and the services of the value of the goods or services provided?  57 Organizations that may receive deductible contributions under section 170(c).  58 Was the organization receive a payment in excess of \$75 made party as a contribution of quantization receive a payment in excess of \$75 made party as a contribution of quantization receive a payment in excess of \$75 made party as a contribution of quantization received a contribution of quantization and party for goods and services provided to the payor?  55 Was the organization receive a payment in excess of \$75 m		filed for the calendar year ending with or within the year covered by this return 2a 2					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1'Yes', has it filed a Form 990 Tor this year? If No To line 3b, provide an explanation in Schedule O.  4c 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 intancial accounts (FBAR).  5c If 1'Yes' to the foreign country with a shear kaccount, securities account, or other intancial accounts (FBAR).  5c If 1'Yes' to the Sac of 5b, did for bergian product as wheelt transaction at any time during the tax year?  5c If 1'Yes' to the Sac of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 1'Yes' to the Sac of 5b, did the organization the Form 888F1?  5c If 1'Yes' to the Sac of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  a bid the organization include with every solicitation are yeness statement that such contributions or gifts were not tax deductible?  5c If 1'Yes' to did the organization include with every solicitation are yeness statement that such contributions or gifts were not tax deductible?  5c If If Yes' to did the organization include with every solicitation are yeness statement that such contributions or gifts were not tax deductible?  6c If If Yes' to did the organization include with every solicitation are yeness statement that such contributions or gifts were not tax deductible?  6c If If Yes' to did the organization include with every solicitation are yeness statement that such contributions or gifts were not tax deductible and the property of the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, ald the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a baink account, securities account; or other financial account)?  4b If "Yes," enter the name of the foreign country.  5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitable contributions?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitable contributions.  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization receive a payment in excess of 157 ande parity as a contribution and parity for goods and services provided to the payor?  7 The section of the organization receive and prometin excess of 157 ande parity as a contribution of an an part of the goods or services provided?  7 The "Yes," indicate the number of Forms 8882 filed during the year  7 To did the organization received a payment in excess of 157 ande parity as a contribution of an approximation for the section of 157 ande 157		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
4a At any time during the calendary year, did the organization have an interest in, or a signature or other suthority over, a financial account in a toreign country. Such as a bank account, securities account, or other financial accounts (*PAR).  b If Y'es,* enter the name of the foreign country: ▶  Sec instructions for filling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (*PBAR).  See instructions for thing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (*PBAR).  See instructions for thing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (*PBAR).  See instructions for the organization in the organization flat it was or is a party to a prohibited tax shetler transaction?  5a					X		
tinancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country;  b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction? 5b X Y See In Sea of Sb, did the organization tile It was or is a party to a prohibited tax shelter transaction? 5b X Y See In Sea of Sb, did the organization tile Form 8886-T7 Sea on the Sea of Sb, did the organization file Form 8886-T7 Sea on the Sea of Sea of Sea on Sea of Sea of Sea on Sea of Sea			3b				
b If "Yes," enter the name of the foreign country: P  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b DX  5c If "Yes" to line Saor 59, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions?  6c DI If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization shall experiment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  7d If the organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(27) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  9 Gross received from them)  110a  117 Section 501(c)(27) organizations. Enter:  a Initiation fees and capital contributions	4a				.,		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  55			4a		Λ		
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11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	_						
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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  X	b		14b				
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X	15						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			15		X		
					77		
If "Yes," complete Form 4720, Schedule O.	16		16		X		
Form <b>990</b> (20-		If "Yes," complete Form 4720, Schedule O.	Fa==	000	(2040)		

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic analytic and an analytic analytic analytic analytic and an analytic analytic and an analytic analyt		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		1.0		
12a		12a	Х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?			
•	The organization's CEO, Executive Director, or top management official	15a		Х
	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).	1.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶See Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	) availe	ahle
	for public inspection. Indicate how you made these available. Check all that apply.	o orny,	uvalle	1010
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
IJ	statements available to the public during the tax year.	ı ııı lal l	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Kevin Collins - 720-956-1600			
	11118 Caretaker Road, Littleton, CO 80125			

