Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2011 calendar year, or tax year beginning and	enaing				
В	Check if applicab	C Name of organization	_	D Employer identifi	cation number		
	Addre						
	Name chang	e Doing Business As		06-1	533274		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Termi ated	P.O. BOX 618		212-	400-7446		
Σ	K Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	227,351.		
	Application	I TONKERS, NI 10/05		H(a) Is this a group re	eturn		
	pendi	F Name and address of principal officer: AMY STOKES		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No		
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
J	Websi	te: ► WWW.INFINITEFAMILY.ORG		H(c) Group exemptio	n number		
K	Form of	organization: X Corporation Trust Association Other	∟ Year	of formation: 1998 $_{ m N}$	State of legal domicile: NY		
P	art I	Summary					
Ð	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O			
Activities & Governance							
ž	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	12		
ھ 9	4	Number of independent voting members of the governing body (Part VI, line 1b)			11		
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			2		
₹	6	Total number of volunteers (estimate if necessary)		6	175		
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		175,834.	197,230.		
enr	9	Program service revenue (Part VIII, line 2g)		0.	27,668.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35.	4.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,449.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		175,869.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,823.	33,145.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		105,699.	105,457.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă X	b	Total fundraising expenses (Part IX, column (D), line 25) 20,4		100 100	444 555		
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		129,180.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		239,702.	250,377.		
. (/	19	Revenue less expenses. Subtract line 18 from line 12		<63,833.			
Net Assets or Fund Balances	5		Be	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		19,555.	66,529.		
et A	21	Total liabilities (Part X, line 26)	·····	533.	70,533.		
	22	Net assets or fund balances. Subtract line 21 from line 20		19,022.	<4,004.		
	art II	Signature Block					
		ulties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.			
۵.		Signature of officer		I Date			
Sig		AMY STOKES, CEO		Duto			
He	re	Type or print name and title					
_		Print/Type preparer's name Preparer's signature	П	Date Check	TÎ PTIN		
Pai	id	FREDERICK MARTENS		if			
	parer	Firm's name LUTZ AND CARR, CPAS LLP		self-employ Firm's EIN ▶	13-1655065		
	e Only	Firm's address 300 EAST 42ND STREET		I IIIII 2 LIIV	13 1033003		
550	- only	NEW YORK, NY 10017		Phone no. 2	12-697-2299		
<u> </u>	v tho !!	RS discuss this return with the preparer shown above? (see instructions)		I none no. 2	X Yes No		
ivid	ıv ulle l	TO GISCUSS HIS TELUIT WILL HE DIEDALEI SHOWL ADOVE! (SEE HISHUCHOUS)			∟≛≛ ≀⊽≎ └── NO		

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	Did the second state and state are similar to the second state at	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res L21 NO
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$	27,668.)
	VIDEO MENTORING	
	INFINITE FAMILY IS ENGAGED IN DISTANCE MENTORING OF UNDERSERVED	
	AFRICAN YOUTH. WE HAVE MENTORED APPROXIMATLEY 500 STUDENTS WIT	
	PARTNERS IN COMMUNITIES RAVAGED BY HIV/AIDS. OUR EFFORTS SUPPO	
	DEVELOPING SELF-RELIANCE SO THAT MENTORED STUDENTS CAN LEAD BET	
	LIVES IN A STRONGER SOCIETY. IN OUR MODEL, ADULTS MENTOR STUDE	
	INDIVIDUALLY AND FACE-TO-FACE VIA THE INTERNET. MENTORING SESS FOR 30 MINUTES WEEKLY.	JONS ARE
	SPONSORED CHILDREN VIDEO CONNECTIONS	
	INFINITE FAMILY CONDUCTS VIDEO CONNECTIONS FOR SAVE THE CHILDRE	N'S
	SPONSORED CHILDREN AND SPONSORS.	<u> </u>
	BI CHOOKED CHIEDKEN TEND BI CHOOKS.	
4b	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
) (Internal of the content of the co	
4d	Other program services (Describe in Schedule O.)	
-r u	(Expenses \$ including grants of \$) (Revenue \$)
 4е	Total program service expenses ► 216,071.	/
		Earm 991 (2011)

