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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Openito Public

A	For the 2	011 calendar year, or tax year beginning , 2011, and endin	g	,
В	Check if app	olicable C	D Employer	Identification Number
	Address	s change INFINITY FOUNDATION	36-41	L18386
	Name o	change 1282 OLD SKOKIE RD	E Telephone	number
	Initial r	INTCHLAND PARK, II, 60035	(847)	831-8828
	Termin		3	
	\vdash	ed return	G Gross rece	erpts \$ 233,751.
	\vdash		H(a) Is this a group return to	
	Арриса	mon pending - trains and days of principal control	H(b) Are all affiliates include	
	_	SAME AS C ABOVE	If 'No,' attach a list (se	
1	Tax-exem			
<u>J</u>	Websit		H(c) Group exemption numb	
K		rganization X Corporation Trust Association Other ► L Year of Format	ion 1997 Mi Stat	te of legal domicile IL
Pa		Summary		
		efly describe the organization's mission or most significant activities <u>EDUCATIO</u>	N & RESEARCH (<u>ON HOLISTIC AND </u>
é	<u>_A_</u>	TERNATIVE MEDICINE		
anc				
E				. –
Activities & Governance		eck this box > 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its ne	
∞ ∞		mber of voting members of the governing body (Part VI, line 1a).		3
8		mber of independent voting members of the governing body (Part VI, line 1b)		4
¥		al number of individuals employed in calendar year 2011 (Part V, line 2a)		5 6
cti		al number of volunteers (estimate if necessary)	<u> </u>	
٩		al unrelated business revenue from Part VIII, column (C), line 12.		7a 0.
	b Net	t unrelated business taxable income from Form 990-T, line 34		7b 0
			Prior Year	Current Year
•		ntributions and grants (Part VIII, line 1h)	63,67	
Revenue		ogram service revenue (Part VIII, line 2g)	166,77	
× e	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d).	48	
ď	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,02	
	12 Tot	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,95	6. 233,751.
	13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Bei	nefits paid to or for members (Part IX, column (A), line 4)		
	ı	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,71	4. 14,210.
e S		ofessional fundraising fees (Part X, continu (A), Jine 11e)	,	
Expenses				
Š	b Tot	tal fundraising expenses (Part IX, column (D), line 25) 4,074.		
ш	17 Oth	ner expenses (Part IX, column(A), lines 1 pa 17d, 1824e)	188,15	5. 182,429.
	18 Tot	tal expenses Add lines 18-17 (must equal Part IX, column (A), line 25)	201,86	9. 196,639.
	19 Re	10	32,08	7. 37,112.
88			Beginning of Current Y	fear End of Year
ate or	20 Tot	tal assets (Part X, line 16)	117,23	
. §8		tal liabilities (Part X, line 26)	1,28	
E de				
<u>~</u> ц		t assets or fund balances Subtract line 21 from line 20	115,94	5. 153,057.
		Signature Block		
Und	er penalties	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to ration of preparer (other than officer) is based on all information of which preparer has any knowledge	the best of my knowledge ar	nd belief, it is true, correct, and
		1. 11 11 11	D. 14	
		Traff how	<u> </u>	13
Siç	jn	Signature of officer	Date	
He	re	Frank J Scolotta		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature Date		_{if} PTIN
Pa	id	SUSAN M. ROMANOSKI Susan Romanski 5-8-3		P00471823
	eparer	Firm's name KARLIN KERSCHNER SHARPE & COMPANY, LLP		
	e Only	CCC DUMPER DOLD COME 1000		36-3670769
-	- Villy			
		NORTHBROOK, IL 60062-2739	Phone no (847) 272-6050
May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2011)