Form **990** (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) (B)	(C)	(D)	(E)	(F)
Name and Title Average Po	Position eck more than one	Reportable	Reportable	Estimated
hours per box, unless	s person is both an	compensation	compensation	amount of
week	a director/trustee)	from	from related	other
(list any		the	organizations	compensation
hours for   ਚੁੱਚ     related   ਲੈ ਲੈ	sated	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
organizations   st   st   st   st	mpen	(** 27 1033 141100)		and related
	Officer Key employee Highest compensated employee Former			organizations
line) $\left \begin{array}{c} \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \end{array}\right $	Officer Key emp Highest employe			
(1) Colin Baden 2.00				
	x	0.	0.	0.
(2) Colonel Robert J. Coates, Ret. 2.00				
Director		0.	0.	0.
(3) Thomas E. Davin 2.00				
Director		0.	0.	0.
(4) Kevin R. Collins 4.00				
	x	0.	0.	0.
(5) Don Schumacher 2.00				
Director		0.	0.	0.
(6) Kimberly Mitchell 2.00				
Director		0.	0.	0.
(7) Erick Poston 2.00				
Vice President and Directo		0.	0.	0.
(8) Lewis Runnion 2.00				
Director		0.	0.	0.
				5 000 (224.2)

Form **990** (2018)

	t VII Section A. Officers, Directors, True (A)	(B)	<del></del>		((				(D)	(E)			(F)	
	Name and title	Dacition .			Reportable	Reportable		Fe	יי) timated	4				
	Name and title	hours per					than		compensation	compensatio	n		nount c	
		week					or/trus		from	from related			other	•
		(list any	tor						the	organizations	- 1		pensat	ion
		hours for	dire				pg Gg		organization	(W-2/1099-MIS			om the	
		related	tee o	nstee			ensat		(W-2/1099-MISC)			org	anizatio	วท
		organizations	altrus	nal tr		oyee	omp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	ns
		iii ie)	트	lus	₽	Ş.	훈ቈ	윤						
			_											
			1											
									0.		0.			_
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
a	Total (add lines 1b and 1c)  Total number of individuals (including but i									000 of war and all	-			<u> </u>
2	compensation from the organization	ioi iiriilea to tr	iose	IISLE	eu ai	DOV	e) wi	10 1	eceived more than \$100	,000 or reportable	е			C
	· ·												Yes	No
3	Did the organization list any former officer			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s	•							•	•				77
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-		elat	ted organization or indiv	idual for services		5		Х
Sec	tion B. Independent Contractors	ipicie dericadi	C 0 1	01 30	JCII	perc	3011							
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	Itnii	n the organization's tax	year.		(0	:)	
	Name and business	address	N	INC	3				Description of s	ervices	С		nsation	1
	Total number of independent contractors (	includina but r	not li	mite	d to	tho	se li	ster	d above) who received n	nore than				
	\$100,000 of compensation from the organ						0		,					
												Form	<b>990</b> (2	018)

832008 12-31-18

Pa	rt V	1111				as in this Dort VIII			
			Check if Schedule O cont	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2 a l	b c d e f g h a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f  All other program service rever	th to the transfer of the tran	Business Code	1,259,756.		, cvenue	312 - 314
	3 4 5		Investment income (including other similar amounts)	dividends, inter	est, and proceeds	65. 48,167.			65. 48,167.
	6 a	a b c	Gross rents	(i) Real	(ii) Personal				
	7 8	а	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	(	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	_		Gross income from fundraisin including \$ 351,6 contributions reported on line Part IV, line 18 Less: direct expenses	40 • of 1c). See	15,200. 70,858.				
Ò	•	c a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19	draising events	<b>&gt;</b>	-55,658.			-55,658.
	(	b c a	Less: direct expenses  Net income or (loss) from gam  Gross sales of inventory, less	bing activities returns	<b>→</b>				
		b	and allowances  Less: cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	s of inventory					
		a b c							
		е	All other revenue			1,252,330.	0.	0.	-7,426.