132002 02-09-12

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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		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	X	
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		_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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	44,	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	Λ	
15	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	10		
.0	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) INFINITE FAMILY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J	23		Х
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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		X
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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
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		Х
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, Parts II, III, IV, and V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011) INFINITE FAMILY Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Programme Section Sect		Check if Schedule O contains a response to any question in this Part V					
1s Enter the number reported in Box 3 of Form 1086. Enter -0** In rot applicable 1b 0 0 6 Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2s Enter the number of forms W30 of Portal Williams of W30 of W3						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter of Find applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) within sevinener? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a If the view of unity of the sear if If No. I provide an explanation in Schedule O 3b If Yes, I has it filed a Form 990. To this year? If No. I provide an explanation in Schedule O 3b If Yes, I would unity the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. So SOUTH A RENECA 5a Was the organization and the foreign country. South as a shark account, securities account, or other financial account)? 5a Was the organization and the organization that it was or is a party to a prohibited tax whether transaction at any time during the tax year? 5a Was the organization have annual gross receiptes that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5b If Yes, I did the organization have the view solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization have manual gross receiptes that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6b If Yes, I did the organization have manual gross receiptes that are normally greater than \$100,000, and services provided to the payor? 7b If Yes, I would the organization include with every solicitation an express statement that such contributions or gifts were not			1b	0			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return Note. If the sum of lines Ta and 2 is greater than 250, you may be required to e-file (see instructions) 3a I but the organization have unreated business gross income of \$1,000 or more during the year? 3a I X b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3b I A At any time during the calendary year, did the organization have an interest in, or a singenture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," after the name of the foreign country," SOUTH A FRI CA See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited that where transaction at any time during the tax year? 5b If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have manual gross needips that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 7c Organizations that may receive deductible combributions under section 170(c). 8d If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization sell, example, or otherwise dispose of tangible personal property for which it was required to the payor? 7a I bit the organization sell-are apprent in excess of \$75 made party as a contribution on party for problematic contract? 7b I was a substitution of the supporting organization organization in the manual property of the payor organization sell-are payment in excess of \$75 made party as a contribution or payment in excess of \$75 made party as a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
tiled for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?			1c		
b If a 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary vear, did the organization have an inferest 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 accountly? 4a At any time the mane of the froign country (such as a bank account, securities account, or other financial accountly? 5b If 1'Yes, "reter the name of the froign country (such as a bank account, securities account, or other financial accountly? 5c If Yes, "to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shefter transaction? 5c If Yes, "to line 5a or 5b, did the organization include with oway solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "to line 5a or 5b, did the organization include with oway solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "to line 5a or 5b, did the organization include with oway solicitation and party organization and	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross acroeme of \$1,000 more during the year? 3b If "Yes," set filled a Form 990 Tor this year? If "No," provide an explanation in Schedule O 3b If "Yes," set it filed a Form 990 Tor 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 accountly over, a financial account in a foreign country. ► SOUTH AFRICO. 5b If "Yes," enter the name of the foreign country. ► SOUTH AFRICO. 5c 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? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes," in line 5a or 5b, did the organization line Form 88867? 6a Dose 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? 6a X 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization nority the donor off the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 7 If Yes," indicate the number of Forms 8282 filed during the year 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 9 Sponsoring organization received an contribution of cultified, in ordinectly, no a personal benefit contract? 7 If X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		filed for the calendar year ending with or within the year covered by this return	2a	2			
3a X X Markey, has it flied a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b X 3b If "Yes, has it flied a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b X 3b If "Yes, has it flied a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b X 3b If "Yes," the 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)? 4 X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2 b	Х	
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 accountly over, a financial accountly over a financial account in a foreign country. ▶ SOUTH AFRICA See instructions for filing requirements for Form TD F902-21, hepot of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty 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 deductible? 6b If "Yes," to line Sa or 5b, did the organization the Form 8986-1? 6c 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 deductible? 6c Did any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idld 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 "Yes," indicate the number of Form 8888 party is a contribution of open services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 The Signaturation received an contribution of custs, boats, analysis, or a personal benefit contract? 7 The Signaturation received an contribution of custs, boats, analysis, or a personal benefit contract? 7 The Signaturation received and contribution of custs, boats, and any section 590(a)3 supporting organization flee For		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 13a 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 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X Ithe							
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 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.) 12 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 12 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 13 Center the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 X							
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	_				8		
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а				9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
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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 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 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11a				
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	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
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? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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							
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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? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the consideration and the constant for independent of the constant of the			44		v
							^
	b	IT "Yes," has it filed a Form 720 to report these payments? IT "No," provide an explanation in Schedule	e U			990 /	2011\

