Form **990-PF**

Department of the Treasury
Internal Revenue Service

# Return of Private Foundation

**or Section 4947(a)(1) Trust Treated as Private Foundation**

**Do not enter social security numbers on this form as it may be made public.**
**Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**For calendar year 2024 or tax year beginning** 07/01/24 **, and ending** 06/30/25

Name of foundation

INFINITY FOUNDATION

**A Employer identification number**

22-3339826

Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite

174 NASSAU STREET, #400

**B** Telephone number (see instructions)

609-436-0311

City or town, state or province, country, and ZIP or foreign postal code

PRINCETON NJ 08542

**C** If exemption application is pending, check here ☐

**G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

**D** 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

**H** Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 9,656,831

**J** Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis.)

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☒

**Part I** **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

| | | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 524,087 | | | |
| | 2 | Check ☐ if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 8,380 | | 8,380 | |
| | 4 | Dividends and interest from securities | 179,368 | 179,368 | 179,368 | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 694,577 | | | |
| | b | Gross sales price for all assets on line 6a 694,577 | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 694,577 | | |
| | 8 | Net short-term capital gain | | | 0 | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less: Cost of goods sold | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) STMT 1 | 32,361 | | 32,361 | |
| | 12 | **Total.** Add lines 1 through 11 | 1,438,773 | 873,945 | 220,109 | |
| Operating and Administrative Expenses | 13 | Compensation of officers, directors, trustees, etc. | 20,713 | | | 20,713 |
| | 14 | Other employee salaries and wages | 62,392 | 10,451 | | 51,941 |
| | 15 | Pension plans, employee benefits | | | | |
| | 16a | Legal fees (attach schedule) SEE STMT 2 | 1,656 | 331 | | 1,325 |
| | b | Accounting fees (attach schedule) STMT 3 | 30,189 | 6,038 | | 24,151 |
| | c | Other professional fees (attach schedule) STMT 4 | 180,500 | 19,567 | | 160,933 |
| | 17 | Interest | | | | |
| | 18 | Taxes (attach schedule) (see instructions) | | | | |
| | 19 | Depreciation (attach schedule) and depletion STMT 5 | 3,671 | 3,671 | | |
| | 20 | Occupancy | 10,794 | | | 10,794 |
| | 21 | Travel, conferences, and meetings | 4,746 | 119 | | 4,627 |
| | 22 | Printing and publications | | | | |
| | 23 | Other expenses (att. sch.) STMT 6 | 319,934 | 14,139 | 7,798 | 297,997 |
| | 24 | **Total operating and administrative expenses.** Add lines 13 through 23 | 634,595 | 54,316 | 7,798 | 572,481 |
| | 25 | Contributions, gifts, grants paid | 0 | | | 0 |
| | 26 | **Total expenses and disbursements.** Add lines 24 and 25 | 634,595 | 54,316 | 7,798 | 572,481 |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a | **Excess of revenue over expenses and disbursements** | 804,178 | | | |
| | b | **Net investment income** (if negative, enter -0-) | | 819,629 | | |
| | c | **Adjusted net income** (if negative, enter -0-) | | | 212,311 | |

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | | Beginning of year | End of year | |
|---|---|---|---|---|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash — non-interest-bearing | 194,969 | 297,109 | 297,109 |
| | 2 Savings and temporary cash investments | 1,968,175 | 1,902,883 | 1,827,991 |
| | 3 Accounts receivable 8,017 | | | |
| | Less: allowance for doubtful accounts | 5,068 | 8,017 | 8,017 |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (att. schedule) | | | |
| | Less: allowance for doubtful accounts 0 | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 5,866 | 4,568 | 4,568 |
| | 10a Investments — U.S. and state government obligations (attach schedule) | | | |
| | b Investments — corporate stock (attach schedule) SEE STMT 7 | 1,757,047 | 1,604,706 | 4,183,495 |
| | c Investments — corporate bonds (attach schedule) | | | |
| | 11 Investments — land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation (attach sch.) | | | |
| | 12 Investments — mortgage loans | | | |
| | 13 Investments — other (attach schedule) SEE STATEMENT 8 | 1,806,090 | 2,800,789 | 3,321,029 |
| | 14 Land, buildings, and equipment: basis 22,521 | | | |
| | Less: accumulated depreciation (attach sch.) STMT 9 7,899 | 8,293 | 14,622 | 14,622 |
| | 15 Other assets (describe ) | | | |
| | 16 **Total assets** (to be completed by all filers — see the instructions. Also, see page 1, item I) | 5,745,508 | 6,632,694 | 9,656,831 |
| Liabilities | 17 Accounts payable and accrued expenses | 6,031 | 9,702 | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ) | | | |
| | 23 **Total liabilities** (add lines 17 through 22) | 6,031 | 9,702 | |
| Net Assets or Fund Balances | **Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30** [X] | | | |
| | 24 Net assets without donor restrictions | 5,739,477 | 6,622,992 | |
| | 25 Net assets with donor restrictions | | | |
| | **Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30** [ ] | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 **Total net assets or fund balances** (see instructions) | 5,739,477 | 6,622,992 | |
| | 30 **Total liabilities and net assets/fund balances** (see instructions) | 5,745,508 | 6,632,694 | |

