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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 06/30/10 and ending 06/30/10

| | | | |
|--|---|---|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization The STTAR Center, Inc. C/O Christopher S. Young, Esq. | D Employer identification number 52-1083710 |
| | | Number and street (or P O box, if mail is not delivered to street address) 9881 Broken Land Parkway | Room/suite 100 |
| | | City or town, state or country, and ZIP + 4 Columbia MD 21046 | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **483,702**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | |
|--|--|----------------|-------------------|
| Expenses | 1 Contributions, gifts, grants, and similar amounts received | 1 | 254,678 |
| | 2 Program service revenue including government fees and contracts | 2 | 109,213 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | 7,509 |
| | b Less cost or other basis and sales expenses | 5b | 10,315 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | -2,806 |
| | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | See Stmt 1 |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 10,417 |
| | b Less direct expenses other than fundraising expenses | 6b | 175 |
| | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 10,242 |
| | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | b Less cost of goods sold | 7b | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 Other revenue (describe ▶ <u>See Statement 2</u>) | 8 | 101,885 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 473,212 |
| | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| 11 Benefits paid to or for members | 11 | | |
| 12 Salaries, other compensation, and employee benefits | 12 | 308,683 | |
| 13 Professional fees and other payments to independent contractors | 13 | 55,896 | |
| 14 Occupancy, rent, utilities, and maintenance | 14 | 57,013 | |
| 15 Printing, publications, postage, and shipping | 15 | | |
| 16 Other expenses (describe ▶ <u>See Statement 3</u>) | 16 | 57,196 | |
| 17 Total expenses. Add lines 10 through 16 | 17 | 478,788 | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -5,576 | |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 5,576 | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 0 | |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 16,359 | 5,951 |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ <u>See Statement 4</u>) | 102,379 | 8,334 |
| 25 Total assets | 118,738 | 14,285 |
| 26 Total liabilities (describe ▶ <u>See Statement 5</u>) | 113,162 | 14,285 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 5,576 | 0 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

99 17

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | Yes | No |
|-----|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N See General Footnote | X | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b | | |
| 39 | Section 501(c)(7) organizations Enter | | |
| a | Initiation fees and capital contributions included on line 9 ▶ 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities ▶ 39b | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____ | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed ▶ None | | |
| 42a | The organization's books are in care of ▶ Lisa Bailey Telephone no ▶ 410-290-0707 5768 Goldfinch Court Located at ▶ Ellicott City, MD ZIP + 4 ▶ 21043 | | |
| b | 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)? 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. | | X |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____ | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|----------|
| 46 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Lisa M. Bailey* Date: 11/23/10
 Type or print name and title: **Lisa M. Bailey Director - Chair of the Board**

Paid Preparer's Use Only

Preparer's signature: *Nancy J Buckley* Date: NOV 22 2010 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Coale, Pripstein & Associates, P.A.
 5950 Symphony Woods Rd Suite 305
 Columbia, MD 21044** Preparer's Identifying Number (See instr): **P00766598**
 EIN: **52-1751835** Phone no: **410-992-6999**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **The STTAR Center, Inc.**
C/O Christopher S. Young, Esq. Employer identification number **52-1083710**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar 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.") | 456,120 | 568,775 | 530,477 | 535,755 | 283,816 | 2,374,943 |
| 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 | 456,120 | 568,775 | 530,477 | 535,755 | 283,816 | 2,374,943 |
| 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) | | | | | | 117,477 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 2,257,466 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 456,120 | 568,775 | 530,477 | 535,755 | 283,816 | 2,374,943 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11 | 249 | 279 | 112 | | 651 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 3,155 | 2,825 | 1 | | | 5,981 |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,381,575 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 885,614 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.79% |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 91.50% |
| 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar 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 purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part II, Line 10 - Other Income Detail

| | | |
|----------------------|----|-------|
| Miscellaneous Income | \$ | 5,981 |
|----------------------|----|-------|

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Form **4562**

Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **The STTAR Center, Inc.**
C/O Christopher S. Young, Esq.

Identifying number
52-1083710

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 | ▶ 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

| | | | |
|----|---|----|--------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 5,776 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

| | | | |
|----|--|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 5,776 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

Federal Statements

Form 990-EZ General Footnote

Description

The STTAR Center, Inc. ceased operations on July 30, 2010; thus, the 2009 Form 990EZ is a final return.