Form	990 (2011) INF	INITY F	OUNDATE	ON					36-4	11838	6	Р	age 2
Pai	tilli Statemen	t of Prog	ram Serv	ice Acco	nplishm	ents							
	Check if Sc	hedule O co	ntains a re	esponse to a	ny questio	n in this P	art III						
1	Briefly describe the EDUCATION &	-			AND AL	TERNAT]	VE MEDI	CINE				. <u></u>	
								_ 				-	
			- 								· - -		
2	Did the organization	n undertake	any signi	ficant progra	m services	during th	e year which	n were not lis	ited on the prid	or _			
	Form 990 or 990-E	-									Yes	X	No
_	If 'Yes,' describe the				frank shor	naac in ha	u it candinat				V	ਓ	N.
3	Did the organization If 'Yes,' describe the		_		iicanii chai	iges in no	w it conduct	s, any progra	am services,		Yes	Δ	No
4	Describe the organ Section 501(c)(3) a others, the total ex	uzation's pro	ogram serv 1) organiza	rice accompl itions and se	ction 4947	(a)(1) trus	ts are requir	gest progran ed to report	n services, as the amount of	measure grants a	d by e	xpens ocation	es ns to
	others, the total ex	perises, ark				3011100						_	
48	(Code			143,156					_) (Revenue	· —)
	PROVIDED 21	5 CLASSE	ES ON A	<u>LTERNATI</u>	VE AND	HOLIS!	IC STUD	Y_TOPICS	WHICH WE	<u>RE AT</u>	TEND	ED_E	<u>BY</u> _
	1209 PEOPLE						- 		- -				
				-									
							·						
									_ ~				
-4t	PROVIDED A I	REFERRAL	SERVI	CE OF HO				TO THE) (Revenue PUBLIC ON		WEB_	SITE) E,
	: (Code						of \$) (Revenue				
40	PROVIDED 35 ON HOLISTIC CABLE TV SHO	FREE LE	CTURES COPICS	, <u>DEMONS</u> WHICH WE	TRATIO	NS & I	FORMATI	ON SESSI	ONS BY AU	THORS			RTS
					~								
40	l Other program ser	vices (Desc	ribe in Sch	nedule O.)			<u>-</u>						
	(Expenses \$			including gr		<u> </u>) (Revenu	<u>e</u> \$)	
BAA	Total program ser	vice expens	es ►	14	4,343.	102L 07/05/1	1				Form	990 C	2011)

Rantiliva Checklist of Required Schedules

		لــــــا	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 1	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	900	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		2	
·a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		X
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	11 c		X
	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	11 d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 (see instructions)	17		<u>X</u> _
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		<u>X</u>
20 a	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

		INITY FOUNDATION	36-4118386	Р	age 4
Par	t IV Checklist	of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
				Yes	No
21	Did the organization United States on Pa	n report more than \$5,000 of grants and other assistance to governments and or art IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	ganizations in the 21	ļ	x
22	Did the organization IX, column (A), line	n report more than \$5,000 of grants and other assistance to individuals in the Ur e 2? If 'Yes,' complete Schedule I, Parts I and III	nited States on Part 22		х
23	Did the organization	n answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the c, directors, trustees, key employees, and highest compensated employees? If 'Y	organization's current		
	Schedule J		23		Х
24 a	the last day of the	n have a tax-exempt bond issue with an outstanding principal amount of more th year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b th</i> K. If 'No,'go to line 25	nan \$100,000 as of arough 24d and		Х
b	Did the organization	n invest any proceeds of tax-exempt bonds beyond a temporary period exception	1 ⁷ 24b		
C	Did the organization any tax-exempt bor	n maintain an escrow account other than a refunding escrow at any time during t nds?	the year to defease 24c		
d	I Did the organization	n act as an 'on behalf of' issuer for bonds outstanding at any time during the yea	ar ² 24d		
25 a	Section 501(c)(3) and disqualified person	nd 501(c)(4) organizations. Did the organization engage in an excess benefit traduring the year? If 'Yes,' complete Schedule L, Part I	nsaction with a 25a		X
t	Is the organization that the transaction Schedule L, Part I	aware that it engaged in an excess benefit transaction with a disqualified person has not been reported on any of the organization's prior Forms 990 or 990-EZ?	In a prior year, and If 'Yes,' complete		Х
26	Was a loan to or by disqualified person	a current or former officer, director, trustee, key employee, highly compensated outstanding as of the end of the organization's tax year? If 'Yes,' complete Sche	d employee, or edule L, Part II 26		Х
27	contributor or emple	n provide a grant or other assistance to an officer, director, trustee, key employe oyee thereof, a grant selection committee member, or to a 35% controlled entity sons? If 'Yes,' complete Schedule L, Part III	e, substantial or family member		X
.28	Was the organization	on a party to a business transaction with one of the following parties (see Schedi licable filing thresholds, conditions, and exceptions)	ule L, Part IV	300	
ē	A current or former	officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part I	V 28a		X
t	A family member of Schedule L, Part IV	f a current or former officer, director, trustee, or key employee? If 'Yes,' complet	te 28b		Х
C	An entity of which a officer, director, true	a current or former officer, director, trustee, or key employee (or a family memberstee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	er thereof) was an		Х
29		n receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Sched	lule M 29		X
30	Did the organization	n receive contributions of art, historical treasures, or other similar assets, or quales, 'complete Schedule M	lified conservation 30		Х
31		n liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Sche			X
32	Did the organization Schedule N. Part II	n sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes	s,' complete		Х
33	Did the organization 301 7701-2 and 301	n own 100% of an entity disregarded as separate from the organization under Re	egulations sections 33		Х
34		on related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Pa			Х
35 a		n have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{\Lambda}{X}$
	Did the organization	n receive any payment from or engage in any transaction with a controlled entity 3)? If 'Yes,' complete Schedule R, Part V, line 2	<u> </u>		X
36	Section 501(c)(3) o	rganizations. Did the organization make any transfers to an exempt non-charitat	ole related		
	~	es,' complete Schedule R, Part V, line 2	36		<u> X</u>
37	treated as a partne	n conduct more than 5% of its activities through an entity that is not a related organized for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990	n complete Schedule O and provide explanations in Schedule O for Part VI, lines filers are required to complete Schedule O	38	Х	
RΔΔ			Form	990 (2011)