**Part III Analysis of Changes in Net Assets or Fund Balances**

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 5,739,477 |
| 2 | Enter amount from Part I, line 27a | 2 | 804,178 |
| 3 | Other increases not included in line 2 (itemize) SEE STATEMENT 10 | 3 | 79,337 |
| 4 | Add lines 1, 2, and 3 | 4 | 6,622,992 |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29 | 6 | 6,622,992 |

## Part IV Capital Gains and Losses for Tax on Investment Income

| | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P — Purchase D — Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1a | CAPITAL GAIN | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|---|---|---|---|---|
| a | 694,577 | | | 694,577 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|---|---|---|---|
| a | | | | 694,577 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | | |
|---|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } | 2 | 694,577 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | 3 | |

## Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

| | | | | |
|---|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary — see instructions) | | 1 | 11,393 |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | 0 |
| 3 | Add lines 1 and 2 | | 3 | 11,393 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | 0 |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 11,393 |
| 6 | Credits/Payments: | | | |
| a | 2024 estimated tax payments and 2023 overpayment credited to 2024 | 6a | | |
| b | Exempt foreign organizations — tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 7 | |
| 8 | Enter any **penalty** for underpayment of estimated tax. Check here [X] if Form 2220 is attached | | 8 | 86 |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** | | 9 | 11,479 |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** | | 10 | |
| 11 | Enter the amount of line 10 to be: **Credited to 2025 estimated tax** **Refunded** | | 11 | |

## Part VI-A Statements Regarding Activities

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | X |
| | If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| c | Did the foundation file **Form 1120-POL** for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. $ _____ **(2)** On foundation managers.$ _____ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.$ _____ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | | X |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | X | |
| 4a | Did the foundation have unrelated business gross income of $1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.* | 5 | | X |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | X | |
| 7 | Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. NJ | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII | 9 | X | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |

Website address HTTPS://INFINITYFOUNDATION.COM/

14 The books are in care of THE FOUNDATION Telephone no. 609-436-0311

Located at 174 NASSAU STREET, #400 PRINCETON NJ ZIP+4 08542

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** — check here ☐ and enter the amount of tax-exempt interest received or accrued during the year 15

| | | | Yes | No |
|---|---|---|---|---|
| 16 | At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | 16 | | X |

## Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
|---|---|---|---|---|
| 1a | During the year, did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | | X |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | | X |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | | X |
| | (6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 1a(6) | | X |
| b | If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | X |
| c | Organizations relying on a current notice regarding disaster assistance, check here ☐ | | | |
| d | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? N/A | 1d | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a | At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years 20 , 20 , 20 , 20 | 2a | | X |
| b | Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement — see instructions.) N/A | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. 20 , 20 , 20 , 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | | X |
| b | If "Yes," did it have excess business holdings in 2024 as a result **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024? | 4b | | X |

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 5a | During the year, did the foundation pay or incur any amount to: | | | |
| | **(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 5a(1) | | X |
| | **(2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | 5a(2) | | X |
| | **(3)** Provide a grant to an individual for travel, study, or other similar purposes? | 5a(3) | X | |
| | **(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | 5a(4) | | X |
| | **(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | 5a(5) | | X |
| b | If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | 5b | | X |
| c | Organizations relying on a current notice regarding disaster assistance, check here ☐ | | | |
| d | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A | 5d | | |
| | If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 6a | | X |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 6b | | X |
| | If "Yes" to 6b, file Form 8870. | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 7a | | X |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | 7b | | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? | 8 | | X |

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| SEE STATEMENT 11 | | | | |
| | | | | |
| | | | | |
| | | | | |

**2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than $50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Total** number of other employees paid over $50,000 0

**Part VII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| **Total** number of others receiving over $50,000 for professional services | | |

**Part VIII-A** **Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|---|---|
| 1 SEE STATEMENT 12 | |
| 2 | |
| 3 | |
| 4 | |

**Part VIII-B** **Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|---|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions.<br>3 | |
| **Total.** Add lines 1 through 3 | |

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | | |
|---|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | | |
| a | Average monthly fair market value of securities | | 1a | 7,491,312 |
| b | Average of monthly cash balances | | 1b | 297,109 |
| c | Fair market value of all other assets (see instructions) | | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | | 1d | 7,788,421 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | 2 | 0 |
| 3 | Subtract line 2 from line 1d | | 3 | 7,788,421 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | | 4 | 116,826 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 | | 5 | 7,671,595 |
| 6 | **Minimum investment return.** Enter 5% (0.05) of line 5 | | 6 | 383,580 |

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here [X] and do not complete this part.)

| | | | | |
|---|---|---|---|---|
| 1 | Minimum investment return from Part IX, line 6 | | 1 | |
| 2a | Tax on investment income for 2024 from Part V, line 5 | 2a | | |
| b | Income tax for 2024. (This does not include the tax from Part V.) | 2b | | |
| c | Add lines 2a and 2b | | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | | 4 | |
| 5 | Add lines 3 and 4 | | 5 | |
| 6 | Deduction from distributable amount (see instructions) | | 6 | |
| 7 | **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | | 7 | |