### 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).

0001	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	532,050.	532,050.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	154 061	16 255	C4 402	74 000
7	Other salaries and wages	154,961.	16,355.	64,403.	74,203.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	11 010	989.	6 545	/ 205
9	Other employee benefits	11,819. 13,770.	-1,500·	6,545. 23,547.	4,285. -8,277.
10	Payroll taxes	13,770.	-1,500.	23,347.	-0,2//.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С.	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	188,293.	112,275.	33,494.	12 521
	column (A) amount, list line 11g expenses on Sch O.)	43,008.	30,569.	1,044.	42,524. 11,395.
12	Advertising and promotion	10,706.	1,706.	7,280.	1,720.
13	Office expenses	95,803.	41,520.	27,480.	26,803.
14	Information technology	93,003.	41,320.	27,400.	20,003.
15	Royalties				
16	Occupancy	148,827.	81,164.	4,095.	63,568.
17	Travel	140,027.	01,104.	4,093.	03,300.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	5,393.	20.	296.	5,077.
19	Conferences, conventions, and meetings	3,393.	۵0 •	490 •	5,077.
20	Interest Payments to offiliates				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,831.		16,831.	
23 24	Insurance Other expenses. Itemize expenses not covered	10,031.		10,031.	
<b>24</b>	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Dank Ohamas	8,222.	227.	7,097.	898.
h	Printing & publications	7,435.	3,841.	1,201.	2,393.
C	Other Costs	6,023.	50.	5,973.	_,
d	Storage	1,247.		1,099.	148.
	All other expenses	788.	99.	680.	9.
25	Total functional expenses. Add lines 1 through 24e	1,245,176.	819,365.	201,065.	224,746.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-31-18				Form <b>990</b> (2018)

Form **990** (2018)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	267,761.	1	324,062
2	Savings and temporary cash investments	168,704.	2	168,769
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	40,177.	4	3,654
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8   1	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
l b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	1,970.	14	2,000
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	478,612.	16	498,485
17	Accounts payable and accrued expenses	3,573.	17	16,292
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	3,573.	26	16,292
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.	485 000		400 400
27	Unrestricted net assets	475,039.	27	482,193
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	488 AAC	32	100 100
z   33	Total net assets or fund balances	475,039.	33	482,193
34	Total liabilities and net assets/fund balances	478,612.	34	498,485

Form **990** (2018)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	Pa	rt XI Reconciliation of Net Assets					_
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 7,154 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 475,035 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 7,154 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 475,035 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:				<u>.</u>			
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  A 4 475 7, 035  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990: Cash Accrual Other  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis I Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis I Both consolidated and separate basis  b Were the organization's financial statements and selection of an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis I Both consolidated and separate basis  c If "Yes," the can be organization of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If the organization chang	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (2)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (2))  Check if Schedule O contains a response or note to any line in this Part XII  Thancial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a Y  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization un	3	Revenue less expenses. Subtract line 2 from line 1	3				
Donated services and use of facilities  To Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 17</u>	5,0	<u>39.</u>
7 Investment expenses 7 8 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 482, 193  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2 2	5	5 Net unrealized gains (losses) on investments					
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 482,193    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   Naccual   Other	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	8	Prior period adjustments	8				
Column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
Check if Schedule O contains a response or note to any line in this Part XII    Yes   N		column (B))	10	4	<u> 182</u>	2,1	93.
Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting					
Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Check if Schedule O contains a response or note to any line in this Part XII					Ш
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Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a D  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
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Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 3  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis  C 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 3  b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated and separate basis  Both consolidated and separate basis  2c 2c 3  The proview of the audit, and the organization in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 3 5  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Separate basis Consolidated basis Both consolidated and separate basis					
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c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 3		consolidated basis, or both:					
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Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	э.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
		Act and OMB Circular A-133?		L3	За		X
or guidits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
of addits, explain with in concadile of and describe any steps taken to dilutely oscion addits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		s	3b_		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number INFINITE HERO FOUNDATION 45-0983498 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	530,095.	533,376.	459,812.	777,525.	852,458.	3153266.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	530,095.	533,376.	459,812.	777,525.	852,458.	3153266.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3153266.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total 3153266.
7	Amounts from line 4	530,095.	533,376.	459,812.	777,525.	852,458.	3153266.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	566,052.	344,632.	460,043.	140,484.	48,167.	1559378.
9	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 VI.)						
11	Total support. Add lines 7 through 10						4712644.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publ						66.01
14	Public support percentage for 2018 (					14	66.91 %
15	Public support percentage from 2017					15	53.55 %
16a	33 1/3% support test - 2018. If the o	•		•		•	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2017. If the c						is box
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2018. 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 "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2018

#### Part III | Support Schedule for Organizations 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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					·	
	Investment income percentage for 20				·	17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# 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.)

