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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A</u>	For the 2	11 calendar year, or tax	x year beginning		2011, an	nd ending)		,		
В	Check if app	cable C Name of orga	anization Star of the	Sea Founda	tion,	Inc.		D Employer	Identifica	ition Number	
	Address	change Doing Busine	ss As					30-04	<u> 19667</u>	0	
	Name o	nange Number and	street (or P O box if mail is not de	livered to street addr)		Room/st	uite	E Telephone	number		
	Initial re	turn 5640 Mal	oney Avenue				1	(305)	292	-3013	
	Termina	ted City, town or	country		State ZII	P code + 4					
	Amende	d return Key West			FL 3	3040],	G Gross rece	erpts \$	915,140	١.
	Applica		dress of principal officer					group return f			X No
		Thomas M Calla	nhan 822 Georgia Street	:Key West	FL 3	3040		ffiliates includ		Yes	☐ No
ī	Tax-exem			sert no) 4947(a)		527	it ino, a	ttach a list (s	ee instruc	ctions)	
J	Website			, , , , , ,	<u></u>		H(c) Group ex	emption num	ber >		
K		ganization X Corporation	Trust Association	Other ►	L Year		on 2008			I domicile FL	- -
		ummary	<u></u>								
			ation's mission or most sig	nificant activities	The	Organ	nizatio	n prov	ides		
•			es to the indige								
Activities & Governance			rida. The servic								
Ë			t no costs to in								
ove	2 Che	ck this box ► if the	e organization discontinued	d its operations or	disposed	d of more	than 25%	of its net	assets		
o a			of the governing body (Pa					_	3		5
9	1		ing members of the govern					<u> </u>	4		5
ž			employed in calendar yea	r 2011 (Part V, line	e 2a)			L	5		3
V cti	1		(estimate if necessary)	mm (C) line 12				-	6		80
•	i		venue from Part VIII, colur able income from Form 990	• • •					7a 7b		0.
	D ME	uillelateu busilless taxa	ible income nom Form 330	5-1, line 54			D.	ior Year	70	Current Y	
	8 Cor	tributions and grants (P	Part VIII line 1h)					801,23	5		,822.
ē		gram service revenue (F						001,23	-	714	,022.
Revenue		•	III, column-(A), lines 3, 4, a	and 7d)			_	49	9		318.
Вè			δίμ <u>m</u> η (A), lines 5, 6d, 8c,						- -		<u> </u>
			B through 11 (must equal F), line 1.	2)		801,73	4.	915	,140.
	13 Gra	nts and similar amounts	s paid (Part, IX) Column (A)	, lines 1-3)					0.		0.
	14 Ber	efits paid to or for mem	pers (Part IX, column (A).	line 4)					0.		0.
	15 Sal	aries, other compensation	on, employee benefits (Pai	rt IX, column (A), I	ines 5-1	0)		38,81	2.	43	,816.
es			es (Part IX, column (A), lin			•		1,50			,295.
Expenses			(Part IX, column (D), line		1	,295.	0.640.0	200	21 22	2 4 3 7 4 4 4	****
Ä	I .					, 233.		4.62.01	0	012	0.20
	1		olumn (A), lines 11a-11d,	·				463,21	$\overline{}$		<u>,039.</u>
)	1		13-17 (must equal Part IX,	• • •	5)			503,53			<u>,150.</u>
	+	enue less expenses Su	ubtract line 18 from line 12				 	298,20			<u>,990.</u>
16 OF		ol a canta (Dant V. Jone 1)	C)				Beginning	of Current		End of Ye	
Assets 1 Balan	1	al assets (Part X, line 1) al liabilities (Part X, line	•					1,34		944	,435. 355.
Net A		•	,								
L 75.7			s Subtract line 21 from lin	e 20			<u> </u>	887,09	0.1	944	,080.