**Part XI Qualifying Distributions** (see instructions)

| | | | | |
|---|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | | |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | | 1a | 572,481 |
| b | Program-related investments — total from Part VIII-B | | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | |
| a | Suitability test (prior IRS approval required) | | 3a | |
| b | Cash distribution test (attach the required schedule) | | 3b | |
| 4 | **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4 | | 4 | 572,481 |

**Part XII Undistributed Income** (see instructions)

| | (a) Corpus | (b) Years prior to 2023 | (c) 2023 | (d) 2024 |
|---|---|---|---|---|
| 1 Distributable amount for 2024 from Part X, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2024: | | | | |
| a Enter amount for 2023 only | | | | |
| b Total for prior years: 20 , 20 , 20 | | | | |
| 3 Excess distributions carryover, if any, to 2024: | | | | |
| a From 2019 | | | | |
| b From 2020 | | | | |
| c From 2021 | | | | |
| d From 2022 | | | | |
| e From 2023 | | | | |
| f **Total** of lines 3a through e | | | | |
| 4 Qualifying distributions for 2024 from Part XI, line 4: $ 572,481 | | | | |
| a Applied to 2023, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2024 distributable amount | | | | |
| e Remaining amount distributed out of corpus | 572,481 | | | |
| 5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 **Enter the net total of each column as indicated below:** | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 572,481 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | | | |
| e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount — see instructions | | | | |
| f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | | | | |
| 8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 **Excess distributions carryover to 2025.** Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2020 | | | | |
| b Excess from 2021 | | | | |
| c Excess from 2022 | | | | |
| d Excess from 2023 | | | | |
| e Excess from 2024 | | | | |

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling ..... N/A

b Check box to indicate whether the foundation is a private operating foundation described in sectio[X] 4942(j)(3) or [ ] 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|---|---|---|---|---|---|
| | (a) 2024 | (b) 2023 | (c) 2022 | (d) 2021 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | 212,311 | 236,894 | | | 449,205 |
| b 85% (0.85) of line 2a | 180,464 | 201,360 | | | 381,824 |
| c Qualifying distributions from Part XI, line 4, for each year listed | 572,481 | 292,886 | 548,502 | 235,682 | 1,649,551 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 572,481 | 292,886 | 548,502 | 235,682 | 1,649,551 |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test — enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | 255,720 | 272,619 | 257,667 | 257,209 | 1,043,215 |
| c "Support" alternative test — enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

**Part XIV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year — see instructions.)**

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

RAJIV MALHOTRA

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

RAJIV MALHOTRA 609-436-0311
174 NASSAU STREET PRINCETON, NJ 08542

b The form in which applications should be submitted and information and materials they should include:

SEE WWW.INFINITYFOUNDATION.COM

c Any submission deadlines:

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

WWW.INFINITYFOUNDATION.COM

**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year*<br>**N/A** | | | | |
| **Total** | | | **3a** | |
| **b** *Approved for future payment*<br>**N/A** | | | | |
| **Total** | | | **3b** | |

## Part XV-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) |
|---|---|---|---|---|---|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions.) |
| 1 Program service revenue: | | | | | |
| a ROYALTY INCOME | | | 15 | 422 | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 8,380 | |
| 4 Dividends and interest from securities | | | 14 | 179,368 | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 14 | 694,577 | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 41 | | |
| 11 Other revenue: a | | | | | |
| b SALES&SOCIAL - YOUTUBE INCOME | | | 15 | 2,855 | |
| c SALES&SOCIAL-BOOKS SALES | | | 15 | 3,961 | |
| d SALES&SOCIAL-PAYPAL | | | 15 | 331 | |
| e SALES&SOCIAL SQUARE | | | 15 | 24,792 | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 914,686 | 0 |
| 13 **Total.** Add line 12, columns (b), (d), and (e) | | | | 13 | 914,686 |

(See worksheet in line 13 instructions to verify calculations.)

## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|---|---|
| 1A | INFINITY FOUNDATION RESEARCHES AND PUBLISHES WORKS IN ITS SPECIFIC AREA OF WORK, AS PART OF DEVELOPING EXPERT KNOWLEDGE AND DISSEMINATING IT. THESE BOOKS AND DVDS ARE SOLD AS WELL AS GIVEN AWAY FOR FREE, THE GOAL BEING TO MAXIMIZE THE DISSEMINATION IN THE MOST EFFECTIVE MANNER. |

## Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

**Sign Here**

Signature of officer or trustee | Date | PRESIDENT Title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☐ if self-employed |
|---|---|---|---|
| MICHAEL A. HOLK, CPA | MICHAEL A. HOLK, CPA | 03/18/26 | |

Firm's name BKC, CPAS, PC PTIN P01315390

Firm's address 39 STATE ROUTE 12 STE 2 FLEMINGTON, NJ 08822 Firm's EIN 22-3299874 Phone no. 908-782-7900

# Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

| Description | Revenue per Books | Net Investment Income | Adjusted Net Income |
|---|---|---|---|
| ROYALTY INCOME | $ 422 | $ | $ 422 |
| SALES&SOCIAL - YOUTUBE INCOME | 2,855 | | 2,855 |
| SALES&SOCIAL-BOOKS SALES | 3,961 | | 3,961 |
| SALES&SOCIAL-PAYPAL | 331 | | 331 |
| SALES&SOCIAL SQUARE | 24,792 | | 24,792 |
| TOTAL | $ 32,361 | $ 0 | $ 32,361 |

## Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| LEGAL FEES | $ 1,656 | $ 331 | $ | $ 1,325 |
| TOTAL | $ 1,656 | $ 331 | $ 0 | $ 1,325 |

## Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| ACCOUNTING AND AUDITING | $ 30,189 | $ 6,038 | $ | $ 24,151 |
| TOTAL | $ 30,189 | $ 6,038 | $ 0 | $ 24,151 |

# Federal Statements

## Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| COMPENSATION - PROFESSIONAL CONT | $ 156,732 | $ 14,813 | $ | $ 141,919 |
| INVESTMENT MANAGEMENT FEES | 23,768 | 4,754 | | 19,014 |
| TOTAL | $ 180,500 | $ 19,567 | $ 0 | $ 160,933 |

## Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

| Description | Date Acquired | Cost Basis | Prior Year Depreciation | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|---|---|---|---|---|---|---|---|---|
| EQUIPMENT | 10/22/22 | $ 9,517 | $ 9,517 | STRAIGHT LINE | 5 | $ 1,903 | $ 1,903 | $ |
| EQUIPMENT | 11/08/22 | 3,004 | 3,004 | STRAIGHT LINE | 5 | 601 | 601 | |
| SOFTWARE | 10/06/24 | 10,000 | | STRAIGHT LINE | 5 | 1,167 | 1,167 | |
| TOTAL | | $ 22,521 | $ 12,521 | | | $ 3,671 | $ 3,671 | $ 0 |

## Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| BOOK SALES | | | | |
| SUPPLIES | 7,798 | | 7,798 | |
| EXPENSES | | | | |
| INSURANCE | 5,720 | 1,144 | | 4,576 |
| OFFICE EXPENSE | 59,018 | 9,487 | | 49,531 |
| COMMUNICATION EXPENSE | 5,829 | 1,166 | | 4,663 |
| ADVERTISING | 5,765 | 1,153 | | 4,612 |
| CONTRIBUTED SERVICES | 6,200 | | | 6,200 |

# Federal Statements

## Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| FINANCIAL SERVICES | $ 5,958 | $ 989 | $ | $ 4,969 |
| EVENT EXPENSE | 222,623 | | | 222,623 |
| CONFERENCE AND MEETINGS | 495 | | | 495 |
| COMPUTER | 70 | 14 | | 56 |
| MISCELLANEOUS | 186 | 186 | | |
| MILEAGE | 272 | | | 272 |
| TOTAL | $ 319,934 | $ 14,139 | $ 7,798 | $ 297,997 |

## Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| ABBOTT LABORATORIES (ABT) 725 SHRS | $ 75,619 | $ 75,619 | | $ 98,607 |
| ACCENTURE PLC (ACN) 290 SH | 99,412 | 99,412 | | 86,678 |
| ADOBE INC (ADBE) 230 SHRS | 109,549 | 106,715 | | 87,048 |
| ALPHABET INC CAP STK CL A ( GOOGL) | 38,922 | 20,040 | | 257,296 |
| AMAZON.COM INC (AMZN) 264 SHRS | 64,304 | 64,604 | | 86,440 |
| APPLE INC.(AAPL) 2608 SHRS | 4,599 | 2,404 | | 279,647 |
| APPLIED MATERIALS INC (AMAT) 1008 SH | 40,438 | 19,569 | | 106,364 |
| BLACKROCK INC (BLK) 87 SHRS | 47,921 | 40,760 | | 77,645 |
| BOEING CO. (BA) 249 SHRS | | | | |
| BOOKING HOLDING INC (BKNG) 26 SHRS | 34,369 | 34,369 | | 150,520 |
| BRISTOL MYERS SQUIBB CO (BMY) 931 SH | | | | |
| CHARLES SCHWAB CORP (SCHW) 1120 SHRS | 53,255 | 52,235 | | 100,364 |
| CHEVRON CORP (CVX) 871 SHRS | 70,361 | 70,361 | | 124,718 |
| CHUBB LIMITED (CB) 297 SHRS | 33,450 | 33,450 | | 86,047 |
| CISCO SYSTEMS (CSCO) 1117 SHRS | 24,231 | | | |
| COLGATE PALMOLIVE CO (CL) 748 SHRS | 18,710 | 12,456 | | 45,268 |
| COMCAST CORP-CL A (CMCSA) 906 SHRS | 34,338 | | | |
| COSTCO WHOLESALE CORP (COST) 227 SHR | 34,218 | 25,166 | | 165,320 |
| CUMMINS INC (CMI) 264 SHRS | 37,485 | 37,485 | | 86,460 |
| CVS CORP (CVS) 1114 SHRS | 69,038 | | | |
| EDWARDS LIFESCIENCES CP (EW) 749 SHR | 24,554 | | | |
| ESTEE LAUDER COMPANIES CL A | | | | |