#### Section 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.
- **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.
- c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 charitable 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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.**
- **b** 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.
- 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.
- 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.
  - **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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			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)			
		11a		
b	A family member of a person described in (a) above?	11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion 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		
Sect	tion D. All Type III Supporting Organizations			
	and the state of t		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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	ctions	:).	
2	Activities Test. Answer (a) and (b) below.	Í	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			
		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			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		3а		
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.*832025 10-11-18

Sch

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
<u>i</u>		over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
_		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
<u>e</u>	⊏xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
•	

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2018** 

Name of the organization Employer identification number

INFINITE HERO FOUNDATION 45-0983498

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	- account that the Council But have Oracid But
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box nere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \bi
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

### INFINITE HERO FOUNDATION

45-0983498

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	Barry Talley  16 Driver Ln  Littleton, CO 80123	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Gary Linfoot  2019 Mossy Oak Circle  Clarksville, TN 37043	\$ 25,350.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Guild Giving Foundation  5898 Copley Drive FL 3  San Diego, CA 92111	\$ 90,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Mark Bush 7820 Cicero Court Littleton, CO 80125	* 31,270.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	PJI Production Fund PO Box 99900 Louisville, KY 40269	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b)	(c)	(d)		
6	Polaris Industries, Inc.  2100 HWY 55  MEDINA, MN 55340	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

### INFINITE HERO FOUNDATION

45-0983498

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Robert Clark  27250 Craig Lane  Golden, CO 80401	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Sterling Custom Homes, Inc.  862 W. Happy Canyon Road Suite 115  Castle Rock, CO 80108	\$ 65,550.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	TLC Foundation From the Heart 215 W. 6th Street Roswell, NM 88201	\$35,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Troy Reisner  10466 Marigold Court  Highlands Ranch, CO 80125	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Kevin Collins 7938 Cicero Court Littleton, CO 80125	\$ 55,658.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

### INFINITE HERO FOUNDATION

45-0983498

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF) (2

**Employer identification number** 

Name of organization

45-0983498 INFINITE HERO FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INFINITE HERO FOUNDATION

**Employer identification number** 45-0983498

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area				
	Protection of natural habitat	Preservation of a certifie	ed historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		2a				
	•						
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired		1 1				
	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per		□,, □,,				
•	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing consei	rvation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand						
7	Amount of expenses incurred in monitoring, inspecting, nand  \$\bigs\\$\$	ning of violations, and enforcing conservation	on easements during the year				
8	Does each conservation easement reported on line 2(d) above	vo action, the requirements of section 170/b)	(////D)(i)				
0	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
•	include, if applicable, the text of the footnote to the organization	•					
	conservation easements.	tion o interioral statements that describes th	o organization o doodanting for				
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,				
	historical treasures, or other similar assets held for public ext						
	the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ea						
	relating to these items:		-				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		·				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		• \$				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018				