_		Signature Block									
Und	er penalties o	f perjury. I declare that I have of ition of preparer (other than off	examined this return, including accider) is based on all information of	ompanying schedules ar which preparer has any	nd stateme knowledge	ints, and to	the best of m	y knowledge a	nd belief,	it is true, corre	ct, and
	<u>-</u>		~	 .		_		212 8	1,>	, 	
C:		Signature of officer					Date		<i>//</i> ⊆		
Sig	gn ere	.	allahan				Evecu	tima D	! : ~~~+		
ne	:16	Thomas M. Ca	allahan tle	 _			Execu	tive D	rrect	.or	
	_	Print/Type preparer s name	Pre arer's sinn	ature .		Date /	1	Charle VI	, PT	IN	
_	•	,, , ,		Mill (PA	٦	3/17/2	CIGI	Check X	"		
Pa		Paul S Mills,		I.m.		41.11		self-employed	1		
	eparer se Only		S. Mills, CPA			-		_ ,	74 ^	075200	
US	ie Omy		Fifth Street		12012					975382	
_		Key 1			33040			Phone no	(305)		
_			the preparer shown above)					X Yes	No
BA	A For Pa	erwork Reduction Act	Notice, see the separate in	nstructions.		TEE	EA0101 07/6	05/11		Form 99	90 (2011)

Form	990 (2011) Star of the Sea	Foundation, Inc.	30-04	96670	,	Page 2
	till. Statement of Program Se					
	Check if Schedule O contains a i	response to any question in this Part III				
1	Briefly describe the organization's missi	on.				
	The Organization provide	es				
	goods and services to the	ne indigent and underprivileged resident	.s			
	See Form 990, Page 2, Part III, Line 1					
2	Did the organization undertake any sign	ificant program services during the year which were not listed on	the prior		_	
	Form 990 or 990-EZ?			Y	res X	No
	If 'Yes,' describe these new services on	Schedule O.				
3	Did the organization cease conducting,	or make significant changes in how it conducts, any program sen	vices?	\rightarrow \cdot \c	res X	No
	If 'Yes,' describe these changes on Sch	edule O				
4	Describe the organization's program set	rvice accomplishments for each of its three largest program servi	ces, as mea	sured by	y expense	es
	others, the total expenses, and revenue	ations and section 4947(a)(1) trusts are required to report the an , if any, for each program service reported	nount of gra	nts and	allocation	is to
42	(Code) (Expenses \$	856,794. including grants of \$ 0.)(Revenue :	ŝ	890 1	40)
		es are distributed to the indigent and	, teveride .	*	020,1	10.)
	underprivileged resident					
	The contract of the contract o					
			. – – – –			
			. – – – –			
41	(Code) (Expenses \$	including grants of \$) (Revenue	s		
			, 10101140	·		
						
			. – – – –			
		· · · · · · · · · · · · · · · · · · ·				
			. – – – –			
40	(Code) (Expenses \$	including grants of \$) (Revenue	\$		
		·				
						
						
		·				
						-
40	Other program services (Describe in S	chedule O.)			·	
•		including grants of \$) (Revenue \$	5)	
46	Total program service expenses ►	856,794.				
BAA		TEEA0102 07/05/11			Form 99	0 (2011)

			res	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, . Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ļ	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
1	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	_X	·
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
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		_X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	x
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	L

			Yes	No
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		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
1	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)			(a)
,	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	3	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
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		х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	-	х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	,	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	х	
BAA		Forn	990 ((2011)

Form 990 (2011) Star of the Sea Foundation, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		[Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		•
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>	1 1 2	
c Did the organization comply with backup withholding rules for reportable payments to ver (gambling) winnings to prize winners?	ndors and reportable gamır	ng 1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Star ments, filed for the calendar year ending with or within the year covered by this return	te- 2 a	3		
b If at least one is reported on line 2a, did the organization file all required federal employr	ment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se	e instructions)		26.7	
3a Did the organization have unrelated business gross income of \$1,000 or more during the	year ⁹	3a		<u>X_</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule	<i>O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signal financial account in a foreign country (such as a bank account, securities account, or other	ture or other authority over er financial account)?	r, a 4a		X
b If 'Yes,' enter the name of the foreign country.				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank ar			ت شکی	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the	•	5a		<u>x</u> _
b Did any taxable party notify the organization that it was or is a party to a prohibited tax s	helter transaction?	5b	-	<u>X</u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible?	0, and did the organization	6a		<u>x</u>
b If 'Yes,' did the organization include with every solicitation an express statement that suc not tax deductible?	h contributions or gifts wei	re 6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution ar services provided to the payor?	nd partly for goods and	7a	**************************************	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provide	ed?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for Form 8282?	or which it was required to	file 7c		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a person	nal benefit contract?	7e		<u>X_</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benefit contract?	7f		<u>X</u>