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Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	tructions.			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
			4.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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.		1.1			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					v
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5 6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or approximately approxim			ь		Λ
7a				7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1 a		- 21
b	and the state of t			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			75		
а				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			- 0.0		
	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 Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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 bod	y before	filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," des	cribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		Х
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 approva	al by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v	
a	The organization's CEO, Executive Director, or top management official			15a	Х	Х
b	Other officers or key employees of the organization			15b		Λ
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	nort"	h a			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			10-		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			16a		21
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization that the organization the organization that the organization the organization that the organization the organization that th	-	•			
			5	16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	n 501(c)(3)s onlv) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,_55.15	(3)(3) 3 3 119) 6		-	
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of	interest policy, and	d finar	ncial	
	statements available to the public during the tax year.		,,			
20	State the name, physical address, and telephone number of the person who possesses the books at	nd recor	ds of the organizat	tion:	•	
	AMY STOKES, CEO - 212-400-7446		•	-		

Form **990** (2011)

10705

71 ROCKLAND AVE., YONKERS, NY

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Part VII 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.

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

- 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.

(A) Name and Title	(B) Average hours per week	rage Position (do not check more than one box, unless person is both an officer and a division to both an officer and a division to both an officer and a division to both and the second and						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATY KECK										
CHAIRMAN	30.00	Х		Х				0.	0.	0.
(2) ERIN DAWKINS								_	_	_
SECRETARY	1.00	Х		X				0.	0.	0.
(3) JOAN SHERMAN									_	
TREASURER	1.00	Х		Х				0.	0.	0.
(4) AMY STOKES								_	_	_
CEO	40.00	Х		Х				0.	0.	0.
(5) JASON ASBURY										
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) CHRISTINE BOEKE								_	_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) JOHN CORY									_	
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) RICHARDT DANNHAUSER										
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) ROSIE MOTENE		l								
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) NANCY MUIRHEAD	1	l								
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) NIVEN POSTMA	1	l								
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) JOSEPH SACCA	1 00									
BOARD MEMBER	1.00	Х						0.	0.	0.
			-			<u> </u>				
-						\vdash				
		\vdash	\vdash	<u> </u>		\vdash				
		\vdash	\vdash	<u> </u>	\vdash	\vdash	\vdash			

Part VII Section A. Officers, Directors, (A)	(B)	Γ		(C				(D)	(E)			(F)
Name and title	Average	/		Posi	ition) 		Reportable	Reportable			mated
	hours per	box	, unle	ss per	rson i	than is bot	h an	compensation	compensation	n		ount of
	week	offi	cer ar	d a di	irecto	or/trus	tee)	from	from related		0	ther
	(describe	or director						the	organizations			ensation
	hours for related		es.			ated		organization	(W-2/1099-MIS	C)		m the
	organizations	trustee	truste		es.	suadı		(W-2/1099-MISC)				nization related
	in Schedule	ual tr	tional		ploye	st co m yee	L					izations
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				orgai	izationio
1b Sub-total	•					▶		0.		0.		0.
c Total from continuation sheets to Par								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0 .
Total number of individuals (including be compensation from the organization	ut not limited to tl						no re	eceived more than \$100	0,000 of reportable	е		(
<u> </u>											'	res No
Did the organization list any former office	er, director, or tr	uste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J fo											3	Х
For any individual listed on line 1a, is the	sum of reportab											
and related organizations greater than \$	150,000? If "Yes	," со	mple	ete S	Sche	edule) J f	for such individual			4	X
Did any person listed on line 1a receive									idual for services			
rendered to the organization? If "Yes," or	omplete Schedu	le J t	or s	uch į	oers	son .					5	X
ection B. Independent Contractors												
Complete this table for your five highest the organization. Report compensation										pens	ation fro	om
(A)				<u>-</u>				(B)	,		(C)	
Name and busine	ess address	N	INC	3				Description of s	ervices	С	compens	
							\dashv					
							\dashv					
							\dashv					
							\dashv					
Total number of independent contractor	s (including but r	not li	mite	d to	tho	se lie	sted	d above) who received m	ore than			
\$100,000 of compensation from the org		.0111		J 10)			.5.5			
											Form 9	90 (2011)

