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Form **990**

Department of the Treasury

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

2009

OMB No 1545-0047

Open to Public
Inspection

	Nevenue							Inspection
			lendar yea	ar, or tax year beginning 07-0 C Name of organization	1-2009 and ending 06-30-201	.0	D Employer ide	entification number
B Check if applicable Please Address change use IRS STAR FOUNDATION INC						06-136877		
_		-	label or	Doing Business As			E Telephone nu	
_	me char		print or type. See				(203) 846-	9581
_	ial retur		Specific Instruc-	Number and street (or P O box 182 WOLFPIT AVENUE	ıf maıl ıs not delivered to street addre	ess) Room/suite	G Gross receipts	
_	mınated		tions.					· · ·
- Am	ended r	return		City or town, state or country, a NORWALK, CT 06851	and ZIP + 4			
App	olication	pending						
				me and address of principal o	fficer	H(a) Is th	∎ Is a group returi	
				n Saguta O LFPIT A V EN U E		affilia		┌ Yes ┌ No
				k,CT 06851		H(b) Are al	l affiliates includ	led?
						1		(see instructions)
: Ta	x-exem	pt status	▼ 501(c	:) (3) ◀ (insert no)	(1) or	H(c) Grou	ip exemption nu	ımber ►
W	ebsit e	: :► N/A						
C Forr	n of ora	ianization	✓ Cornora	tion Trust Association Oth	er l	Year of fo	rmation 1993	1 State of legal domicile CT
	rt I	Sumr		,asc,asociation; oth	- : -	= 1 car or 10		
	T			ne organization's mission or m	nost significant activities			
		TO DIR	ECT GRAI	NTS TO VARIOUS NONPRO	FIT ORGANIZATIONS FOR U	SE IN THEIR	ACTIVITIES	
<i>و</i> د								
₹								
15								
5	2	Check t	hıs box 🛏	if the organization disconti	nued its operations or disposed	d of more than	25% of its net a	assets
. Governance	3	Number	of voting i	members of the governing bo	dy (Part VI, line 1a)		3	
ACIIVIII A	4	Number	ofındeper	ndent voting members of the	governing body (Part VI, line 1	b)	. 4	
ב ב	5	Total nu	ımber of er	mployees (Part V , line 2a) .			5	
Ę				olunteers (estimate if necess			6	
ť	7a	Total gr	oss unrela	ated business revenue from P	art VIII, column (C), line 12		7a	a
	ь	Net unre	elated bus	ıness taxable ıncome from Fo	rm 990-T, line 34		71	
					<u> </u>	Prio	r Year	Current Year
	8	Contril	outions an	d grants (Part VIII, line 1h)		3,096	0	
ē	9			revenue (Part VIII, line 2q)		3,030	0	
ē	10			, , ,	es 3, 4, and 7d)	'	-61,517	87,081
Reven	11			Part VIII, column (A), lines 5			-01,517	07,001
	12			dd lines 8 through 11 (must o	10			
	12						-58,421	87,081
	13				umn (A), lines 1-3)		155,955	166,243
	14	Benefit	s paid to d	or for members (Part IX, colu	mn (A), line 4)			0
.A	15	Salarıe	s, other c	ompensation, employee bene	fits (Part IX, column (A), lines	5 –		
Expenses		10)						0
₹ T	16a	Profes	sional fund	draising fees (Part IX, column	(A), line 11e)			0
සි	ь	Total fu	ndraising exp	penses (Part IX, column (D), line 25				
	17	Other	expenses	(Part IX, column (A), lines 11	.a-11d, 11f-24f)		89,404	96,787
	18	Totale	xpenses	Add lines 13–17 (must equa	Part IX, column (A), line 25)		245,359	263,030
	19	Reveni	ue less ex	penses Subtract line 18 from		-303,780	-175,949	
8 % *							g of Current	End of Year
net Assets of Fund Balances						<u> </u>	'ear	
See E	20			rt X, line 16)			1,919,722	1,782,771
£ 5	21		•	Part X, line 26)			16,425	50
	22				from line 20		1,903,297	1,782,721
Pai	rt II		ature Bl					
					ed this return, including accompanying of preparer (other than officer) is base			
			,		, (- m.z. m.z. omoci) io bust		Proper	,
Sign		****					05-09	
lere	е	S Igna	ature of office	er		Date		
				VICE PRESIDENT				
		Туре	or print nam	ne and title				
		Preparer'				Check If	Preparer's identi	
Paid		signature				self- empolyed •	(see instructions	s)
	arer's	Firm's na	me (or your	rs L JH COHN LLP		1	+	
Jse (ıf self-en	nployed),	P	D		EIN Þ	
	•	auuress,	and ZIP + 4	180 GLASTONBURY BOULEVAR	ט		Phone no ▶ (8	360) 633-3000
				GLASTONBURY, CT 06033			Thome no F (d	,
4		~ ·			- · · · · ·			GV CN.