# Federal Statements

## Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| HOME DEPOT INC (HD) 372 SHRS | $ 33,256 | $ 24,898 | | $ 116,958 |
| HONEYWELL INTERNATIONAL INC (HON) 26 | 11,521 | 9,749 | | 51,234 |
| JOHNSON & JOHNSON (JNJ) 372 SHRS | 25,467 | 25,467 | | 56,823 |
| JPMORGAN CHASE & CO (JPM) 596 SHRS | 46,596 | 46,596 | | 172,786 |
| LABORATORY CORP OF AMERICA HOLDING | 39,827 | 39,827 | | 71,403 |
| MARTIN MARIETTA MATERIALS INC 104 SH | 39,491 | 53,281 | | 70,816 |
| MASTERCARD INC-CL A (MA) 297 SHRS | 24,375 | 24,375 | | 166,896 |
| META PLATFORMS INC (META) 188 SHRS | 41,264 | 41,264 | | 153,523 |
| MICROSOFT CORP (MSFT) 670 SHRS | 16,963 | 15,985 | | 314,363 |
| NEXTERA ENERGY INC (NEE) 958 SHRS | 73,654 | 69,850 | | 63,103 |
| ORACLE CORP (ORCL) 538 SHRS | 28,778 | 28,778 | | 117,623 |
| PAYPAL HOLDINGS INC (PYPL) 904 SHRS | 33,349 | 33,349 | | 67,185 |
| PEPSICO INC.(PEP) 521 SHRS | 27,701 | 14,594 | | 36,443 |
| PNC FINANCIAL SERVICES (PNC) 521 SHR | 37,996 | 27,624 | | 80,347 |
| PROCTER & GAMBLE CO (PG) 487 SHRS | 26,516 | 16,663 | | 49,389 |
| RAYTHEON TECHNOLOGIES CORP (RTX) 484 | | | | |
| RTX CORPORATION (RTX) 984 SH | 66,819 | 61,555 | | 129,666 |
| SHERWIN WILLIAMS CO (SHW) 252 SHRS | 25,974 | 25,974 | | 86,527 |
| SKYWORKS SOLUTIONS INC (SWKS) 220 SH | 29,704 | | | |
| TARGET CORP (TGT) 227 SHRS | 64,964 | | | |
| TJX COS INC (TJX) 1073 SHRS | 38,618 | 38,618 | | 132,505 |
| UNION PACIFIC CORP (UNP) 437 SHRS | 65,200 | 34,495 | | 66,953 |
| UNITEDHEALTH GROUP INC 98 SHRS | 44,241 | | | |
| WALT DISNEY CO (DIS) 595 SHRS | | | | |
| NVIDIA CORP | | 79,767 | | 107,591 |
| AMPHENOL CORP-CL A | | 72,151 | | 91,640 |
| MEDTRONIC PLC SHS | | 49,086 | | 53,261 |
| ALIGN TECHNOLOGIES INC | | 76,115 | | 88,038 |
| TOTAL | $ 1,757,047 | $ 1,604,706 | | $ 4,183,495 |

# Federal Statements

## Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| AB SMALL CAP VALUE PORTFOLIO 15697 | $ 185,684 | $ 62,013 | | $ 76,591 |
| DFA INTERNATIONAL CORE 7531.537 SHRS | 178,253 | | | |
| FIRST TR NORTH AMERICAN ENERGY INFRA | 126,267 | 126,267 | | 213,019 |
| GQG EMERGING MARKETS 15875.796 SHRS | 242,666 | 206,109 | | 238,200 |
| HARTFORD SCHRODERS INTL 23747.241 | 307,556 | 307,556 | | 417,340 |
| ISHARES S & P SMALLCAP 60/GRO 187 SH | 10,728 | 23,842 | | 24,878 |
| ISHARES S & P SMALLCAP 600 3040 SHRS | 473,848 | 247,697 | | 332,242 |
| JCF INVESTMENTS | 13,305 | 13,212 | | 13,212 |
| MATTHEWS JAPAN FUND INST 4889.189 SH | | | | |
| MATTHEWS PACIFIC TIGER FD 7256.119 S | | | | |
| WCM FOCUSED INTERNATIONAL GROWTH FU | 185,834 | 206,913 | | 236,315 |
| ISHARES MSCI JAPAN IND (EWJ) | 81,949 | 53,180 | | 68,598 |
| FIDELITY CONCORD STR TR 500 | | 500,000 | | 562,093 |
| ISHARES MSCI USA QUALITY FACTOR ETF | | 183,781 | | 195,617 |
| VANGUARD GROWTH ETF | | 113,816 | | 135,904 |
| GLENMEDE SMALL CAP EQUITY | | 505,646 | | 504,509 |
| DIMENSIONAL WORLD EX US CORE | | 250,757 | | 302,511 |
| TOTAL | $ 1,806,090 | $ 2,800,789 | | $ 3,321,029 |

## Statement 9 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

| Description | Beginning Net Book | End Cost / Basis | End Accumulated Depreciation | Net FMV |
|---|---|---|---|---|
| | $ 8,293 | $ 22,521 | $ 7,899 | $ 14,622 |
| TOTAL | $ 8,293 | $ 22,521 | $ 7,899 | $ 14,622 |