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Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f		3,189.				
ig g	_	Noncash contributions included in lines 1a-1f: \$		197,230.			
"		Total. Add lines 1a-1f	usiness Code	13772301			
ervice Je	2 a b		611710	27,668.	27,668.		
Program Service Revenue	c d e						
Pro		All other program service revenue					
		Total. Add lines 2a-2f		27,668.			
	3	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro	:, and ►	4.			4.
	5	Royalties					
	b c	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
		Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Osin or (less)	(ii) Other				
		Gain or (loss) Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including \$ 3 , 189 • of contributions reported on line 1c). See Part IV, line 18 a	0.				
G.		Less: direct expenses b	0.	0			
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	>	0.			
		Less: direct expenses b Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
ł	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	usiness Code				
-	11 a		900099	2,449.			2,449.
	С						
		All other revenue					
		Total. Add lines 11a-11d		2,449.	27 660		2 452
13200	12	Total revenue. See instructions.		227,351.	27,668.	0.	2,453. Form 990 (2011)
01-23	-12						1 UIIII 3 3 U (2 U I I)

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).

comp	plete columns (B), (C), and (D).		D + 11/		
	Check if Schedule O contains a respons	se to any question in thi	s Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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	33,145.	33,145.		
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)	00 500	00 500		
7	Other salaries and wages	80,500.	80,500.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	21 ((2)	17 010	2 222	2 222
9	Other employee benefits	21,662.	17,018.	2,322.	2,322
10	Payroll taxes	3,295.	3,295.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	6 200	020	C 002	
	Accounting	6,322.	239.	6,083.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>	4E 202	274.	0 074
g	Other	55,551. 1,313.	45,303. 1,050.	2/4.	9,97 <u>4</u> 263
12	Advertising and promotion	5,330.	4,408.	197.	725
13	Office expenses	6,928.	6,557.	317.	54
14	Information technology	0,920.	0,337.	317.	54
15	Royalties				
16	Occupancy	9,885.	7,071.	322.	2,492
17	Travel	9,003.	7,071.	344.	2,492
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7,919.	7,525.	47.	347
22	Depreciation, depletion, and amortization	1,625.	7,525.	1,625.	347
23	Other expenses. Itemize expenses not covered	1,023.		1,025.	
24	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	CLIENT SERVICES	6,609.	6,609.		
b	MISCELLANEOUS	3,774.	963.	2,590.	221
c	POSTAGE AND PRINTING	3,469.	608.	115.	2,746
d	DIRECT PROGRAM EXPENSES	1,725.	1,725.	0.	0
	All other expenses	1,325.	55.	- 1	1,270
25	Total functional expenses. Add lines 1 through 24e	250,377.	216,071.	13,892.	20,414
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)				
	0 01-23-12				Form 990 (2011

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,911.	1	48,305.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	929.	4	13,507.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disgualified 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 organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	318.	9	218.
	l	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 61,871			
	l h	Less: accumulated depreciation 10b 57,372	10,469.	10c	4,499.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	66,529.
	17	Accounts payable and accrued expenses		17	5,533.
	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	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
<u></u>		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Oaks skyle I	0.	22	65,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	00,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Cabadula D		25	
	26	Total liabilities. Add lines 17 through 25	533.	26	70,533.
		Organizations that follow SFAS 117, check here X and complete			
ω		lines 27 through 29, and lines 33 and 34.			
၁င	27	Unrestricted net assets	13,422.	27	<9,004.>
ala	28	Temporarily restricted net assets	5,600.	28	5,000.
B	29	Permanently restricted net assets	•	29	<u> </u>
Ĕ		Organizations that do not follow SFAS 117, check here and			
ř		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
À	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	19,022.	33	<4,004.>
	34	Total liabilities and net assets/fund balances	19,555.	34	66,529.
	,	. 5.5			,

I OIII	1990 (2011)	0 0		∸ ⊢ c	age ••			
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			<u> 351.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			377. 026.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,0	22.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
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		<4,0	04.			
Pa	rt XII 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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		X				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	;	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
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 Aud	dit					
	Act and OMB Circular A-133?		3a	<u> </u>	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>			
			Forr	ո 990	(2011)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