	30 4110300	Г	age
			Г
Officer in confedure o contains a response to any question in time t are		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	23	1 20	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State: ments, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file 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) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if 'Yes' has it filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a. Was the organization aparty 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? c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If 'Yes,' did the organ		1 3 3 2 5	,8/
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ble gaming		اران ساتات
	1c	X	8,7 3
ments, filed for the calendar year ending with or within the year covered by this return	1	V	5
	2b		£
		ذحمت ال	
•	3a 3b		X
		<u>'</u>	
financial account in a foreign country (such as a bank account, securities account, or other financial accou	ınt)? 4a		X
	348 A		1,53
	unts Julius	المستعددة	
· · · · · · · · · · · · · · · · · · ·	5a	+	X
		+	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17	<u>5</u> c	-	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations that were not tax deductible?	ganization 6a	1	х
	r gifts were 6b		
7 Organizations that may receive deductible contributions under section 170(c).	·,		4
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s and 7a	^ , `ş^	X
	7b	-	
· · · · · · · · · · · · · · · · · · ·			
Form 8282?	7c		X
1			°,,,
		<u> </u>	X
			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	3899 7 g		
	_ 7h		
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess bi	ons. Did the usiness		\ _å.4_
		1.1	ki i
	9a	1	\$330 <u>~</u>
•	9b		
	3 ' 2	1 X X X	
, , , , ,			
			.3
		:. 🐉	14/4
a Gross income from members or shareholders 11a		1	
	, () t		, , ,
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		, , , , , ,	\$
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O	, ;		ŗ.,
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 13b			152

c Enter the amount of reserves on hand

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

13b 13c

14a

14b

Form 990 (2011) INFINITY FOUNDATION 36-4118386 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 to any question in this Part VI X Section A. Governing Body and Management

			1	T
1 a	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members	5	Yes	No
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ŀ	Enter the number of voting members included in line 1a, above, who are independent	5		
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		X
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	١.		l v
_	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	+	X
5 6	Did the organization have members or stockholders?	6	+	X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			<u> </u>
	members of the governing body?	7	1	X
i	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	_ 71	,	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ئىسىدىد د	3	3 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	The governing body?	88	1	X
t	Each committee with authority to act on behalf of the governing body?	81	<u> </u>	X
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	<u> </u>	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		7	
			Yes	No_
	a Did the organization have local chapters, branches, or affiliates?	10:	1	X
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	101	 	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11:	1	X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	<u> </u>	.	1 3,
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12:	1	X
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	121	,	ļ
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	120	:	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	38.5.8	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?			
	a The organization's CEO, Executive Director, or top management official	15:	+	X
1	b Other officers of key employees of the organization	151)	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	٦,		
16;	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16:	1	X
l	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	161	,	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed - IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	avaılal	ole for	public
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avaithe public during the tax year SEE SCHEDULE O	lable to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ganıza	tion	