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO DIRECT GRANTS TO VARIOUS NONPROFIT ORGANIZATIONS FOR USE IN THEIR ACTIVITIES

2	Did the organization undertak the prior Form 990 or 990-E2			uring the year		Yes ✓ No				
	If "Yes," describe these new s	ervices on Sched	ule O							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe these chang	jes on Schedule C	1							
4		(4) organizations	and section 4947	(a)(1) trusts a	argest program services by ex re required to report the amoun ervice reported					
4a	(Code) (Ex	penses \$	110,000 includin	g grants of \$	110,000) (Revenue \$)				
	residential development, which is a the State of Connecticut has remai instituted an attendance based reir	non-reimbursable ex ned level, while expe nbursement, which re too help defray the c	pense STAR is now winses in almost all cate sulted in a \$55,000 los	orking with 20 fan gories have risen is of revenue \$10,	ises The request noted that there has nilies who have expressed a need for In addition the CT Department of Dev 000 was granted to the CT ARC for ef ements in three concurrent lawsuits, e	such placement Funding from elopmental Services has forts in supporting their				
4b	(Code) (Ex	penses \$	48,000 includin	g grants of \$	48,000) (Revenue \$)				
		8,000 was paid in FY	2010 The grant was f	or a full time train	eadership Training Fund This amount ing coordinator who is responsible for utside meetings and conferences					
4c	(Code) (Ex	penses \$	8,243 includin	g grants of \$	8,243) (Revenue \$)				
	The STAR Foundation sent checks	otaling \$8,243 to em	ployees of STAR, Inc	or tuition reimburs	sement					
4d	Other program services (De	scribe in Schedul	e O)							
	(Expenses \$	ıncludın	g grants of\$) (Revenue \$)				
4e	Total program service expen	ses) -\$	166,243							
						Form 990 (2009)				

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16		No
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		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νo
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	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		Νο
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		Νo
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		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
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		No
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		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
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		Νo
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		Νο
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complia

	Statements Regarding enter the runnings and run eemphanee		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and 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 tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

182 WOLFPIT AVENUE NORWALK, CT 06851 (203) 846-9581

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
100	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶CT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	ı F
	William Saguta			

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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

Check this box if the organization did r	ot compens	ate any	curr	ent d	or fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HILARY DONEGAN PRESIDENT	30	х		х				0	0	0
Katıe Banzhaf Vıce President	30	х		х				0	0	0
John Danaher Treasurer	30	х		х				0	0	0
Michael E Petell Secretary	30	x		х				0	0	0

Forn	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm 99 0	2009

Form 9								Page 9
Part	<u> </u>	Statement o	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
## SE	1a	Federated cam	paigns 1a	·				
ora ora	Ь	Membership du	ies 1b					
Contributions, gifts, grants and other similar amounts	C	Fundraising eve	ents 1c					
<u>≅</u> ë	d		zations 1d					
ås, sim	e	Government grant						
E E	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above					
き	g		ibutions included in					
Š	h		s 1a-1f					
	<u> </u>			Business Code				
nue	2a			Business code				
93. 93.	ь							
Program Serwce Revenue	c							
	d							
	e	-						
⊜ran	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen					
		and other simil	aramounts)	•	53,489			53,489
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	_c	expenses Rental income						
	d	or (loss)	me or (loss)	▶				
	<u> </u>	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	972,297	(1)				
		assets other						
	ь	than inventory Less cost or	938,705					
		other basis and sales expenses						
	c	Gain or (loss)	33,592		33,592			22 502
	d 8a		from fundraising		33,392			33,592
ě		events (not inc						
Other Revenue		\$ of contributions	 s reported on line 1c)					
ě			ne 18					
<u>u</u>			a 					
탏	b c		penses b (loss) from fundraising					
_	9a		from gaming activities					
		See Part IV, lir	ne 19 a					
	Ь	less directey	penses b					
	_ c		(loss) from gaming acti					
	10a		inventory, less owances .					
	Ь	less costofa	a oods sold b					
	c		(loss) from sales of inv	entory 🟲				
		Miscellaneous		Business Code				
	11a							
	Ь							
	c							
	d	All other reven						
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	67.001			07.004
					87,081	0	0	87,081