INFINITE FAMILY 06-1533274 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 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 and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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) 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.")	234,042.	171,767.	176,242.	165,743.	194,041.	941,835.
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	234,042.	171,767.	176,242.	165,743.	194,041.	941,835.
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)						427,572.
6	Public support. Subtract line 5 from line 4.						514,263.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	234,042.	171,767.	(c) 2009 176, 242.	165,743.	194,041.	941,835.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,466.	395.	344.	35.	4.	2,244.
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 IV.)						
11	Total support. Add lines 7 through 10						944,079.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2011 (I	line 6, column (f) d	ivided by line 11, c	column (f))		14	54.47 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	53.50 %
	33 1/3% support test - 2011. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			 ▶□
17a	10% -facts-and-circumstances tes						
	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	Private foundation. If the organization						
	<u> </u>		,	. , ,		dule A (Form 990	

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

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

Section A. Public Support	now, piedee com	oloto i art II.j				
Calendar year (or fiscal year beginning 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.")						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		#10000	() 0000	(0 0040	() 00//	(0
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publi						
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not
more than 33 1/3%, check this box an	id stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	>

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization TNFTNTTE FAMTI.Y

Employer identification number

Pa	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds
_	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed	` <u> </u>	istorically important land area
	Protection of natural habitat	· 🖂	rtified historic structure
	Preservation of open space	i reservation of a ce	Timed historic structure
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the for	nor a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
0	Number of conservation easements on a certified historic stru	cture included in (a)	
d	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired at		
u			I I
3	listed in the National Register		
Ü	year	asea, extinguished, or terminated by the	ne organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		f
J	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and el		
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIV, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	on o mandar statemente triat describe	o the organization of accounting for
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
	If the organization elected, as permitted under SFAS 116 (ASC		ement and balance sheet works of art
	historical treasures, or other similar assets held for public exhi	· ·	
	the text of the footnote to its financial statements that describ		and or public service, provide, in trait xiv,
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art historical
-	treasures, or other similar assets held for public exhibition, edi		
	relating to these items:		cog
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		g, p. 01.00
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		S
~			

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	t III Organizations Maintaining C		rt. Hist	orical Tr	easures, o	r Othe	r Simila			≖ Page ∠ inued)
	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other record	is, criecr	carry or trie	iollowing that	. are a siç	grillicarit t	156 OI 112	Collection	II ILEIIIS
а	Public exhibition	d		oon or ovo	hange progra	mo				
a b	Scholarly research									
		е	•	Julier						
C	Preservation for future generations	alloctions and avalo	n h a.u. th	ov further t	ha araanizatia	n'a avan	ant nuvna	oo in Dor	+ VI\ /	
4 5	Provide a description of the organization's conclusing the year, did the organization solicit of							ise III Fai	L AIV.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									NO
. u	reported an amount on Form 990, Pai		ete ii tile	organizatio	ii alisweled	165 101	01111 990	, raitiv,	ii ie 9, 0i	
12	Is the organization an agent, trustee, custodi		diany for	contribution	ne or other ass	eate not i	ncluded			
Ia									Yes	□ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIV								J 163	140
b	Tes, explain the arrangement in rait XIV	and complete the ic	nowing i	abie.					Amount	·
•	Reginning halance						1c		Amoun	
	Beginning balance Additions during the year									
u ۵	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe	orm 990 Part X line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.								J 103	110
	t V Endowment Funds. Complete in		swered	"Yes" to Fo	rm 990 Part I	V line 10)			
		(a) Current year		rior year	(c) Two years			ears back	(e) Four	years back
1 a	Beginning of year balance	` '	(2)1	nor your	(6)	, , ,	u,		(0) - 0 a	youro buon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
u ۵	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a column (a	a)) held as:					
– a		one your one bulanc	%	g, oolallii (c	a)) 11014 40.					
b	Permanent endowment	%	— ′°							
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation tha	t are held a	ınd administer	ed for th	e organiz	ation		
	by:								ſ	Yes No
	(i) unrelated organizations								3a(i)	132 1.13
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	d	(d) Bool	k value
	Description of property	basis (investr			(other)		reciation	_	(4, 200	
	Land	,								
b	Buildings									
	Leasehold improvements									
d	Equipment			6	1,871.		57,3	72.		4,499.
	Other				-					
	Add lines 1s through 1s (Column (d) must e		V oolun	an (D) line 1	10(a))			$\overline{}$		4 499.