832051 10-29-18

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Simi	lar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at are a s	ignifican	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d		Loan or exc	change progr	rams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	tion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, oı	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other a	ssets not	included	ł			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Pai											
		(a) Current year		rior year	(c) Two year	-		vears back	(e) Four	rvears	back
1a	Beginning of year balance	(,	(-)	<b>,</b>	1 7		(/	,	χ-,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	·										
	. •										
	Administrative expenses  End of year balance										
_	Provide the estimated percentage of the cur	ront voor and balans	l (line 1	a column (	a)) hold ac:						
2				g, coluitii (	a)) Helu as.						
	Board designated or quasi-endowment	%	_%								
	Permanent endowment	<del></del> i									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho		-41 41				la a	! <b>!</b> !			
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid a	and administ	erea for t	ne organ	ization	1	V	NI-
	by:								0-(1)	Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
_	If "Yes" on line 3a(ii), are the related organiza				′				3b		
Bo:	Describe in Part XIII the intended uses of the		owment	tunas.							
Pai	t VI Land, Buildings, and Equipm				0 5 00		" 40				
	Complete if the organization answere					<del>-                                    </del>		.			
	Description of property	(a) Cost or o		` ,	t or other	1 ' '	ccumula		( <b>d</b> ) Boo	k value	е
		basis (investr	nent)	basis	(other)	de	preciatio	1			
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										_
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colur	nn (B). line	10c.)			▶			0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 INFINITE HEI	RO FOUNDATIO	N	45-0983498 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cos	st or end-of-year market value
(1)			
(2)		_	
(3)			
(4)			
(5)			
(6)		_	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV lin	a 11d Cas Farm 000 Dart V line 1	E
Complete if the organization answered "Yes" (a) [	Description	e 11d. See Form 990, Part X, line 1	(b) Book value
	<u>Jescription</u>		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	; 13.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV lin	e 11e or 11f See Form 990 Part Y	line 25
1. (a) Description of liability		(b) Book value	.,
(1) Federal income taxes	<del></del>	(,,	
(2)	<del></del>		
(2)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018

COLIC	dale D	(101111000) 2010 ==================================				rugo
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer	ıts Wit	h Revenue per R	eturr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	3,952,330
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b	2,700,000.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lin	nes 2a through 2d			2e	2,700,000
3	Subtra	act line 2e from line 1			3	1,252,330
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lii	nes <b>4a</b> and <b>4b</b>			4c	0.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,252,330
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	3,945,176
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	2,700,000.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	2,700,000
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	1,245,176
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			

#### 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X, Line 2:

c Add lines 4a and 4b

The Foundation adopted the provisions of Accounting Standards Codification 740, Income Taxes, related to accounting for uncertain tax positions as of March 31, 2011 (inception). The Foundation files annual exempt organization returns in the United States Federal jurisdiction and with the FTB in the state of California. The Foundation has determined that it has no liabilities for uncertain tax positions as of December 31, 2018, 2017 or 2016. The Foundation does not anticipate any material change in its assessment of uncertain tax positions will occur in the twelve months following December 31, 2018. The Foundation may from time to time be subject to routine audits by the IRS, FTB or other taxing authorities.

Currently there are no audits in progress for any tax years. The

Supplemental Information (continued)	
Foundation's returns are generally open to audit for three years after th	.e
filing date for Federal purposes and four years after the filing date for	,
state purposes.	

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

INFINITE HERO FOUNDATION

Double Fundamining Activities Control of the provided by the second state of the secon

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

Po	ırt I	of fundraising events. Complete if the of fundraising event contributions and gr	-			
		•	(a) Event #1 Golf Event	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			(GVOIII TYPO)	(Overte type)	(total Halliber)	
Revenue	1	Gross receipts	366,840.			366,840.
	2	Less: Contributions	351,640.			351,640.
	3	Gross income (line 1 minus line 2)	15,200.			15,200.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				70,858.
	10	Direct expense summary. Add lines 4 through				70,858.
Ds	11   rt					-55,658.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	11 990, Fait IV, line 19, or	reported more than	
		· · · · · · · · · · · · · · · · · · ·	(a) Dings	(b) Pull tabs/instant	(a) Oth an aramain a	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
_	_					
a	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_	· · -				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
8320	82 1	0-03-18			Schedule G (Fo	orm 990 or 990-EZ) 2018