# Federal Statements

## Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

| Description | Amount |
|---|---|
| UNREALIZED GAIN/LOSS | $ 79,337 |
| TOTAL | $ 79,337 |

# Federal Statements

## Statement 11 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|---|---|---|---|---|---|
| RAJIV MALHOTRA<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | PRESIDENT | 1.00 | 0 | 0 | 0 |
| VIJAYA VISWANATHAN<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | TRUSTEE | 1.00 | 0 | 0 | 0 |
| SASHI KEJRIWAL<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | TRUSTEE | 1.00 | 0 | 0 | 0 |
| DEVENDER SINGH<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | TRUSTEE | 1.00 | 0 | 0 | 0 |
| SEEMA SINGH<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | TRUSTEE/TREA | 1.00 | 0 | 0 | 0 |
| JOHANNA MENJIVAR<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | SECRETARY | 1.00 | 20,713 | 0 | 0 |
| ADITI BANERJEE<br>174 NASSAU STREET<br>PRINCETON NJ 08542 | TRUSTEE | 1.00 | 0 | 0 | 0 |

# Federal Statements

## Statement 12 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

| Description |
|---|
| CHARITY TO NONPROFIT ORGANIZATIONS IN THE FOLLOWING BROAD PROGRAM AREAS: CHARITABLE, HOLISTIC HEALING, SCIENTIFIC, RELIGIOUS, OR EDUCATIONAL. THE FOUNDATION ASSISTS NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES COMMITTED TO PRACTICES AND POLICIES THAT BETTER THE LIVES OF ALL PEOPLE. |

## Form 990-PF, Part XIV, Line 1b - Managers Who Own 10% or More Stock

| Name of Manager | Amount |
|---|---|
| NONE | $ |
| TOTAL | $ 0 |

## Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

| Description |
|---|
| SEE WWW.INFINITYFOUNDATION.COM |

## Form 990-PF, Part XIV, Line 2c - Submission Deadlines

| Description |
|---|
| N/A |

## Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

| Description |
|---|
| WWW.INFINITYFOUNDATION.COM |

**Schedule B**
**(Form 990)**
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

**Attach to Form 990, 990-EZ, or 990-PF.**
**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

Name of the organization

**INFINITY FOUNDATION**

**Employer identification number**

**22-3339826**

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)( ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☒ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

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

Name of organization
INFINITY FOUNDATION

Employer identification number
22-3339826

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | SASHI KEJRIWAL<br>18712 WAINSBOROUGH LANE<br>DALLAS TX 75287 | $ 100,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | SHRITA CHARITABLE FOUNDATION<br>49 BLUE SKY DRIVE<br>SAINT JOHNS FL 32259 | $ 100,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | AMERICA ONLINE GIVING FOUNDATION INC<br>40 EAST MAIN STREET<br>SUITE 887<br>NEWARK DE 19711 | $ 22,806 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | MAHESH KRISHNAMURTHY<br>36 COACHSIDE LANE<br>PITTSFORD NY 14534 | $ 27,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 5 | PIYUSH DESAI<br>C-701, FORTUNE IMPERIA 1, VASANT<br>VADODARA GUJARAT 391410 | $ 15,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 6 | GIRIJA VIJAI TRUSTEE<br>9713 GAVIN STONE AVE<br>LAS VEGAS NV 89145-8609 | $ 10,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

Name of organization
INFINITY FOUNDATION

Employer identification number
22-3339826

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | SUMANA DAMERY<br>2544 CLINTON AVE<br>MINNEAPOLIS MN 55404 | $ 5,001 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 8 | PRAYES MAJUMDAR<br>1677 HILTON HEAD LN<br>FRISCO TX 75034 | $ 10,008 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 9 | BHAGWAN SAMYAL<br>20 AMERICAN AVENUE<br>SANTA BARBARA CA 93105 | $ 5,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 10 | HITESH VASHISHTHA<br>1817 ROCKFORD COURT<br>ALLEN TX 75013 | $ 5,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 11 | HARIHARAN RAGHAVAN<br>311 CONNIE CRESCENT<br>TORONTO L4K 5R2 | $ 29,985 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 12 | ADITI BANERJEE<br>41 SCOTT AVENUE<br>PRINCETON JUNCTION NJ 08550 | $ 20,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

Name of organization
INFINITY FOUNDATION

Employer identification number
22-3339826

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 13 | PHANIDHAR KANDALA<br>233 SCENIC VIEW DRIVE<br>ATLANTA GA 30339 | $ 13,300 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 14 | FIDELITY CHARITABLE<br>PO BOX 770001<br>CINCINNATI OH 45277 | $ 10,851 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 15 | VIDHYA CHANDRAKANTAN<br>ASWIN CHANDRAKANTAN<br>755 RED RIVER TRAIL<br>IRVING TX 75063 | $ 10,001 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 16 | MINI VASUDEVAN<br>1002 EAST 52ND STREET<br>KEARNEY NE 68847 | $ 6,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 17 | RAJ FAMILY PRIVATE FOUNDATION<br>190 BROOKS BND<br>PRINCETON NJ 08540 | $ 5,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