(1) Francial derivatives	(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuat or end-of-year mark	
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial derivatives				
(B) (C) (C) (D) (C) (D) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
(C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	` '				
(C) (E) (F) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	` '				
(E) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	` '				
(F) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	` '				
(c) (t7) (1) must equal Form 990, Part X, col (8) line 12.) ▶					
(#) (0) (101a.) (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13.	` '				
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(11)					
		line OF)			

2. FIN 4 132053 01-23-12

FIN 48 (ASC 740).

	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Finan	cial S	Stateme	nts	_ rag	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			$\overline{}$				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and							
	rt XII Reconciliation of Revenue per Audited Financial Statemer				er Retu	rn		_
1	Total revenue, gains, and other support per audited financial statements							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
a	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	$\overline{}$						
c	Recoveries of prior year grants							
d								
e					2e			
3	Subtract line 2e from line 1							
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	-						
C					4c			
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					+		
	rt XIII Reconciliation of Expenses per Audited Financial Stateme					turn		
1	Total expenses and losses per audited financial statements							
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	$\overline{}$						
c	Other losses							
d								
e					2e			
3	Subtract line 2e from line 1							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	011 (5 11 : 5 1)(1)(1)	4b						
	Other (Describe in Part XIV.) Add lines 4a and 4b	L TU			4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)							
	rt XIV Supplemental Information				3			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1s	and 4. Pa	art IV/ li	nes 1h an	d 2h· P	art V line 4: Pa	
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl							
, , , ,,		010 11110	part to pro	vido di	ny addition	141 111101	mation.	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.
➤ See separate instructions.

Employer identification number

Name of the organization INFINITE FAMILY 06-1533274 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region JIDEO MENTORING OF UNDESERVED TEENS SUB-SAHARAN AFRICA PROGRAM SERVICES 29,505. GRANTS TO RECIPIENT LOCATED SUB-SAHARAN AFRICA IN REGION 33,145. 3 a Sub-total 2 62,650. **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2011

and 3b)

62,650.

			Outside the United States.		rganization answered	d "Yes" to Form 9	990, Part IV, line 15, for	any
			no one recipient received more	than \$5,000				► X
	plicated if additional	space is needed.		1	1			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SERVICES	33,145.	INTERNATIONAL WIRE	0.		
							_	
the IRS, or for which	the grantee or couns	el has provided a sectio	recognized as charities by the on 501(c)(3) equivalency letter					1
3 Enter total number of	other organizations of	or entities				>	Schedi	0 ale F (Form 990) 2011

INFINITE FAMILY Schedule F (Form 990) 2011 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTS ARE MADE TO A TRUST FORMED BY THE
ORGANIZATION WITH WHICH THE ORGANIZATION WORKS CLOSELY IN CONNECTION WITH
ITS PROGRAM ACTIVITIES. GRANT AMOUNTS ARE BASED ON ESTIMATES OR INVOICES
RECEIVED FROM THE GRANTEE, OR AS PART OF LONG-STANDING AGREEMENTS THAT
INFINITE FAMILY AND THE NGO HAVE ESTABLISHED BASED ON SIGNED ALLIANCE
AGREEMENTS. EXPENSES THAT ARE APPROVED IN SUCH AGREEMENTS INCLUDE
STIPENDS FOR NGO OR SCHOOL EMPLOYEES THAT PERFORM ADDITIONAL WORK IN THE
MANAGEMENT THE COMPUTER LABS AND MENTEES.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► 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. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