g If the organization received a contribution of qualified intellectual property, did the organi as required?	zation file Form 8899	7g		<u>x</u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7h		х
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supp supporting organization, or a donor advised fund maintained by a sponsoring organization holdings at any time during the year?	orting organizations. Did to n, have excess business	the 3.	ju i	X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		<u>X</u>
b Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		X
10 Section 501(c)(7) organizations. Enter	1			ezi ye
a Initiation fees and capital contributions included on Part VIII, line 12	10a			7
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		. 4	
11 Section 501(c)(12) organizations. Enter	1 1			
a Gross income from members or shareholders	11 a		- #	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			•
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Iii	1 1	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Sch	edule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13ь			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation	ın Schedule O	14b		

Form 990 (2011) Star of the Sea Foundation, Inc. 30-0496670 PaitMl數 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 4 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? 8b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 4-3<u>-20</u> 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Х 13 Did the organization have a written whistleblower policy? 14 X Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х 15b Х **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► Florida Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Thomas M Callahan 822 Georgia Street Key West FL 33040 (305) 292-3013

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	nor any r	elated	org	janiz	atıo	n com	pen	sated any current office	cer, director, or trustee	;
(A) Name and title	(B) Average hours per week	(do no unles	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box.	(D) Reportable	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	andividual trustee or director	anstitutional teustee	Offi e	key emphyee	Higt est coinçensated employee	the organization (W-2/1099-MISC)		(W-2/1099-MISC)	from the organization and related organizations
_(1) Erica Hughes-Sterling _ Director	2.00			x				0.	0.	0.
(2) Doria H. Goodrich										
Director (3) Thomas M. Callahan	2.00			Х				0.	0.	0.
Executive Director	35.00			Х				0.	0.	0.
(4) Peter H. Batty										
Director	10.00	Х	L					0.	0.	0.
_(5) John C. Baker										
Director	10.00	Х						0.	0.	0.
_(6)										
<u></u>										
		,								
(10)										
(11)										
(12)										
(13)										
(14)										

Partivil Section A. Officers, Directors, Trust	ees, k	(ey	Em	plo	ye	es,	anc	Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours	box,	unles	Pos heck ss pe	rson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describ e hours for related organi- zations in Sch O)	rector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>						_		,		
(16)					-					
(17)		-								
(18)										
(19)										
(20)										
(21)										
(22)									-	
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	۸	•	•		<u>'</u>	<u>. </u>	> > >	0.	0.	
Total number of individuals (including but not limited from the organization	to thos	se lis	ted	abo	ve)	who	rece		` 	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of reg 	<i>dıvıdua</i> ortable	l con	npen	Isatı	ion a	and o	other	r compensation fro	, ,	Yes No 3 X
the organization and related organizations greater the such individual						-				4 X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' conformation B. Independent Contractors	mpens omplete	ation Scl	n tro hedu	m a ile J	ny ι I for	unrei such	ated per	organization or ir	ndividual	5 X
Complete this table for your five highest compensate compensation from the organization Report compensation.	d inde	pend for t	ent o	cont alen	tract	ors t	hat enc	received more tha	in \$100,000 of the organization's	tax year
(A) Name and business addres	s							(B Description) of services	(C) Compensation
2 Total number of independent contractors (including to \$100,000 in compensation from the organization ►	out not	lımıt	ed to	o the	ose	liste	d ab	ove) who received	I more than	

Pai	t VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
,				function revenue	revenue	under sections 512, 513, or 514
's	1a Federated campaigns 1a			Tevende		312, 313, 01 314
ANT	b Membership dues 1 b		,	0	,	€ >"
E S	c Fundraising events 1c					
AR A	d Related organizations 1d		7	7		~* <u>\$</u> }.
IS, G	e Government grants (contributions) 1 e	870,073.				
TI ON	f All other contributions, gifts, grants, and		r '1	* /	1 25	: * * *
E E	f All other contributions, gifts, grants, and similar amounts not included above	44,749.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contributions included in lns 1a-1f \$	608,702.	3.5 3.7	<u>'</u>	1 0 th 1	#' '*p" {
	h Total. Add lines 1a-1f	>	914,822.			5
N.	0-	Business Code	* * * *		<u> </u>	<u> </u>
PROGRAM SERVICE REVENUE	2a b					
CE				 		
ER	d				-	
S W	e			-	 	
GR/	f All other program service revenue					
PRC	g Total. Add lines 2a-2f	•		`	* *	
	3 Investment income (including dividends	, interest and				
	other similar amounts)		318.	318.	0.	0.