The Organization received the following revenues after June 30, 2010, in tax year 2010, the year the Organization was formally dissolved:

*Grants - \$582

*Insurance Copays - \$7,752

The above revenues are being included on the 2009 return and shown as grants receivable and accounts receivable, respectively at June 30, 2010. Total receivables of \$8,334 in addition to the remaining cash balance of \$5,951 at June 30, 2010 was used to pay the following expenses:

*Consultation - \$1,720

*Payment on Line of Credit - \$7,800

*Accounting Fees - \$600

*Telephone - \$120

*Insurance - \$1,282

*Postage - \$95

*Licenses & Taxes - \$100

*Advertising - \$2,500

*Printing - \$68

The above expenses are being included on the 2009 return as accrued expenses of \$6,485 and a line of credit payable of \$7,800.

A copy of the Articles of Dissolution and a letter from Maryland confirming the dissolution are attached to the return.

912 The STTAR Center, Inc.
 52-1083710
 FYE: 6/30/2010

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

| How Received | Description | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Depreciation | Gain / Loss |
|--------------|------------------|-----------|---------------|-----------|-----------------|-------------------|-------------------|------------------|
| | Liquidation Sale | | Various | 6/30/10 | \$ 7,509 | \$ 159,305 | \$ 148,990 | \$ -2,806 |
| | Purchase | | | | \$ 7,509 | \$ 159,305 | \$ 148,990 | \$ -2,806 |
| | Total | | | | <u>\$ 7,509</u> | <u>\$ 159,305</u> | <u>\$ 148,990</u> | <u>\$ -2,806</u> |

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

| Description | Amount |
|-------------------------|-------------------|
| Forgiveness of Debt | \$ 99,793 |
| Class Action Settlement | 1,299 |
| Miscellaneous Income | 793 |
| Total | \$ <u>101,885</u> |

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|-------------------------|------------------|
| Expenses | \$ |
| Travel | 984 |
| Interest | 844 |
| Advertising & Promotion | 14,181 |
| Bank Charges | 1,587 |
| Dues & Subscriptions | 350 |
| Education Printing | 634 |
| Equipment Maintenance | 3,859 |
| Insurance | 9,846 |
| Miscellaneous | 975 |
| Office | 349 |
| Payroll Service | 1,188 |
| Postage & Shipping | 732 |
| Printing & Publications | 10,285 |
| Supplies | 944 |
| Telephone | 9,138 |
| Subcontract Labor | 1,300 |
| Total | \$ <u>57,196</u> |

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beginning of Year | End of Year |
|---------------------------------------|----------------------|----------------|
| Grants Receivable | \$ 44,666 | \$ 582 |
| Accounts Receivable | 31,231 | 7,752 |
| Other Loans Receivable | 575 | |
| Prepaid Expenses and Deferred Charges | 4,004 | |
| Furniture & Equipment | 159,305 | |
| Less Accumulated Depreciation | 143,216 | |
| Deposit | 5,814 | |
| | <u>102,379</u> | <u>8,334</u> |

Federal Statements

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|---------------------------------------|------------------------------|------------------------|
| Accounts Payable and Accrued Expenses | \$ 70,364 | \$ 6,485 |
| Capital Lease | 4,120 | |
| Commercial Loan | 9,678 | |
| Line of Credit | 29,000 | 7,800 |
| | <u>113,162</u> | <u>14,285</u> |

Federal Statements

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

The Organization provides 24 hour crisis intervention to victims of trauma and abuse; provides information and referral services as well as individual and group counseling.

Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

The Organization runs a S.A.F.E program - specially trained examiners are on call 24 hours a day to perform examinations and collect evidence at the emergency department.

The STTAR Center – The Sexual Trauma Treatment, Advocacy & Recovery
Center, Inc.

A Maryland Non-Stock Corporation

Articles of Dissolution

RECEIVED
2010 MAY -1 P 4:36
DEPARTMENT
OF ASSESSMENTS
& TAXATION

The STTAR Center – The Sexual Trauma Treatment, Advocacy & Recovery Center, Inc., a Maryland non-stock corporation, (hereinafter referred to as the "Corporation"), hereby certifies to the State Department of Assessments and Taxation of Maryland that:

FIRST: The Corporation is hereby dissolved.