INFINITE FAMILY 06-153327									3327	4	
Part I Excess Benefit	Fransacti	ons (section	on 501(c)(3) and sectior	n 501(c)(4) organizatio	ns only)					
Complete if the organ	ization ansv	vered "Yes"	on Form	990, Part IV,	line 25a or 25b, or For	m 990-E	Z, Part	V, line 40	b.		
1 (a) Name of disq	uslified ner	on			(b) Description of	of transa	ection			(c) Con	rected?
— (a) Name of disc	——————————————————————————————————————				(b) Description (n transe	CLIOIT			Yes	No
										<u> </u>	
										<u> </u>	
2 Enter the amount of tax impos	sed on the c	rganization	manager	s or disqualifi	ed persons during the	year ur	der				
								. > \$			
3 Enter the amount of tax, if any											
			_								
Part II Loans to and/or											
					line 26, or Form 990-E.			3a. (f) App	roved	T	
(a) Name of interested person and purpose	(b) Loan t the orgai			nal principal mount	(d) Balance due) In ault?	by bo	ard or	(g) W	
porcon and porpose	To	From	1			Yes	No	comm Yes	No	Yes	No
AMY AND CHRIS STO		110111	1 6	55,000.	65,000.	163	X	X	NO	X	NO
				, , , , , ,	00,000						
										<u> </u>	
Total			ļ	> \$	65,000.						
Total	ance Ber	efiting li	ntereste								
Complete if the organ		_									
(a) Name of interested p				ionship betwe	een interested person	and		(c) Am	ount an	d type o	f
				the or	ganization				assistan	ice	
							+				
							+				

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

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	tion organization revenues Yes N	ring
	person and the organization	transaction	transaction		
				Yes	N
	+				
rt V Supplemental Information					
Complete this part to provide addit	cional information for responses to questions	s on Schedule L (see	instructions).		
HEDULE L, PART II, LOA	NS TO AND FROM INTERES	STED PERSON	NS:		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cunta anouna				
) NAME OF PERSON: AMY	AND CHRIS STOKES				
) PURPOSE OF LOAN: CAS	H FLOW SUPPORT				
\ IOAN TO OR EROM ORGA	NIT Z A III C NI O III C				
) LOAN TO OR FROM ORGA	INIZATION? = TO				
) ORIGINAL PRINCIPAL A	MOUNT \$ 65,000. (D) E	BALANCE DUI	E \$ 65,000.		
) LOAN IN DEFAULT? = N	ro				
) APPROVED BY BOARD OR	COMMITTEE? = YES				
) WRITTEN AGREEMENT? =	YES				
					_

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INFINITE FAMILY

Employer identification number 06-1533274

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INFINITE FAMILY ENVISIONS AN AFRICA TRANSFORMED BY ITS YOUTH. WHOSE SELF-RELIANCE LEADS TO A BETTER LIFE AND A STRONGER SOCIETY. OUR MISSION IS TO PROMOTE SELF-RELIANCE TO AUGMENT WHAT'S TAUGHT IN THE CLASSROOM AND THE HOME TO HELP DEVELOP RESILIENT, RESPONSIBLE, AND RESOURCEFUL STUDENTS AS THEY PREPARE FOR THEIR LIVES AS YOUNG ADULTS AND BEYOND. ADULTS MENTOR AFRICAN TEENS INDIVIDUALLY AND FACE-TO-FACE VIA THE INTERNET. THEY ARE ROLE MODELS WHO TEACH, DISCUSS, CHALLENGE, AND LOVE; THEY ARE AGENTS OF SELF-RELIANCE. ENCOURAGE, BEFRIEND, FORM 990 AMENDED RETURN FOLLOWING THE COMPLETION OF THE INDEPENDENT ACCOUNTANTS' REVIEW OF THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS, THE FOLLOWING HAVE BEEN AMENDED: PART II, LINE 4A - AMOUNT OF PROGRAM EXPENSES PART IV, LINE 11F PART IX - FUNCTIONAL ALLOCATION OF CERTAIN EXPENSE LINE ITEMS PART XII, LINES 2A AND 2D SCHEDULE F, PART I, COLUMN (F), LINE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INFINITE FAMILY ENVISIONS AN AFRICA TRANSFORMED BY ITS YOUTH, WHOSE