BAA

||Rartiville | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										stee
	1			(0						
(A) Name and title	(B) Average hours per week	'	and a	Posi ck mo son is direc	ition ore the s both ctor/tr	nan one h an offi rustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BARBARA DUMAN DIRECTOR	3	x						0.	0.	0.
(2) PAUL ZAVAGNO DIRECTOR	3	Х						0.	0.	0.
(3) NANCY MARDER								0.	0.	
EXECUTIVE DIREC (4) MEL DOERR	40	X								0.
DIRECTOR (5) BARBARA BALLARD FEIG	1	X						0.	0.	0.
VP/SECRETARY _(6) FRANK SCALETTA	1	-	-	Х			_	0.	0.	0.
PRESIDENT/TREAS	4			Х				0.	0.	0.
						_				
		<u> </u>						******		
(11)										
(12)										
(13)										
(14)			 	-		_				
<u></u>	<u> </u>	L					لــــا		<u> </u>	

Part VII Section A. Officers, Directors, Trust	ees, I	\fey	En	ıplo	ye	es,	and	d Highest Con	pensated Emp	loyees (cont)
					C)					
(A)	(B)	(do	not c	heck	ition more	than	one	(D)	(E)	(F)
Name and title	Average hours per	offi	, unle cer ar					Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other
	week (describ	or a	Inst	Officer	Key	emp	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization
	e	lirect	itutio	cer	em	hest oloye	mer			and related organizations
	week (describ e hours for related organi-	o E	nal ti		Key employee	e				-
	organı- zatıons ın	ee	nstitutional trustee		"	Highest compensatemployee				
	Sch O)		"			e e				
(15)										
					<u> </u>				···	
(16)										
M.T.						<u> </u>	<u> </u>			
(17)					l					
(18)	<u> </u>	1			-		_			
29	_						l			
(19)									-	
						<u> </u>				
(20)							ļ			
(21)	<u> </u>					-			\ <u></u>	
ZJ										
(22)								1		
(23)										
(24)	_					-				
(24)	į									
(25)									******	
					L	<u> </u>				
1 b Sub-total	_						>	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A							0.	0.	0.
2 Total number of individuals (including but not limited	d to the	ose I	ısted	d ab	ove`) wh	o re			·
from the organization • 0										
										Yes No
3 Did the organization list any former officer, director	or trus	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	
on line 1a ³ If 'Yes,' compléte Schedule J for such ii					_				_	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti	portabl han \$1:	e co 50,0	mpe 00?	ensa If 'Y	tion <i>'es'</i>	and com	l oth <i>plet</i>	ner compensation te Schedule J for	from	
such individual										4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	ompen	satio	on fre	om a	any <i>J fo</i>	unre	elate	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors	, o, i, p, ie		0,,,00	uic	<u> </u>	, 00.	<u>σ., ρ</u>			
Complete this table for your five highest compensation from the organization. Report compensation.	ed inde	epen	dent	t cor	ntrac	ctors	tha	at received more the	han \$100,000 of	s tax year
(A)	isation	1 101	tric	care	iiua	ye	ai Ci	(B)		(C)
Name and business address	s							Description	of services	Compensation
			_							
										 -
2 Total number of independent contractors (including	but no	t lim	ıted	to th	nose	list	ed a	above) who receiv	ed more than	
\$100,000 in compensation from the organization	0									