	4 Income from investment of tax-exempt	bond proceeds				
	5 Royalties (i) Real	(ii) Personal			1. 64	lå,
	6a Gross rents	(ii) i ersonar			# 104 a 1 7 %	
	b Less: rental expenses		J. Santa Company	The tradition of the con-		Same Carlotte no 5th
	c Rental income or (loss)			1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1.		
	d Net rental income or (loss)	<u> </u>				**************************************
	7a Gross amount from sales of (i) Securities	(II) Other				
	assets other than inventory				11	
	b Less cost or other basis					7 t-1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and sales expenses			1 - 2 - 2 - 2 - 2	<u></u>	
	c Gain or (loss)		24 24	, "\", " ' ',		
	d Net gain or (loss)		C Cym F Sk.,	· • • • • • • • • • • • • • • • • • • •	- - / *	
щ	8a Gross income from fundraising events (not including \$		· · · · · · · · · · · · · · · · · · ·	* "):: 35.
KEN	of contributions reported on line 1c)			7		: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER REVEN		а	*		*	19
E		b		1 17.		110
Ö	c Net income or (loss) from fundraising e	events		, o		
	9a Gross income from gaming activities See Part IV, line 19	a	~	2.	, 🔷 /	· · *
		b	-			*
	c Net income or (loss) from gaming activ			<u> </u>		-
			n			
	10a Gross sales of inventory, less returns and allowances	a]
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve		•			
	Miscellaneous Revenue	Business Code		<u> </u>	-	
	11a					
	<u>b</u>		 	ļ .	 	
	d All other revenue		-		1	<u> </u>
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions	•		318.	0.	0.

Parti X Statement of Functional Expenses

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

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

	Check if Schedule O contains a response to any question in this Part IX										
Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0.	0.								
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0.	0.	en gran trade de la compansión de la compa	* * * * * * * * * * * * * * * * * * *						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0.	0.	· 神像郷田田田 · 中の田木 · 東京都はもりのでも ・ - イヤ・・・ 方的ネマル	· · · · · · · · · · · · · · · · · · ·						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	्का च का की लड़ ला दा वा का वा	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	40,600.	40,600.	0.	0.						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.						
9	Other employee benefits	0.	0.	0.	0.						
10	Payroll taxes	3,216.	3,216.	0.	0.						
	Fees for services (non-employees)		5,210.		•						
	Management										
) Legal			 							
	_	2,800.	2,800.	0.	0.						
	Accounting	2,600.	2,800.	<u> </u>	<u>U.</u>						
	Lobbying	1 205	**********		1 005						
	Professional fundraising services See Part IV, line 17	1,295.			1,295.						
	Investment management fees	10.706	10.706								
_	Other	18,796.	18,796.	0.	0.						
	Advertising and promotion	1 070	1 070								
13	Office expenses	1,078.	1,078.	0.	0.						
14	Information technology										
15	Royalties		=								
16	Occupancy	37,190.	37,190.	0.	0.						
17	Travel		<u> </u>								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest				<u> </u>						
21	Payments to affiliates				<u> </u>						
22	Depreciation, depletion, and amortization	20,180.	20,180.	0.	0.						
23	Insurance	<u>8,173.</u>	8,173.	0.	0.						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	·特·斯·伊摩斯·马克·克克克·马克·克克·马克·克克克·马克·克克·克克克克·马克·克克克克克克	்க்கேண் ஆயில் கக்கத் திரு நெலிய இருந்து இரு நார் நார் நார் நார்		京 1 年 年 東 東 東 東 東 東 東 東 東 東 東 東 東 東 東 東 東						
i	a										
١) :										
```					<del>                                     </del>						
	a e All other expenses	724,822.	724,761.	61.	0.						
	Total functional expenses. Add lines 1 through 24e	858,150.	856,794.	61.	1,295.						
26		000,100.	050,794.	01.	1,293.						
20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.										