Part IX Statement of Functional Expenses

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

	ll other organizations must complete column (A) but are not required to co		(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	158,000	158,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,243	8,243		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	249		249	
c	Accounting	4,000		4,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	23,691		23,691	
g	Other	64,000		64,000	
.2	Advertising and promotion				
.3	Office expenses				
.4	Information technology				
.5	Royalties				
. 6	Occupancy				
L 7	Travel				
L 8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MISCELLANEOUS	4,707		4,707	
ь	LICENSES/PERMITS/FEES	140		140	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	263,030	166,243	96,787	
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments	•	40,880	2	46,201
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees. Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of				
		Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
∢	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		881,883	11	1,687,128
	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		996,959	15	49,442
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	1,919,722	16	1,782,771
	17	Accounts payable and accrued expenses .		16,425	17	50
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	o		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ï		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$			24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			25	
	26	Total liabilities. Add lines 17 through 25		16,425	26	50
S & S		Organizations that follow SFAS 117, check here ► ✓ and comple through 29, and lines 33 and 34.	te lines 27			
G G	27	Unrestricted net assets		1,058,992	27	821,199
Balance	28	Temporarily restricted net assets		844,305	28	961,522
Z	29	Permanently restricted net assets			29	
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	complete			
5		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund	is		32	
Net	33	Total net assets or fund balances		1,903,297	33	1,782,721
_	34	Total liabilities and net assets/fund balances		1.919.722	34	1.782.771

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization STAR FOUNDATION INC

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

									06-136877	7 3		
Pa	rt I	Reaso	n for Pu	blic Charity State	us (All org	anızatıons	must comp	olete this p	art.) See ins	structions		
he o	organiz	zation is	not a privat	e foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventi	on of churches, or ass	sociation of	churches s	ection 170(b)(1)(A)(i).				
2	Γ	A schoo	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospi	tal or a coop	perative hospital serv	/ice organiza	ation descr	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ			i organization operate ty, and state	d in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii). Ent	erthe	
5	Γ	An orga	An organization operated for the benefit of a college or university owned or operated by a governmental unit de								— ed ın	
		section	170(b)(1)(A)(iv). (Complete Pa	rt II)							
6	Г	A federa	al, state, or	local government or	governmenta	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7		describe	ed in	it normally receives a A)(vi) (Complete Pa		l part of its	support from	a governme	ntal unit or fro	om the genera	l public	
8	Г			described in section		(vi) (Cor	nplete Part II	.)				
9	·			it normally receives					outions, memb	pership fees. a	nd aro	SS
	,			ities related to its ex								
		-		oss investment incom	-	_		•				
		• • •	_	anization after June 3				•		ax,		
10	\vdash	•		anized and operated	•			•	•			
11	<u>'</u>	-	_	janized and operated	•		•			carry out the	nurnos	ses of
e	· 	one or not the box a By chec	nore publici that descril Type I king this bo	y supported organizations the type of supported by Type II ox, I certify that the own managers and other	tions describ rting organiz c rganization	bed in sect zation and o Type III is not conti	on 509(a)(1) complete line - Functional colled directly) or section ! s 11e throug ly integrated or indirectly	509(a)(2) Se gh 11h I d y by one or mo	e section 509 Type II ore disqualifie	(a)(3). I - Oth d pers	Check ner ons
f		section If the or check tl	509(a)(2) ganızatıon ı nıs box	received a written det	termination f	from the IR	S that it is a [.]	Туре I, Туре	lI or Type II			
g			ugust 17,2 jpersons?	006, has the organiz	ацоп ассер	ted any gnt	or contribution	on from any	or the			
				rectly or indirectly co	ntrols, eithe	r alone or t	ogether with	persons des	cribed in (ii)		Yes	No
		and (III)	below, the	governing body of the	the support	ed organiza	ation?			11g(i)		
		(ii) a fai	mily membe	r of a person describ	ed in (i) abo	ve?				11g(ii)		
			•	led entity of a person			bove?			11g(iii		
h				, ' ig information about t							1	<u> </u>
				· 9		3	(- /					
	(i) Name of supported organization		(ii) EIN			e Ion In ted In Erning	Did you no organiza col (i) co	otify the ation in of your	(vi Is th organiza col (i) org in the U	re tion in ganized	zed A mount of	
				instructions))	Yes	No	Yes	No	Yes	No]	
							1					
							1					
-				 		1	+		+		+	