SECOND: The name of the Corporation is as hereinabove set forth and the post office address of the principal office of the Corporation in the State of Maryland is 10480 Little Patuxent Parkway, Suite 920, Columbia MD 21044. /

THIRD: The name and address of a resident agent of the Corporation who shall serve for one (1) year after dissolution and until the affairs are wound up are Christopher S. Young, Esq., 9881 Broken Land Parkway, Suite 100, Columbia, Maryland 21046. /

FOURTH: The name and address of each director of the Corporation is:

Lisa Bailey – 5768 Goldfinch Court, Ellicott City, MD 21043
Cathy Yost - 5532 High Tor Hill, Columbia, MD 21045
Linda Paterni – 9604 Eagle Court, Columbia MD 21045
Renee Madden – 10715 Charter Drive, Suite 200, Columbia, MD 21044
Debbie Nagle – 2190 North Ridge Road, Suite 150, Ellicott City, MD 21043
John Welch – 521 Progress Drive Suite A, Linthicum, MD 21093
Dave Bittner – 7130 Minstrel Way, Suite 100, Columbia, MD 21045

FIFTH: The officers of the Corporation are as follows:

President Lisa Bailey – 5768 Goldfinch Court, Ellicott City, MD 21043
Secretary Cathy Yost – 5532 High Tor Hill, Columbia, MD 21045
Treasurer Linda Paterni – 9604 Eagle Court, Columbia, MD 21045

SIXTH: The voluntary dissolution of the Corporation was approved in the manner and by the vote required by law and by the Charter of the Corporation in that the voluntary dissolution of the Corporation was approved by unanimous vote of the Directors, acting as the members of the Corporation, entitled to cast votes on the matter.

SEVENTH The Corporation has mailed notice of the approval of the dissolution to all known creditors and employees on May 21st, 2010 .

IN WITNESS WHEREOF, The STTAR Center – The Sexual Trauma Treatment, Advocacy & Recovery Center, Inc , has caused these Articles of Dissolution to be signed

in its name and on its behalf by its President and its corporate seal to be hereunder affixed and attested by its Secretary on this 30th day of July, 2010, and its President acknowledges that these Articles of Dissolution are the act and deed of The STTAR Center - The Sexual Trauma Treatment, Advocacy & Recovery Center, Inc. and, under the penalties of perjury, that the matters and facts set forth herein with respect to authorization and approval are true in all material respects to the best of his knowledge, information and belief.

ATTEST:

The STTAR Center - The Sexual Trauma
Treatment, Advocacy & Recovery Center, Inc.

BY:

Cathy Gost
Secretary

BY:

Paul Ba
President

CUST ID:0002477322
WORK ORDER:0003693902
DATE:09-08-2010 10:32 AM
AMT. PAID:\$100.00

State of Maryland
Department of
Assessments and Taxation

Charter Division



Martin O'Malley
Governor

C. John Sullivan, Jr.
Director

Paul B. Anderson
Administrator

Date: 09/29/2010

THE SEXUAL TRAUMA TREATMENT ADVOCACY & R
SUITE 920
10480 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21046

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : THE STAR CENTER - THE SEXUAL TRAUMA TREATMENT, ADVOCACY &
RECOVERY CENTER, INC.
DEPARTMENT ID : D00618082
TYPE OF REQUEST : ARTICLES OF DISSOLUTION
DATE FILED : 09-07-2010
TIME FILED : 04:36 PM
RECORDING FEE : \$100.00
FILING NUMBER : 1000362000508954
CUSTOMER ID : 0002477322
WORK ORDER NUMBER : 0003693902

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

ENTITY TYPE: ORDINARY BUSINESS - NON-STOCK
STOCK: N
CLOSE: U
EFFECTIVE DATE: 09-07-2010
PRINCIPAL OFFICE: SUITE 920
10480 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21044
RESIDENT AGENT: CHRISTOPHER S. YOUNG, ESQ
SUITE 100
9881 BROKEN LAND PARKWAY
COLUMBIA MD 21046

Form **8868**
(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

| | | |
|---|--|---|
| Type or print <small>File by the due date for filing your return See instructions</small> | Name of Exempt Organization The STTAR Center, Inc. | Employer identification number 52-1083710 |
| | Number, street, and room or suite no If a P O box, see instructions 10480 Little Patuxent Parkway 920 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Columbia MD 21044 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► **The Organization**

Telephone No ► **410-290-6432** FAX No ►

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach

a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above The extension is for the organization's return for

► calendar year or
► tax year beginning **07/01/09**, and ending **06/30/10**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

| | | |
|--|-----------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)