Pa	t VIII Statement of Revenue		,			
			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
				function revenue	revenue	under sections 512, 513, or 514
2.2	1a Federated campaigns. 1a		13 , , , ,	4 *		11 12 12 1
NA.	b Membership dues 1b	5,605.				
NO.	c Fundraising events 1c					
AR /	d Related organizations 1d					rationa 🔊
IS, G	e Government grants (contributions) 1 e	2,000.				
TO ER S	f All other contributions, gifts, grants, and					
BE	f All other contributions, gifts, grants, and similar amounts not included above 1f	62,440.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f	<u> </u>	70,045.			
N.	o. CIACC PERC	Business Code	140 525	140 535		
Ĕ	2a CLASS FEES		149,535. 9,619.	149,535. 9,619.		
E	b BOOK SALES		9,019.	3,013.		
2	d				 	
S	u					
GRA	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	•	159,154.		W. 1 . 1 . 2 . 1	
	3 Investment income (including dividence	s. interest and				
	other similar amounts)	•	334.			334.
	4 Income from investment of tax-exemp	t bond proceeds 🟲	<u> </u>	ļ		
	5 Royalties			A339	3447-1	
Ì	(i) Real	(ii) Personal				
	6a Gross rents 2,243	•				
	b Less rental expenses					
	c Rental income or (loss) 2,243 d Net rental income or (loss)	·	2,243.			2,243.
	(i) Securities	(ii) Other	2,243.			2,243.
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis					
	and sales expenses					
	c Gain or (loss)		. Lie. Jälki i			I dan Maria
	d Net gain or (loss)	<u> </u>		25 25 27	4.30	396
UE	8a Gross income from fundraising events (not including \$					
OTHER REVENU	of contributions reported on line 1c)					
2.	See Part IV, line 18	a				
뮢	b Less. direct expenses	b				
٥	c Net income or (loss) from fundraising	events				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming acti	vities •			100 to	be middle and before the second control of the second of
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve		1568 45 4 55	885.27 225 829		461.5
	Miscellaneous Revenue	Business Code	promise reserve an accompany of the property of the second		A M. M	
	11a SALE OF MAILING LIST	<u> </u>	1,000. 975.			1,000. 975.
	b ADVERTISING			 		3/5.
	d All other revenue				 	
	e Total. Add lines 11a-11d	<u> </u>	1,975.	No. 12 10 10		in the sign
	12 Total revenue. See instructions	•	233,751.	159,154.	_ 0.	4,552.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	n in this Part IX	·	X
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	13,200.	6,600.	6,600.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,010.	505.	505.	
11	Fees for services (non-employees):				
a	Management				
	Legal				
c	: Accounting	1,347.		1,347.	
	Lobbying	· · · · · · · · · · · · · · · · · · ·			
	Professional fundraising services See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
	Investment management fees			X *** ··	
	Other				
12					<u> </u>
	- '	3,216.		3,216.	
13	Office expenses	3,210.		3,210.	
14	Information technology				
15	Royalties	17 (24	14 000	2 525	
16	Occupancy	17,624.	14,099.	3,525.	
17	Travel	4,570.	4,570.		<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	101.		101.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	792.		792.	
23	Insurance	1,537.	N 385 667 A NA X	1,537.	<u> </u>
.24	Other expenses Itemize expenses not covered 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 O)				
2	INSTRUCTOR FEES	63,576.	63,576.		<u>-</u>
	RENTAL COSTS - PROGRAMS	20,658.	20,658.		
	PRINTING AND PUBLICATIONS	17,469.	17,469.		
	ADVERTISING & PROMOTION	12,080.		12,080.	
	All other expenses SEE SCH. 0	39,459.	16,866.	18,519.	4,074.
	Total functional expenses. Add lines 1 through 24e	196,639.	144,343.	48,222.	4,074.
	•	190,039.	144,040.	40,222.	4,074.
.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)				

Form **990** (2011)

BAA

Balance Sheet Part X (A) Beginning of year **(B)** End of year 40 1 40. Cash - non-interest-bearing 113,768. 2 151,626. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employees' beneficiary 6 organizations (see instructions) ASSETS 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 11,714 10a 10b 10,157. 2,349 10 c 1,557 **b** Less accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments – other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 1,076. Other assets See Part IV, line 11 15 1,075 15 117,233. 16 154,298 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Pavables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties 24 24 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 1,288 25 1,241 1,288 1,241 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29 and lines 33 and 34. 111,329 27 152,460. Unrestricted net assets 4,616 28 597. Temporarily restricted net assets 28 29 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here 🏲 📗 lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 115,945. 33 153,057. Total net assets or fund balances 33 117,233. 154,298. Total liabilities and net assets/fund balances 34

TEEA0111L 07/06/11

Forr	n 990 (2011) INFINITY FOUNDATION	36-4118386	F	age 12
Pa	rt.XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	233,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>196,</u>	
3	Revenue less expenses Subtract line 2 from line 1	3	<u>37,</u>	<u>112.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,	945.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	153,	057.
Pa	rtXII Financial Statements and Reporting		·	
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	b Were the organization's financial statements audited by an independent accountant?		2b	X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	issued on a		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b	