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	u checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	:009	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,011	1,973	125	3,096			12,205
2	Tax revenues levied for the organization'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	7,011	1,973	125	3,096			12,205
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							_
6	Public Support. Subtract line 5 from line 4							12,205
	ection B. Total Support							
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
7	ın) A mounts from line 4	7,011	46,318	125	3,096		-+	12,205
8	Gross income from interest,	.,611	10,010	12.0	3,030		$\overline{}$	
•	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	76,110	46,318	45,927	48,506		53,489	270,350
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							282,555
12	Gross receipts from related activities	es, etc (See insti	ructions)			12	l	
13	First Five Years If the Form 990 is f check this box and stop here	or the organization	on's first, second,	thırd, fourth, or fi	fth tax year as a !	501(c)(3	3) organız	ration,
S	ection C. Computation of Pub	lic Support P	ercentage					
14	Public Support Percentage for 2009	(line 6 column (f) dıvıded by lıne	11 column (f))		14		4 320 %
15	Public Support Percentage for 2008	Schedule A, Par	t II, line 14			15		4 400 %
16a	33 1/3% support test—2009. If the and stop here. The organization qua	-		•	ine 14 is 33 1/3%	or more	, check t	his box
b	33 1/3% support test—2008. If the box and stop here. The organization	organization did	not check the box	on line 13 or 16	a, and line 15 is 3	3 1/3%	or more,	. ,
17a	10%-facts-and-circumstances test- is 10% or more, and if the organization Part IV how the organization mee	- 2009. If the orga non meets the "fa	anization did not c acts and circumst	heck a box on lin ances" test, chec	k this box and st e	op here.	Explain	·
h	organization 10%-facts-and-circumstances test-			-	•	•		▶ ✓
	15 is 10% or more, and if the organ	ızatıon meets the	facts and circu	mstances" test, c	heck this box and	stop he	ere.	
18	Explain in Part IV how the organizat supported organization Private Foundation If the organizati							▶✓
								L

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

The organization meets the facts and circumstances test based on the following The corporation is organized exclusively for charitable educational and scientific purposes, in particular for the purpose of advancing the welfare and the quality of life of persons who have intellectual/developmental disabilities living or working in the towns of Darien, New Canaan, Norwalk, Weston, Westport and Wilton, Connecticut and surrounding area, including for such purposes, the making of distributions to organizations that quality as exempt organizations under Section 501 (c) (3) of the Internal Revenue Code, or corresponding Section of and future federal code The STAR Foundation inc. has received funds through The STAR Foundation Endowment Campaign, as well as Special Events held for fundraising purposes. Each year, the Foundation board receives grant requests, reviews and selects grant recipients. Funds are distributed at least annually. The STAR Foundation board has been gearing up a Planned Giving Campaign. Donors who have the potential to acknowledge the Foundation in their wills and estates have been identified and are being developed. It is clear that the efforts made by The STAR Foundation board in developing a well organized Planning Giving Campaign with a Legacy Society and Planned gifts may take years to reap a benefit. Most recently a general mailing for donations was sent to the entire STAR Foundation donor base and additional prospects. By May 1st, the STAR Foundation will be mailing the Planned Giving brochure and kicking off the official Planned Giving Campaign.

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493130010061

OMB No 1545-0047

Open to Public Inspection

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, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	ne of the organization R FOUNDATION INC		Employer identification number
эιΑ	K I OONDATION INC		06-1368773
Ра	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	-	oradvised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•
Pai	t III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year ►		
ı	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	Iling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sec	tion Yes No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	statements that describes
ar	Complete if the organization answered		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	· ·	r financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cai ii</u>	easur	es, or (<u>Jtnei</u>	r Similar <i>i</i>	Assets	(contini	ued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing	that are	a sıgnıfıc	ant us	se of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	er the org	ganızatıo	n's ex	empt purpos	e ın		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г Ye	s \lceil r	No
Part	Part IV, line 9, or reported an an						answere	ed "Ye	es" to Form	າ 990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other as	sets n	ot	ΓYe	s	No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing ta	able		ı			A		
_								1.		A mount		—
c d	Beginning balance							1c 1d				
	Additions during the year							1e				
_	Distributions during the year							1f				
	Ending balance	orm 000 Bart V I	. 212				l	Τ1		Гүе	s Г	
	Did the organization include an amount on Fo		e 21'							, re	> [10
ь Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n anc	WOr	d "Vo	s" to Fo	orm gan	Dart	TV line 1	n		
FGI	Endowment Funds. Complete	(a)Current Year		Prior \			Years Back		hree Years Bad		ur Years E	
1a	Beginning of year balance	.,						1				
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	atıon t	that a	re held	d and ad	mınıstere	d for t	:he	Y	es No	_
	(i) unrelated organizations								[3	Ba(i)		_
	(ii) related organizations								3	a(ii)		_
	If "Yes" to 3a(II), are the related organizatio							•		3b		_
	Describe in Part XIV the intended uses of th					00 0	+ V l	10				
Part	VI Investments—Land, Buildings	o, and Equipme	11 t. 5				I '			T		
	Description of investment				a) Cost (sis (inve	or other estment)	(b)Cost o basis (o		(c) Accumu depreciat	17	d) Book v	alue
	and		•									
	Guildings		-									
	easehold improvements		•									
	quipment		•	-								
	Other											
		000 -	/		401							0