11 Does the organization conduct gaming activities with nonmembers?	Sch	nedule G (Form 990 or 990-EZ) 2018 INFINITE HERO FOUNDATION 45-0	983	498	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?    3	11	Does the organization conduct gaming activities with nonmembers?			
13 Indicate the percentage of gaming activity conducted in: a The organization's facility		Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Vos	□ No
a The organization's facility   13a   9/6   13b   9/6	13			163	110
b An outside facility			13a		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			100		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.,				
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party:  Name ▶ Address ▶		Address >			
of gaming revenue retained by the third party ▶\$	15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	ı				
Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ves □ No  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	(				
Saming manager information:  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer		Name			
Saming manager compensation  \$  Description of services provided  Director/officer  Employee  Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Ves  No  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Address >			
Description of services provided ▶  Director/officer	16	Gaming manager information:			
Director/officer		Name			
Director/officer		Gaming manager compensation ▶ \$			
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Description of services provided			
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17	Mandatory distributions:			
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
<ul> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>				Yes	☐ No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	Pa		art III, li	nes 9.	9b, 10b,
				<i></i>	
	_				

Schedule G	(Form 990 or 990-EZ)	INFINITE HERO	FOUNDATION	45-0983498 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		-

#### SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

#### INFINITE HERO FOUNDATION

Employer identification number 45-0983498

Part I General Information on Grants a	ınd Assistance						
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	_			•	anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	ded.	(f) Made ad at	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Fort Worth Airpower Foundation							Durant for A Deb
PO BOX 8728 Fort Worth, TX 76124	75-2828493	501(c)(3)	100,000.	0.			Program Grant for 4 iBot Personal Mobility Devices
The Boot Campaign, Inc.	73-2020493	501(0)(3)	100,000.	0.			reisonal Mobility Devices
5755 Eagles Nest Boulevard							
Building 4, Suite 2 - Tyler, TX							Reboot Brain Treatment
75703	27-4980936	501(c)(3)	80,000.	0.			Program
Combat Wounded Coalition							2018/2019 Grant for
1220 Executive Blvd #109							Overcome Academy Pilot
Chesapeake, VA 23320	27-0426467	501(c)(3)	105,000.	0.			Program
US Expeditions and Exploration 5375 Prancing Pass							Infinite Hero Foundation was granted \$40,000 from Guild Mortgage as a pass
Cumming, GA 30040	47-3183653	501(c)(3)	40,000.	0.			through to USX
				•			-
Leashes of Valor							
24114 Sparta Road							Provide funding for
Milford, VA 22514	82-1110902	501(c)(3)	5,000.	0.			service dog training.
							Save A Warrior SAW is
The Warrior Meditation Foundation							committed to ending the
Inc DBA Save A Warrior - PO Box				_			staggering suicide rate
694 - New Albany, OH 43054	45-5571507	1 1 1 1	50,000.	0.			plaguing our veterans,
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organization	s listed in the line	1 table					<b>&gt;</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Quality of Life Foundation Inc 2750 Killarney Drive Woodbridge, VA 22192	26-1820245	501(c)(3)	50,000.	0.			To assist with caregivers for wounded military men and women and their families.
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	2

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	erea "Yes" on Form s	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	·				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
Part II, line 1, Column (h):					
Name of Organization or Government	:				
The Warrior Meditation Foundation	Inc DBA	Save A War	rior		
(h) Purpose of Grant or Assistance	: Save A	Warrior S	SAW is comm	itted to	
ending the staggering suicide rate	nlaquin	n our vete	rans acti	ve-dutv	
military and first responders. Th					
Integrated Intensive Retreat IIR e	xperience	es to tran	sform the	way our	
heroes live their lives.					

Part IV   Supplemental Information
FORM 990, SCHEDULE I, PART I, LINE 2:
The Foundation's staff performs pre-grant due diligence on each
organization and obtains a detailed grant proposal describing the
objectives and activities of the program to be funded. Following Board
approval, a grant agreement with the grantee organization is signed,
stipulating how the grantee may use the funds and, where appropriate,
setting out specific milestones to be completed by the grantee. Grant
agreements generally require that the grantee submit reports on the use
of funds and the activities and accomplishments of the funded program.
The Foundation's staff reviews such reports to monitor the grantee's
use of the grant funds and evaluate the effectiveness of the funded
program.