BAA

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Openito Public

Name of the organization	e of the organization Employer identification number										
INFINITY FOUNDATION			_				36-43	<u> 11838</u> 6	6		
Rart Reason for Public Cha	arity Status	(All organizations	must o	comple	ete this	part.)	See i	nstruct	ions.		
The organization is not a private found	dation becaus	e it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1 A church, convention of chu	rches or asso	ciation of churches des	cribed ir	section	n 1 <mark>70(</mark> b)	(1)(A)(i)					
2 A school described in section	n 170(b)(1)(A)	(ii). (Attach Schedule l	E)								
3 A hospital or a cooperative h	nospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	A)(iii).					
4 A medical research organiza	ation operated	in conjunction with a h	ospital e	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the hosp	ıtal's	
name, city, and state	·	,	·						•		
5 An organization operated for 170(b)(1)(A)(iv). (Complete	the benefit o	f a college or university	owned	or oper	ated by	a gover	nmenta	unit de	scribed in se	ction	
6 A federal, state, or local gov											
7 X An organization that normall in section 170(b)(1)(A)(vi).	(Complete Pai	rt II.)			vernme	ntal uni	t or from	n the ger	neral public d	escribed	
8 A community trust described											
from activities related to its	9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10 An organization organized a	nd operated e	xclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).				
more publicly supported organic	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
a Type I b		c ☐ Type III				ed		d \square	Type III – C)ther	
e By checking this box, I certife other than foundation manages section 509(a)(2)	y that the org	anization is not controll	ed direc	tly or in	directly	by one	or more escribed	disquali	ified persons		
f If the organization received check this box	a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organization,		
g Since August 17, 2006, has	the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	37		
.	J	. , , ,			•		J		_	es No	
(i) A person who directly below, the governing b	or indirectly co ody of the sup	ontrols, either alone or oported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
(ii) A family member of a	person descril	bed in (i) above?							11 g (ii)		
(iii) A 35% controlled entity	y of a person	described in (i) or (ii) a	bove?						11 g (iii)	_	
h Provide the following inform	ation about th	e supported organization	n(s)								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	is the cation in i) listed in overning ment?	(v) Did y the organ columi your su	ization in	(vi) li organiza colun organize U S	ation in nn (i) ed in the	(vii) Amount o	f support	
			Yes	No	Yes	No	Yes	No		_	
									-		
(A)											
			1		}			}			
(B)											
					-						
(C)											
(D)											
(E)											
Total	, ``,	\$, ^ E,	۷ و	, , ,	, ,					
Total	<u></u>	× · · ·	`			engles in	, ,,,	, , , , , , , , , , , , , , , , , , ,		_	

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	43,315.	48,410.	61,466.	63,675.	70,045.	286,911.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	43,315.	48,410.	61,466.	63,675.	70,045.	286,911.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						286,911.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	43,315.	48,410.	61,466.	63,675.	70,045.	286,911.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,025.	4,828.	5,531.	3,498.	2,577.	21,459.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV		150.		4.	1,975.	2,129.
11	Total support. Add lines 7 through 10						310,499.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organization	atıon's fırst, secoi	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	• '	.,	ne 11, column (f))		14	92.40%
15	Public support percentage from	2010 Schedule A,	Part II, line 14			_15_	92.11%
16a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test − 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
t:	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a		s box and see ins	

Schedule A (Form 990 or 990-EZ) 2011 INFINITY FOUNDATION

|Partill||線 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

500	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen 1	Gar year (or riscal yr begillining iii) Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	(a) 2007	(b) 2008	(C) 2009	(d) 2010	(e) 2011	(i) Total
2	_ ′ .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		<u>-</u>	 			
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(1) Total
10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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 assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)			<u> </u>	<u> </u>		
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)
500	organization, check this box and		ercentaca		-		
	Bubble support percentage for 20			no 13 column (A)		15	0.
	Public support percentage for 20	•	· · ·	ne 15, column (f)))	15	<u> </u>
	Public support percentage from the D. Computation of Investigation					16	%
	tion D. Computation of Inv				(f)	17	<u>o</u>
	Investment income percentage finvestment income percentage f			-	11111 (1)).	17	90
	33-1/3% support tests - 2011. If is not more than 33-1/3%, check				and line 15 is more		
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization	did not check a l	oox on line 14 or l	line 19a, and line	16 is more than 3	3-1/3%, and
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	see instructions	▶ □

Schedule A	(Form 990 o	r 990-EZ) 2	2011 IN	FINITY	FOUNDA	TION				<u> 36-4118</u>	386	Page 4
Partilive	Suppleme Part II, Iin (See instr	ental Info e 17a or	rmation. 17b; and	Comple I Part III,	te this pa line 12.	art to pr Also co	ovide the omplete th	explanati nis part foi	ons requ any ado	ired by P litional in	art II, line formation.	10;
												