	Check here ► If following		1								
	SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>	<u> </u>						

**Balance Sheet** (B) Beginning of year End of year 100,793 30,706. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 65,989. 0 3 15,000. 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary À 1 6 organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 5,726 9 6,528. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 874,040 b Less accumulated depreciation 10b 47,828 781,920 10 c 826,212 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 888,439 16 944,435. 16 17 Accounts payable and accrued expenses 1,349 17 355. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 349 Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 887,090 27 944,080. 0 28 0. Temporarily restricted net assets Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete - ;} lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 887,090. 33 944,080. 944,435. Total liabilities and net assets/fund balances 888,439 34

BAA

Form 990 (2011)

	<u>80-0496670</u>	Page <b>12</b>
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	915,140.
2 Total expenses (must equal Part IX, column (A), line 25)	2	<u>858,150.</u>
3 Revenue less expenses Subtract line 2 from line 1	3	56,990.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	887,090.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	<del></del>
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	944,080.
Part XII® Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	2c X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both	sued on a	
X Separate basis Consolidated basis Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	e Single	3a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re- or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	3b X
BAA		Form <b>990</b> (2011)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2011



Employer identification number

Sta	r	of the Sea Fo	undation, Inc	•					30-04	196670	)		
Parl	a jaz	Reason for Pub	lic Charity Status	(All organizations	must d	comple	te this	part.)	See II	nstruct	ons.		
he o	rgai	nization is not a priva	te foundation because	it is (For lines 1 through	gh 11, cl	heck onl	y one bo	ox)					
1		A church, convention	of churches or assoc	iation of churches descr	ibed in s	section '	170(b)(1	)(A)(i).					
2		A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	)								
3		A hospital or a coope	erative hospital service	e organization described	I in sect	ion 170(	b)(1)(A)	(iii).					
4		A medical research of	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(	<b>УДУ</b> ТУА	(iii) Ente	r the hospi	tal's	
		name, city, and state											
5		<b>170(b)(1)(A)(iv).</b> (Co	mplete Part II)	a college or university of		·	-	_	nental u	nıt descr	ibed in <b>sec</b>	tion	
6 7	X	An organization that		vernmental unit describe ubstantial part of its sup t II )					r from t	he gener	al public d	escribe	ed
8				0(b)(1)(A)(vi). (Complete	Part II.	)							
9		An organization that from activities related investment income a	normally receives (1) d to its exempt functio	more than 33-1/3% of the subject to certain the taxable income (less se	its supp exceptio	ort from	(2) no n	nore tha	in 33-1/3	3% of its	support fro	om gra	SS
10		An organization orga	inized and operated ex	clusively to test for pub	lıc safet	y See s	ection 5	09(a)(4)	).				
11		more publicly suppor	rted organizations desc	cclusively for the benefit cribed in section 509(a) on and complete lines 1	(1) or se	ection 50	he funct 19(a)(2)	ions of, See <b>se</b>	or carry ction 50	out the 19(a)(3).	purposes o Check the	f one box th	or at
		a Type I	<b>b</b> Type II	c 🗌 Type III	- Fund	tionally	ıntegrate	ed		d 🗌	Type III -	Other	r
е		By checking this box other than foundation section 509(a)(2)	, I certify that the orga n managers and other	nization is not controlled than one or more public	d directl	y or indi orted org	rectly by ganizatio	one or	more di cribed in	squalifie section	d persons 509(a)(1)	or	
f		If the organization re check this box	ceived a written deteri	mination from the IRS th	nat is a	Type I, 1	Type II o	r Type I	ll suppo	rting org	anızatıon,		
g		Since August 17, 200	06, has the organization	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	No
		below, the gove	erning body of the sup	•	ogether	with per	sons des	scribed i	ın (II) an	nd (III)	11 g (i)		
		· ·	er of a person describ	* *							11 g (ii)		
		• •	• •	lescribed in (i) or (ii) ab							11 g (iii)		
h		Provide the following	information about the	supported organization	(s)		<del>,</del>			<del></del>	<u> </u>		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in in overning ment?	the organ	ou notify ization in n (i) of ipport?	organiz colur	s the lation in mo (i) led in the S ?	(vii) Amoui	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)												_	
ъ,													
(B)					<del> </del>								<del></del>
(C)						-	<u> </u>						
(D)													
(E)		<del></del>											
[otal							445.4	justo.	4 2	4432			

# Schedule A (Form 990 or 990-EZ) 2011 Star of the Sea Foundation, Inc. 30-0496670 Part II Support Schedule for Organizations Described in Sections 170(bX1)(A)(iv) and 170(bX1)(A)(vi)

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

	. J			,					
Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')		307,170.	489,363.	801,235.	914,822.	2,512,590.		