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pai	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	87,081
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	263,030
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-175,949
4	Net unrealized gains (losses) on investments	4	55,373
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 - 8	9	55,373
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-120,576
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	142,454
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	55,373
3	Subtract line 2e from line 1	3	87,081
4	A mounts 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) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	87,081
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial		263,030
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C			
d	Other (Describe in Part XIV)	2e	0
e o	Subtract line 2e from line 1	3	263,030
3 4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	3	263,030
4			
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	0
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4c 5	263,030
	t XIV Supplemental Information	9	263,030
٠	ouppointer anormation		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Foundation adopted the new accounting for uncertainty in income taxes guidance on July 1, 2009. The adoption of that guidance did not result in the recognition of any unrecognized tax benefits and the Foundation has no unrecognized tax benefits at June 30, 2010. The Foundation continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings. Management has concluded that there are no unrecognized tax benefits to be recorded as of June 30, 2010.

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General Information on Grants and Assistance

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

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

OMB No 1545-0047

DLN: 93493130010061

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization STAR FOUNDATION INC

Schedule I (Form 990)

Attach to Form 990

Employer identification number

06-1368773

Part IV and Sch	IV, line 21 for any r nedule I-1 (Form 990	ecipient that received)) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ved more than \$5,0	d "Yes" to 000. Use ▶ ∫
Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
Inc Lighting The Way Wolfpit Avenue walk, CT 06851	060726489	501(C)3	148,000				To help Star, Inc meet the increased need for residential development
of CT Inc43 woodland et ford, CT 061052300		501(C)3	10,000				To help the ARC of CT's efforts in supporting their Litigation Fund

	y
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
5	8,243			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

Part IV	Suppleme	ental Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier		Return Reference	Explanation

Software ID: **Software Version:**

EIN: 06-1368773

Name: STAR FOUNDATION INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130010061

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization STAR FOUNDATION INC

Employer identification number

06-1368773

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 6		Membership is open to all persons, families, corporations and organizations who support STAR Foundation's purposes, and who pay annual dues, which shall be set by the Board of Directors. The membership year shall run concurrently with STAR Foundations's fiscal year. Payment of dues shall confer upon a General Member all rights, duties and powers attributable to a General Member as provided in the Certificate of Incorporation, these By-Laws, and the Connecticut Revised Nonstock Corporation Act (RNCA). Each General Member is entitled to one vote on each matter submitted to a vote of the General Membership. Family Memberships shall have two votes and rights, duties and powers accordingly.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Members of Star, Inc - Lighting The Way elect the Board of Directors and one member of the nominating Committee

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Besides electing members of the governing body, STAR Foundation members have the power to adopt, amend, restate and repeal the certificate of incorporation, approve mergers, divestitures, and dissolutions STAR Foundation members may also review, approve or perform such other matters as may be expressly reserved to General Members by RNCA including by way of reference but not by limitation, Sections 33-1130, 1142, 1156, 1166, 1171, 1173, 1175, 1187, 1236, 1242, and 1285

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Executive Committee of the Board of Directors will review the 990 with the Executive Director and Director of Financial Services. Any questions or concerns will be addressed to the agency auditing firm

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		STAR Foundation makes its governing documents and financial statements available to the public upon request. In addition the financial statement is included in the Annual Report which is mailed to all members, donors, and friends of STAR Foundation. The Annual Report is posted on STAR Foundation'S Web site. Financial documents including the 990'S are submitted annually to the Office of Policy and Management of the State of CT.