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Schedule A (Form 990 or 990-EZ) 2011

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2011 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

INF	MITY	FOUND	ATION
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36-4118386

PART II.	LINE 10 -	OTHER	INCOME
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NATURE AND SOURCE	2011	2010	2009	2008	2007
ADVERTISING	975.	4		150.	
MISCELLANEOUS MAILING LIST	1,000.	4.	c 	\$ 150	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
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Employer identification number

Name of the organization

INFINITY FOUNDATION 36-4118386 |Pa就識 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 限artill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Raffitill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 ►\$ b Assets included in Form 990, Part X ► S

	NITY FOUNDA		:! T	36-41		Page 2
Part III Organizations Mainta						
3 Using the organization's acquisition items (check all that apply)	on, accession, a	_			use of its co	llection
a Public exhibition		⊢⊣	or exchange programs	;		
b Scholarly research		e [_] Other				
c Preservation for future gener						
4 Provide a description of the organ Part XIV		•			se in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	maintained as part	of the organization's o	ollection?	Yes	No
Escrow and Custodia line 9, or reported an	l Arrangemer	its. Complete if	the organization a		rm 990, P	'art IV,
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, d	or other intermediary	for contributions or o	ther assets not	Yes	□No
b If 'Yes,' explain the arrangement						
bit les, explain the allangement	in ran xiv and	complete the lonow	ing table		Amount	
c Beginning balance				1c	7 WHOUNT	
d Additions during the year				1d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form	990, Part X, line 213	,	<u> </u>	Yes	No
b If 'Yes,' explain the arrangement		, ,				ب
Part V: Endowment Funds. Co		organization ans	swered 'Yes' to Fo	rm 990, Part IV, lin	e 10.	
	(a) Current yea					years back
1 a Beginning of year balance					CH1237	经多类条件
b Contributions					: \$1500 (S	
c Net investment earnings, gains, and losses						
d Grants or scholarships.					新建建筑镇	## 1 . A E
Other expenditures for facilities and programs						
f Administrative expenses					24.12mm	40.46.29.2.493.49
g End of year balance			<u> </u>		Contain The	1.75 PARTS 1.
Provide the estimated percentage	e of the current y	year end balance (lır	ne 1g, column (a)) held	d as		
a Board designated or quasi-endow		%				
b Permanent endowment	%					
c Temporarily restricted endowmer		[%]				
The percentages in lines 2a, 2b,	and 2c should e	qual 100%				
3a Are there endowment funds not a organization by	n the possession	n of the organization	that are held and adm	ninistered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations list	ed as required on Si	chedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Land, Buildings, and I	Equipment. S	ee Form 990, Pa	art X, line 10.			
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	< value ————
1 a Land				the state of her than		
b Buildings			<u> </u>			
c Leasehold improvements			1,815.	1,815.		0.
d Equipment			6,938.	5,415.		1,523.
e Other			2,961.	2,927.		34.
Total. Add lines 1a through 1e (Colum	ın (d) must equa	al Form 990, Part X,	column (B), line 10(c))►	_	1,557.

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1,557. Schedule **D** (Form 990) 2011