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

Employer identification number

			HERO FOU						_		834	98		
Part I Excess Ben	efit Trans	acti	ons (section 50	01(c)(3	), sect	ion 501(c)(4), and 50	)1(c)	)(29) organizatior	ns only	/).				
Complete if the	organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25l	o, or	r Form 990-EZ, P	art V,	line 40	)b			
1 (a) Name of diagnalified payage			(b) Relationship between disqualified				(a) Description of two postion					(d) Corrected?		
(a) Name of disqualified person		person and organization				(0	(c) Description of trans			saction		Y	es	No
2 Enter the amount of tax	k incurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under						
3 Enter the amount of tax	k, if any, on lii	ne 2, :	above, reimburs	ed by	the or	ganization				<b>&gt;</b> \$				
Part II Loans to ar	d/or Eron	a Int	erested Per	conc										
							_							
· ·	•					, Part V, line 38a or l	orn	n 990, Part IV, lir	ie 26;	or if th	ne orga	anizati	on	
			, Part X, line 5, 6		2. an to or	(a) Ovisinal		8 Dalaman dan	(**)	l.a.	(h) Ap	proved	(:) \//	ritten
(a) Name of interested person (b) Relatio with organi				from the		(e) Original principal amount	(f) Balance due		(g) In default?					ment?
				organization?		┧				Yes No		No	Yes	No
				То	From				162	NO	Yes	NO	162	INO
														<del></del>
														<del>                                     </del>
														$\vdash$
														_
Total						> \$								
Part III   Grants or A	ssistance	Ber	efiting Inter	reste	d Pe	rsons.								
Complete if the	organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested person			<b>b)</b> Relationship	en	(c) Amount of				of <b>(e)</b> Purpose of			ose of	F	
		interested person and			assistance assista		nce a			assist	ssistance			
			the organiza	ation										
										_				
		_												
		-												
		4								_				

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

Schedule L (Form 990 or 990-EZ) 2018

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on For	m 990, Pa	rt IV, line 28a, 2	28b, or 28c.				
(a) Name of interested person			een interested ganization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
						Yes	No	
Oakley, Inc.	Common	Dir.	& Ofc.	48,167.	Royalty Inc	:	X	
Part V Supplemental Information.								
Provide additional information for resp	onses to aues	tions on S	Schedule L (see	instructions).				

Sch L, Part IV, Business Transactions Involving Interested Persons:

- (a) Name of Person: Oakley, Inc.
- (d) Description of Transaction: Royalty Income

Form 990, Schedule L, part IV

Two Directors and two of the Foundation's Officers are also current or former Officers, employees or Directors of Oakley, Inc.

During June 2011, the Foundation entered into a Signature Product agreement with Oakley. under this agreement the Foundation granted Oakley a non-exclusive, non-transferable right to use the IHF Marks in connection with the manufacture, distribution and sale of Signature Products. Oakley agreed to pay royalties to the Foundation in an amount based on Oakley's net sales of Signature Products. The agreement initially had a three-year term and was subject to automatic termination if Oakley ceases to sell Signature Products. In June 2014, the Foundation and Oakley amended the agreement to extend its term for an additional three years. For the year ended December 31, 2018, the Foundation earned royalties of \$48,167 under the Signature Product

Schedule L (Form 990 or 990-EZ) 2018

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#### SCHEDULE O

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

INFINITE HERO FOUNDATION

**Employer identification number** 45-0983498

Form 990, Part I, Line 1, Description of Organization Mission: The Foundation's mission is to combat the most difficult front line issues-mental and physical-facing military heroes and their families. Form 990, Part III, Line 1, Description of Organization Mission: The Foundation's mission is to combat the most difficult front-line issues-mental and physical-facing military heroes and their families by increasing the availability of critical mental and physical health services and investing in innovative strategies and therapies to accelerate rehabilitation and recovery. The Foundation seeks to fulfill its mission by: (I) Raising public awareness of the need to support members of the military community and (II) Supporting organizations that are dedicated to, and provide services in furtherance of, the Foundation's mission. Form 990, Part III, Line 4a, Program Service Accomplishments: The Foundation raises public awareness of its mission, and solicits contributions, at public and charity events and through traditional communications channels as well as through its website (www.infinitehero.org) and the use of social media. The Foundation also works with corporate partners to spread awareness to their consumers and social media followers. From time to time the Foundation also holds

832211 10-10-18

charity events, intiially in Southern California. Given the proximity

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization INFINITE HERO FOUNDATION

Employer identification number 45-0983498

Pendleton, and the Los Angeles Air Force Base, the Foundation believes
this area is an ideal environment in which to raise public awareness of
the need to support, and to promote activities designed to support,
military personnel.