# Filing Instructions

# Infinity Foundation

# Exempt Organization Business Tax Return

# Taxable Year Ended June 30, 2025

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** None is required. Your Form 990-T for the tax year ended 6/30/25 shows a total overpayment of $1,680, which is to be refunded in its entirety.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

BKC, CPAs, PC
39 State Route 12 Ste 2
Flemington, NJ 08822

***Important:*** **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Infinity Foundation
174 Nassau Street, #400
Princeton, NJ 08542

**Department of the Treasury**
**Internal Revenue Service Center**
**Ogden, UT 84201-0027**

Form **990-T**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Business Income Tax Return
## (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning 07/01/24, and ending 06/30/25

Go to *www.irs.gov/Form990T* for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2024**

Open to Public Inspection for 501(c)(3) Organizations Only

**A** ☐ Check box if address changed.

**B** Exempt under section
☒ 501( C )( 3 )
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
INFINITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.
174 NASSAU STREET, #400

City or town, state or province, country, and ZIP or foreign postal code
PRINCETON NJ 08542

**D** Employer identification number
22-3339826

**E** Group exemption number (see instructions)

**F** ☐ Check box if an amended return.

**C** Book value of all assets at end of year 6,632,694

**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

**J** Enter the number of attached Schedules A (Form 990-T)

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of THE FOUNDATION Telephone number 609-436-0311

## Part I Total Unrelated Business Taxable Income

| | | | |
|---|---|---|---|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 0 |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | |
| 4 | Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 | Deduction for net operating loss. See instructions | 6 | 0 |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 0 |
| 8 | Specific deduction (generally $1,000, but see instructions for exceptions) | 8 | 1,000 |
| 9 | **Trusts.** Section 199A deduction. See instructions | 9 | |
| 10 | **Total deductions.** Add lines 8 and 9 | 10 | 1,000 |
| 11 | **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0 |

## Part II Tax Computation

| | | | |
|---|---|---|---|
| 1 | **Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21) | 1 | 0 |
| 2 | **Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) | 2 | 0 |
| 3 | **Proxy tax.** See instructions | 3 | |
| 4a | Amount from Form 4255, Part I , line 3, column (q) | 4a | |
| b | Other tax amounts. See instructions | 4b | |
| 5 | Alternative minimum tax | 5 | |
| 6 | **Tax on noncompliant facility income.** See instructions | 6 | |
| 7 | **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0 |

## Part III Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b | Other credits (see instructions) | 1b | | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d | Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e | **Total credits.** Add lines 1a through 1d | | | 1e | |
| 2 | Subtract line 1e from Part II, line 7 | | | 2 | |
| 3a | Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | | | |
| b | Amount due from Form 8611 | 3b | | | |
| c | Amount due from Form 8697 | 3c | | | |
| d | Amount due from Form 8866 | 3d | | | |
| e | Other amounts due (see instructions) | 3e | | | |
| f | Total amounts due. Add lines 3a through 3e | | | 3f | |
| 4 | **Total tax.** Add lines 2 and 3f (see instructions) ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here | | | 4 | 0 |

## Part III Tax and Payments *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | | 5 | |
| 6a | Payments: Preceding year's overpayment credited to the current year | 6a | | | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies ☐ | 6b | 1,680 | | |
| c | Tax deposited with Form 8868 | 6c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| e | Backup withholding (see instructions) | 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | |
| g | Elective payment election amount from Form 3800 | 6g | | | |
| h | Payment from Form 2439 | 6h | | | |
| i | Credit from Form 4136 | 6i | | | |
| j | Other (see instructions) | 6j | | | |
| 7 | **Total payments.** Add lines 6a through 6j | | | 7 | 1,680 |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ | | | 8 | |
| 9 | **Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | | | 9 | 0 |
| 10 | **Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | | | 10 | 1,680 |
| 11 | Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded** | | | 11 | 1,680 |

## Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year $ | | |
| 4 | Enter available pre-2018 NOL carryovers here $ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. | | |

| Business Activity Code | Available post-2017 NOL carryover |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |

| | | | |
|---|---|---|---|
| 6a | Reserved for future use | | |
| b | Reserved for future use | | |

## Part V Supplemental Information

Provide any additional information. See instructions.

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

PRESIDENT

Signature of officer | Date | Title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| MICHAEL A. HOLK, CPA | MICHAEL A. HOLK, CPA | 03/18/26 | | P01315390 |

| Firm's name | Firm's EIN |
|---|---|
| BKC, CPAS, PC | 22-3299874 |
| **Firm's address** | **Phone no.** |
| 39 STATE ROUTE 12 STE 2<br>FLEMINGTON, NJ 08822 | 908-782-7900 |

FORM 990-PF

Form **2220**

Department of the Treasury
Internal Revenue Service

# Underpayment of Estimated Tax by Corporations

**Attach to the corporation's tax return.**
**Go to *www.irs.gov/Form2220* for instructions and the latest information.**