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) N Cost or e	Method of valuation and of year market	on et value
(1) Financial derivatives				
(2) Closely-held equity interests			<u> </u>	
(3) Other				<u>.</u>
(A)				
<u>(B)</u>		ļ		
(C)		ļ 	 	
<u>(D)</u>				
<u>(E)</u>		 		 .
<u>(F)</u>		 		
<u>(G)</u>			·	
(H)			· -	
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		·	, 's 'c	E .
Part VIII Investments - Program Related. See	Form 990, Part X.			
(a) Description of investment type	(b) Book value	(c) N	Method of valuatio	
(1)		Cost or e	nd-of-year marke	t value
(2)				
(3)				
(4)		·		
(5)				··
(6)				
(7)				
(8)				
(9)				
(10)				
		XX 京东 38,5~1/18	。 松静 中海	
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	15 27/3			.9 V. 27, 9
Part IX: Other Assets. See Form 990, Part X, I			4 1X4 84 14 978 X	
Part IX Other Assets. See Form 990, Part X, II (a) Des	ine 15. N/A			(b) Book value
Part IX: Other Assets. See Form 990, Part X, II (a) Des				
(1) (2) Other Assets. See Form 990, Part X, In (a) Des			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(a) Des (3) Other Assets. See Form 990, Part X, In (a) Des (1) (2)			1190	
(a) Des (3) (4)			1100	
(a) Des (1) (2) (3) (4) (5)			7. 20 - 12	
(a) Des (1) (2) (3) (4) (5) (6)			11 11 11 11 11 11 11 11 11 11 11 11 11	
(a) Des (1) (2) (3) (4) (5) (6) (7)			4. 6 11 6	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8)			4. 6.1	
(a) Des (1) (2) (3) (4) (5) (6) (7)				
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	scription			
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X* Other Liabilities. See Form 990, Part X	Scription 3), line 15)			
(a) Des (b) (c) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Scription 3), line 15)			
(a) Des (b) (c) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	B), line 15) (, line 25. (b) Book value			
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES WITHHELD	3), line 15) (, line 25. (b) Book value	77.		
(a) Des (b) (c) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	B), line 15) (, line 25. (b) Book value	77.		
(a) Des (b) (a) Des (c) (a) Des (c) (a) Des (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	3), line 15) (, line 25. (b) Book value	77.		(b) Book value
(a) Des (b) (c) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	3), line 15) (, line 25. (b) Book value	77.		
(a) Des (b) (c) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	3), line 15) (, line 25. (b) Book value	77.		(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. See Form 990, Part X (a) Description of Itability (1) Federal income taxes (2) PAYROLL TAXES WITHHELD (3) SALES TAX PAYABLE (4) (5) (6) (7)	3), line 15) (, line 25. (b) Book value	77.		(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E Part X* Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES WITHHELD (3) SALES TAX PAYABLE (4) (5) (6) (7) (8)	3), line 15) (, line 25. (b) Book value	77.		(b) Book value
(a) Des (b) (c) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	3), line 15) (, line 25. (b) Book value	77.		(b) Book value
(a) Des (b) (a) Des (c) (a) Des (d) (c) (c) (d) (d) (e) (e) (e) (e) (f) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	3), line 15) (, line 25. (b) Book value	77.		(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X* Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES WITHHELD (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9)	3), line 15) (, line 25. (b) Book value	77.		(b) Book value

2 FIN 48 (ASC 740) Footnote In Part XIV, 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)

Schedule D (Form 990) 2011 INFINITY FOUNDATION 36-	4118386 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	·
8 Other (Describe in Part XIV.)	
9 Total adjustments (net) Add lines 4 through 8	· · · · · · · · · · · · · · · · · · ·
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	urn N/A
1 Total revenue, gains, and other support per audited financial statements	1
c Recoveries of prior year grants.	
d Other (Describe in Part XIV).	1444
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	, , , ,
a Investment expenses not included on Form 990, Part VIII, line 7b	·
b Other (Describe in Part XIV).	in tak
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn N/A
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses 2c	\$.
d Other (Describe in Part XIV.).	(c
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u></u>
a Investment expenses not included on Form 990, Part VIII, line 7b	
to Other (December of Deet VIV)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete to any additional information	ines 1b and 2b, this part to provide
	·

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Schedule **D** (Form 990) 2011

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Schedule D (Form 990) 2011 INFINITI FOUNDATION		Page 5
IPart XIV Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

INFINITY FOUNDATION	36-4118386
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
FORM 990 IS REVEIWED BY TREASURER AND EXECUTIVE DIRECTOR PRIOR	TO FILING THE RETURN.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST AT ORGANIZATION'S OFF	ICE.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

INFINITY FOUNDATION

36-4118386

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
		PROGRAM	MANAGEMENT	
	TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
ANNUAL BENEFIT SUPPLIES & EXP				
BANK CHARGES	5,105		5,105.	
BOOK & PRODUCT PURCHASES	7,743	. 7,743.		
DUES	225	•	225.	
EQUIPMENT RENTAL	868	_	868.	
EQUIPMENT REPAIR/MAINT.				
LICENSES, FEES & TAXES	375		375.	
MEETINGS	2,100		2,100.	
OUTSIDE SERVICES	3,830		3,689.	
POSTAGE AND SHIPPING	10,360		2,357.	
SUPPLIES	4,382			4,074.
TELEPHONE	4,471		3,800.	
TO	TAL \$ 39,459	. \$ 16,866.	\$ 18,519.	\$ 4,074.