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		307,170.	489,363.	801,235.	914,822.	2,512,590.		
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)								
	Public support. Subtract line 5 from line 4				Ar and		2,512,590.		
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	· · · ·						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total		
7	Amounts from line 4		307,170.	489,363.	801,235.	914,822.	2,512,590.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0.	421.	499.	318.	1,238.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10						2,513,828.		
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	► [X]		
<u>Sec</u>	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20	•	•	e 11, column (f))		14	%_		
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14			15			
16 a	a 33-1/3% support test — 2011. If and stop here. The organization	the organization di qualifies as a pub	d not check the bo licly supported org	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, che	ck this box		
Ł	33-1/3% support test — 2010. If and stop here. The organization	the organization di qualifies as a publ	d not check a box licly supported org	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, ch	neck this box ▶		
17 a	7a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai d-circumstances' t	nd-circumstances' est The organizat	test, check this b ion qualifies as a	ox and stop here. publicly supported	. Explain in Part IV d organization	how the		
18	Private foundation. If the organi	zation did not ched	ck a box on line 13	3, 16a, 16b, 17a, o			<del></del>		
BAA					So	rhedule A (Form 9	90 or 990.F7\ 2011		

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

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

Sect	tion A. Public Support	Sted Below, pieds	o complete r are n	<u>,                                     </u>			<del></del>
	lar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	(a) 2007	(b) 2000	(6) 2003	(a) 2010	(6) 2011	(i) Total
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						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		<u> </u>				
Calend	lar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				_		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu			<del></del>			
15	Public support percentage for 20			e 13, column (f))		15	8
16	Public support percentage from 2	•	,,,	,		16	8
	tion D. Computation of Inv			e	·		
17	Investment income percentage for				nn (f))	17	8
18	Investment income percentage fi		* *	•	(7)	18	8
	<b>33-1/3% support tests</b> – <b>2011</b> . It is not more than 33-1/3%, check	f the organization	did not check the	box on line 14, ar	nd line 15 is more a publicly suppo	than 33-1/3%, and	
b	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%	f the organization b, check this box a	did not check a b and <b>stop here.</b> The	ox on line 14 or lir e organization qua	ne 19a, and line 10 Hifies as a publich	6 is more than 33-1 supported organiz	/3%, and lation
20	Private foundation. If the organi		•		• •		

Schedule A	(Form 990 or 990	-EZ) 2011 Sta	r of the Se	a Foundation	, Inc.	30-0496670	Page 4
Part W	Supplemental Part II, line 17 (See instruction	Information. (7a or 17b; and 1ons).	Complete this p Part III, line 12	oart to provide the Also complete	ne explanations re this part for any	30-0496670 equired by Part II, line additional information.	10;
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				<b></b>			

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission of Key West, Florida. The services are provided with respect and

of Key West, Florida. The services are provided with respect and compassion and at no costs to individuals.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Food & Assistance	704,684.	704,684.	0.	0.
Dues & Subscriptions	750.	750.	0.	0.
Licenses & Taxes	361.	300.	61.	0.
Payroll Processing	1,432.	1,432.	0.	
Supplies	6,096.	6,096.	0.	0.