SELF-RELIANCE LEADS TO A BETTER LIFE AND A STRONGER SOCIETY. OUR

MISSION IS TO PROMOTE SELF-RELIANCE TO AUGMENT WHAT'S TAUGHT IN THE

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

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2				
Name of the organization INFINITE FAMILY	Employer identification number $06-1533274$				
CLASSROOM AND THE HOME TO HELP DEVELOP RESILIENT, RESPONSE	IBLE, AND				
RESOURCEFUL STUDENTS AS THEY PREPARE FOR THEIR LIVES AS YOU	OUNG ADULTS				
AND BEYOND.					
FORM 990, PART VI, SECTION B, LINE 11: DUE TO TIMING CONST	TRAINTS, NO				
REVIEW WAS CONDUCTED FOR 2011.					
FORM 990, PART VI, SECTION B, LINE 12C: BOTH THE BOARD CH	AIR AND CHIEF				
EXECUTIVE OFFICER HAVE ACCESS TO THE CONFIDENTIALITY FORM	S FILED ANNUALLY				
AND UNDERSTAND THE DISCLOSED POTENTIAL CONFLICTS OF INTER	EST. THESE				
CONFLICTS ARE ASSESSED PRIOR TO EACH RELEVANT BOARD DECIS	ION. IF				
NECESSARY, THE RESPECTIVE DIRECTORS ARE ASKED TO ABSTAIN	FROM RELATED				
DECISION VOTES. THERE HAVE BEEN NO SUCH CONFLICTS OF INT	EREST RECORDED TO				
DATE.					
FORM 990, PART VI, SECTION B, LINE 15A: THE CEO IS REVIEW	ED ANNUALLY BY THE				
HUMAN RESOURCES COMMITTEE OF THE BOARD. THERE HAS NOT BE	EN A COMPENSATION				
REVIEW BECAUSE THE CEO IS NOT CURRENTLY FINANCIALLY COMPE	NSATED. THE				
ORGANIZATION HAS NO OTHER OFFICERS OR KEY EMPLOYEES WHO R	ECEIVE				
COMPENSATION.					
FORM 990, PART VI, SECTION C, LINE 19: INFINITE FAMILY MA	KES ITS GOVERNING				
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATE	EMENTS AVAILABLE				
TO THE PUBLIC VIA GUIDESTAR (FINANCIAL STATEMENTS) AND UPO	ON REQUEST.				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011 Open to Public Inspection

Name of the organization

INFINITE FAMILY

Employer identification number 06-1533274

Part I Identification of Disregarded Entities (Complet	e if the organization answered "Yes"	to Form 990, Part IV, line 33	3.)						
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me	(e) End-of-year		Direct co	f) ontrolling tity	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990), Part IV, line 34 b	ecause	it had one	or more r	related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status	(e) lic charity s (if section on (c)(3))	Direc	(f) et controlling entity	Section 5 contr	olled ity?
INFINITE FAMILY SOUTH AFRICA - 93-0037694 PO BOX 75914 GARDENVIEW, SOUTH AFRICA 2047	TO STRENGTHEN AND INSPIRE SOUTH AFRICAN CHILDREN TO LEAD FUFILLING LIVES.		501(C)(3) EQUIVALENT	50		INFINI'	TE FAMILY	Yes	No X
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

		,,			T	_			1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	dominant income Share of total Share of Disproportion- Share of end-of-year At allocations?		Code V-UBI amount in box	Gene mana	ral or laging	Percentage ownership		
		foreign		excluded from tax under		assets	\vdash	Cations?		part	ner?	
		country)		Sections 5 (2-5 (4)			Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	2.5						

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				_1b_	Λ	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Sale of assets to related organization(s)				1f		Х
g	Purchase of assets from related organization(s)				1g		Х
h	n Exchange of assets with related organization(s)				1h		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				1k		Х
-1	Performance of services or membership or fundraising solicitations by related organization(s)				11		Х
m	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m		Х
n	Sharing of paid employees with related organization(s)				1n		Х
0	Reimbursement paid to related organization(s) for expenses				10		Х
р	Reimbursement paid by related organization(s) for expenses				1p		Х
q	Other transfer of cash or property to related organization(s)				1q		Х
r	Other transfer of cash or property from related organization(s)				1r		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	plete t	nis line, including covered	relationships and transaction thresholds.			
	(a) (b)		(c)	(d)			
	Name of other organization Transaction type (a-t		Amount involved	Method of determining amount involved			
	type (a)	,		amount involved			
1)							
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2)							
3)							
4)							
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6)	36			Ontrodule 5	\	- 0001	0044

Schedule R (Form 990) 2011 INFINITE FAMILY 06-1533274 Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a partners	ali s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	al or P	ercenta
of entity		(state or foreign	(related, unrelated, excluded from tax	501(c) orgs)(3)	total	end-of-year	alloca	nate itions?	amount in box 20 Lof Schedule K-1	partr	ner?	ownersh
		country)	under section 512-514)	Yes	Nο	income	assets	Yes	No	(Form 1065)	Yes	NO	
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