In addition, because the Foundation expects that its name, logo and trade dress (the "IHF Marks") will be associated with its mission statement, the Foundation intends to license the IHF Marks to corporate partners, usually in exchange for a donation to the Foundation of a portion of the proceeds from the sale of such products using the IHF marks.

The Foundation is committed to dedicating its resources and property for the beneficial use of charitable causes consistent with its mission statement. The Foundation's program services principally consist of support grants it makes to specially selected nonprofit organizations to fund programs that directly benefit our military heroes and their families and to promote the development of innovative rehabilitative programs and therapies. Since its inception, the Foundation has made grants totaling \$3,647,048 in furtherance of its mission.

In 2014, the Foundation conducted the Veterans Innovation Summit for

Investing and Technology (VISIT) to propel innovation, accessibility

and collaboration among organizations combating the most critical

issues facing the returning military community. The event featured

prominent panelists and attendees in a dialogue about how to best serve

our veterans with cutting-edge technology, novel therapies and

Name of the organization

INFINITE HERO FOUNDATION

Employer identification number 45-0983498

progressive thinking.

Form 990, Part VI, Section A, line 2:

Line 2: Two Directors and each of of the Foundation's Officers are also current or former Officers, employees or directors of Oakley, Inc.

Form 990, Part VI, Section B, line 11b:

Line 11A: An external tax firm and the Foundation's management work together to gather the information necessary to prepare the Form 990. Based on the data, the tax firm prepares an initial draft of the Form 990. The Foundation's management reviews this initial draft and discusses it with the external tax firm. The tax firm makes the appropriate changes and prepares a draft Form 990. A copy of the draft Form 990 is provided to the Foundation's Officers and each member of its Board of Directors for approval, prior to the filing of the Form 990 with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Foundation's conflict of interest policy requires each Director,

Principal Officer, and member of a committee with Governing Board delegated

powers to certify on annual basis that they (A) have received a copy of the

policy, (B) have read and understand the policy, (C) agree to comply with

the policy, and (D) understand the Foundation is a non-profit organization

and, in order to maintain its Federal tax exemption, must engage primarily

in activities which accomplish one or more of its tax exempt purposes.

The Foundation also conducts periodic reviews of transactions and

relationships to verify that the Foundation does not engage in any

activities that would jeopardize its tax-exempt status. Such reviews

include an analysis of whether (A) compensation arrangements and benefits

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  INFINITE HERO FOUNDATION	Employer identification number 45-0983498
are reasonable and negotiated at an arm's length basis as	nd (B) the
Foundation's activities further its charitable purposes	and that no actions
result in inurement, impermissable private benefit or in	an excess of
benefit transaction.	
Form 990, Part VI, Line 17, List of States receiving copy	y of Form 990:
CA, AL, AR, CT, DC, FL, GA, IL, KY, ME, MD, MA, MN, MS, NH, NJ, NM, NY, OK	OR, RI, SC, TN, UT, VA
WV,WI,CO,ND	
Form 990, Part VI, Section C, Line 19:	
The Foundation's governing documents, conflict of intere	st policy, and
financial statements are available for inspection at the	
offices.	
Form 990, Part IX, Line 11g, Other Fees:	
Professional Fees:	
Program service expenses	10,425.
Management and general expenses	33,342.
Fundraising expenses	5,425.
Total expenses	49,192.
Consulting Fees:	
Program service expenses	101,850.
Management and general expenses	152.
Fundraising expenses	30,000
Total expenses	132,002.
Temporary Help:	
	edule O (Form 990 or 990-EZ) (2018

Name of the organization  INFINITE HERO FOUNDATION	Employer identification number 45-0983498					
Program service expenses	0.					
Management and general expenses	0.					
Fundraising expenses	7,099.					
Total expenses	7,099.					
Total Other Fees on Form 990, Part IX, line 11g, Col A	188,293.					