Vehicle Expenses	11,499.	11,499.	0.	0.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

ar of the Sea Foundation, In	nc.	30-0496670
artile Organizations Maintaining Dor	nor Advised Funds or Other Similar Fu	nds or Accounts. Complete if
the organization answered 'Yes	to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	-	
2 Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		<u> </u>
5 Did the organization inform all donors and c funds are the organization's property, subject	lonor advisors in writing that the assets held in do ct to the organization's exclusive legal control?	onor advised Yes No
Did the organization inform all grantees, do used only for charitable purposes and not for purpose conferring impermissible private be	nors, and donor advisors in writing that grant fund or the benefit of the donor or donor advisor, or for enefit?	ds can be any other Yes No
art [1] Conservation Easements. Con	plete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held	by the organization (check all that apply)	
Preservation of land for public use (e g	, recreation or education) Preservation	of an historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
! Complete lines 2a through 2d if the organization last day of the tax year	ation held a qualified conservation contribution in	
		Held at the End of the Tax Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation ear	sements	2b
c Number of conservation easements on a ce	rtified historic structure included in (a)	2c
<b>d</b> Number of conservation easements included structure listed in the National Register	d in (c) acquired after 8/17/06, and not on a histor	ric 2d
Number of conservation easements modifie tax year ►	d, transferred, released, extinguished, or terminat	ted by the organization during the
Number of states where property subject to	conservation easement is located ►	Therefore
Does the organization have a written policy and enforcement of the conservation easers	regarding the periodic monitoring, inspection, har nents it holds?	ndling of violations, Yes No
<ul> <li>Staff and volunteer hours devoted to monito</li> </ul>	ring, inspecting, and enforcing conservation ease	ements during the year
Amount of expenses incurred in monitoring,  \$ \\$	inspecting, and enforcing conservation easement	its during the year
Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of sec	ection Yes No
In Part XIV, describe how the organization include, if applicable, the text of the footnot conservation easements.	reports conservation easements in its revenue and e to the organization's financial statements that d	d expense statement, and balance sheet, and lescribes the organization's accounting for
Organizations Maintaining Conplete if the organization a	llections of Art, Historical Treasures, on number of Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
art, historical treasures, or other similar ass	der SFAS 116 (ASC 958), not to report in its reversets held for public exhibition, education, or reseasionical statements that describes these items	nue statement and balance sheet works of irch in furtherance of public service, provide,
<b>b</b> If the organization elected, as permitted uni- historical treasures, or other similar assets following amounts relating to these items	der SFAS 116 (ASC 958), to report in its revenue held for public exhibition, education, or research i	statement and balance sheet works of art, in furtherance of public service, provide the
(i) Revenues included in Form 990, Part V	III, line 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
If the organization received or held works o amounts required to be reported under SFA	f art, historical treasures, or other similar assets f S 116 (ASC 958) relating to these items	for financial gain, provide the following
a Revenues included in Form 990, Part VIII, I	ine 1	<b>►</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>▶</b> \$

		ea Foundation,		30-049			_Page <b>2</b>		
Part ⁽ III [®] Organizations Mainta	ining Collec	tions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (c	:ontını	ıed)		
3 Using the organization's acquisition items (check all that apply)	on, accession, a	and other records, che	eck any of the following	that are a significant use	of its o	ollectio	'n		
a Public exhibition d Loan or exchange programs									
<b>b</b> Scholarly research		e 🗌 Other	·						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV	nızatıon's collec	tions and explain how	they further the organiz	zation's exempt purpose	ın				
5 During the year, did the organization assets to be sold to raise funds ra	tion solicit or re	ceive donations of art,	historical treasures, or	other similar	□ v	. г	¬		
Part IV: Escrow and Custodia					Yes		<b>N</b> o		
line 9, or reported an	amount on F	form 990. Part X.	line 21.	isweied les (OTO	יככ וווו	J, F an	LIV,		
	-								
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other intermediary	for contributions or othe	er assets not	Yes		No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the following	n table.			L			
and the state of t			.g (20)0	·	Amoun				
c Beginning balance				1c	7				
<b>d</b> Additions during the year				1 d					
e Distributions during the year				1e					
f Ending balance				1f					
2a Did the organization include an a	mount on Form	990, Part X, line 21?			Yes	. ]	No		
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV				_	_	_		
Part V Endowment Funds. Co	omplete if the	e organization an	swered 'Yes' to Fo	rm 990, Part IV, line	= 10.				