OMB No. 1545-0123

**2024**

Name
INFINITY FOUNDATION

**Employer identification number**
22-3339826

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total tax (see instructions) | | | 1 | 11,393 |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | | |
| b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | | |
| c | Credit for federal tax paid on fuels (see instructions) | 2c | | | |
| d | **Total.** Add lines 2a through 2c | | | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty | | | 3 | 11,393 |
| 4 | Enter the tax shown on the corporation's 2023 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | | | 4 | 1,623 |
| 5 | **Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | | 5 | 1,623 |

## Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 ☐ The corporation is using the adjusted seasonal installment method.
7 ☐ The corporation is using the annualized income installment method.
8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

| | | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|---|
| 9 | **Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (***Form 990-PF filers:*** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 11/15/24 | 12/15/24 | 03/15/25 | 06/15/25 |
| 10 | **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10 | 406 | 406 | 406 | 405 |
| 11 | Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 11 | | | | |
| | ***Complete lines 12 through 18 of one column before going to the next column.*** | | | | | |
| 12 | Enter amount, if any, from line 18 of the preceding column | 12 | | | | |
| 13 | Add lines 11 and 12 | 13 | | | | |
| 14 | Add amounts on lines 16 and 17 of the preceding column | 14 | | 406 | 812 | 1,218 |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0 | 0 | 0 | 0 |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 406 | 812 | |
| 17 | **Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | 406 | 406 | 406 | 405 |
| 18 | **Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | | | | |

***Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.***

## Part IV Figuring the Penalty

| | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|
| **19** Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ***(C corporations with tax years ending June 30 and S corporations:*** Use 3rd month instead of 4th month. ***Form 990-PF and Form 990-T filers:*** Use 5th month instead of 4th month.) See instructions | 19 | SEE WORKSHEET | | | |
| **20** Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | | |
| **21** Number of days on line 20 after 4/15/2024 and before 7/1/2024 | 21 | | | | |
| **22** Underpayment on line 17 x Number of days on line 21 / 366 x 8% (0.08) | 22 | $ | $ | $ | $ |
| **23** Number of days on line 20 after 6/30/2024 and before 10/1/2024 | 23 | | | | |
| **24** Underpayment on line 17 x Number of days on line 23 / 366 x 8% (0.08) | 24 | $ | $ | $ | $ |
| **25** Number of days on line 20 after 9/30/2024 and before 1/1/2025 | 25 | | | | |
| **26** Underpayment on line 17 x Number of days on line 25 / 366 x 8% (0.08) | 26 | $ | $ | $ | $ |
| **27** Number of days on line 20 after 12/31/2024 and before 4/1/2025 | 27 | | | | |
| **28** Underpayment on line 17 x Number of days on line 27 / 365 x 7% (0.07) | 28 | $ | $ | $ | $ |
| **29** Number of days on line 20 after 3/31/2025 and before 7/1/2025 | 29 | | | | |
| **30** Underpayment on line 17 x Number of days on line 29 / 365 x *% | 30 | $ | $ | $ | $ |
| **31** Number of days on line 20 after 6/30/2025 and before 10/1/2025 | 31 | | | | |
| **32** Underpayment on line 17 x Number of days on line 31 / 365 x *% | 32 | $ | $ | $ | $ |
| **33** Number of days on line 20 after 9/30/2025 and before 1/1/2026 | 33 | | | | |
| **34** Underpayment on line 17 x Number of days on line 33 / 365 x *% | 34 | $ | $ | $ | $ |
| **35** Number of days on line 20 after 12/31/2025 and before 3/16/2026 | 35 | | | | |
| **36** Underpayment on line 17 x Number of days on line 35 / 365 x *% | 36 | $ | $ | $ | $ |
| **37** Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | $ | $ | $ | $ |

**38 Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns . . . . . **38** $ 86

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at ***www.irs.gov.*** You can also call 800-829-4933 to get interest rate information.

# Form 2220 Worksheet

Form **2220**

For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25

**2024**

Name

**INFINITY FOUNDATION**

Employer Identification Number

**22-3339826**

| | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|---|---|---|---|---|
| Due date of estimated payment | 11/15/24 | 12/15/24 | 03/15/25 | 06/15/25 |
| Amount of underpayment | 406 | 406 | 406 | 405 |
| Prior year overpayment applied | | | | |

| | 1st Payment | 2nd Payment | 3rd Payment | 4th Payment | 5th Payment |
|---|---|---|---|---|---|
| Date of payment | | | | | |
| Amount of payment | | | | | |

| QTR | FROM | TO | UNDERPAYMENT | #DAYS | RATE | PENALTY |
|---|---|---|---|---|---|---|
| 1 | 11/15/24 | 12/31/24 | 406 | 46 | 8.00 | 4 |
| 1 | 12/31/24 | 11/17/25 | 406 | 321 | 7.00 | 25 |
| 2 | 12/15/24 | 12/31/24 | 406 | 16 | 8.00 | 1 |
| 2 | 12/31/24 | 11/17/25 | 406 | 321 | 7.00 | 25 |
| 3 | 3/15/25 | 11/17/25 | 406 | 247 | 7.00 | 19 |
| 4 | 6/15/25 | 11/17/25 | 405 | 155 | 7.00 | 12 |
| | TOTAL PENALTY | | | | | 86 |