	(a) Current ye	ear (b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e)	Four year	rs back		
1 a Beginning of year balance							的想法		
<b>b</b> Contributions					43				
c Net investment earnings, gains, and losses									
d Grants or scholarships						400	48.8		
<ul> <li>Other expenditures for facilities and programs</li> </ul>						n dş 🏟	(T)		
f Administrative expenses					COLUMN TO				
<b>g</b> End of year balance		<u>  </u>			arei.	40 153 S	maria d		
2 Provide the estimated percentage	of the current	year end balance (line	e 1g, column (a)) held a	s					
a Board designated or quasi-endow	/ment 🟲	<del></del> %							
<b>b</b> Permanent endowment ►	<b>&amp;</b>								
c Temporarily restricted endowmen		_ <del></del> &							
The percentages in lines 2a, 2b,	and 2c should e	equal 100%							
3a Are there endowment funds not in organization by	n the possession	n of the organization t	hat are held and admın	stered for the		Yes	No		
(i) unrelated organizations					3a(i)				
(ii) related organizations					3a(ii)				
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations lis	ted as required on Sch	nedule R?		3b				
4 Describe in Part XIV the intended	l uses of the org	anızatıon's endowme	nt funds						
Part VI Land, Buildings, and	Equipment.	See Form 990, Pa	art X, line 10.						
Description of property	(	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue		
<b>1 a</b> Land			250,000.	Kara uniang ka		250	,000.		
<b>b</b> Buildings			482,848.	29,411.		453	,437.		
c Leasehold improvements	L	- · · ·							
<b>d</b> Equipment			11,000.	3,300.		7	,700.		
e Other			130,192.	15,117.		115	,075.		
Total. Add lines 1a through 1e (Colum	n (d) must equa	al Form 990, Part X, c	olumn (B), line 10(c))	<b>•</b>		826	,212.		
BAA				Sched	dule <b>D</b> (	Form 99	90) 2011		

Schedule **D** (Form 990) 2011

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(8) (9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

		0-0496670	rage 4
Par	t XI ²   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	<del></del>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		915,140.
2	Total expenses (Form 990, Part IX, column (A), line 25)		<u>858,150.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		56,990.
4	Net unrealized gains (losses) on investments	ļ	
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		<u></u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		56,990.
Par	t*XII* Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	作推"说 《龙鞋》。	
á	Net unrealized gains on investments		
Ŀ	Donated services and use of facilities 2b		
(	: Recoveries of prior year grants		
•	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	8.F.+9	
-	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	: Add lines 4a and 4b	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
	tXIII. Reconciliation of Expenses per Audited Financial Statements With Expenses p		
	Total expenses and losses per audited financial statements	1	<del></del>
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	<u> 출기</u>	
	Prior year adjustments 2b	_	
	Other losses 2c	_  #4	
	Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	<u>2e</u>	<del></del>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	<b> </b>	
	Other (Describe in Part XIV.)		
	; Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<del></del>
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet additional information	e this part to pro	,, vide 
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TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

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Schedule D (Form 990) 2011 Star of the Sea Foundation, Inc.  Part XIV Supplemental Information (continued)	30-0496670	Page 5
PartixIV4   Supplemental Information (continued)		<del></del>
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TEEA3305 05/25/11

Schedule **D** (Form 990) 2011

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#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

	Opin To Public Inspection	
Employer identi	fication number	

30-0496670

Star of the Sea Foundation, Inc.

?ai	Types of Property				
		(a)	(b)	(c)	(d)
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests			_	
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate – Residential				
16	Real estate — Commercial		- <u> </u>		
17	Real estate - Other				
18	Collectibles				
19	Food inventory		· · · · · · · · · · · · · · · · · · ·		
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
	Other ► ()				
28			_		
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the e Acknowledg	tax year for contributio	ns for which the	29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

**b** If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30 a		X
		governage of
31		X
32 a		х
		l

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

Schedule M (Form 990) 2011

Schedule	M (Form 9	990) 2011	Star	of the	Sea	Founda	tion,	Inc		<u>-</u>		30-04	96670	Page 2 30b, 32b,
Partill	<b>Supple</b> and 33,	<b>mental I</b> r and whe	<b>nformati</b> ether the	i <b>on.</b> Com e organiz	nplete zation	this part	t to pro ting in	vide Part	the inforr I, column	nation (b), th	require ne numl	d by Part per of cor	: I, lines htribution	30b, 32b, ً is. the
	number	of items	receive	ed, or a	combii	nation of	f both.	Also	complete	this p	art for	any addit	onal info	ns, the prmation.
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Schedule M (Form 990) 2011

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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Star of the Sea Foundation, Inc.	30-0496670
Pt_VI, Line 11a Board of Directors meet to Review Form 990 prep	ared
Pt_VI, Line 11a _by outside CPA before filing Informational Retu	rn
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