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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2015 Open to Public

IIII	TIAI IXEVEIII	information about Form 990 and its instructions is at www.in	s.gov/torm990.		nspection
<u>A</u>	For the	e 2015 calendar year, or tax year beginning , and ending			
В	Check if ap	oplicable C Name of organization	DE	mployer identificati	on number
	Address ch	nange STARFISH FOUNDATION			
	Name char	Doing business as		6-029872	27
\exists		Number and street (or P O box if mail is not delivered to street address)		elephone number	005
님	Initial return			<u>40-631-1</u>	.985
	terminated				
	Amended r	WICHITA FALLS TX 76301	G G	Gross receipts \$	649,208
\exists		r Name and address or principal onicer	H(a) Is this a group ref	hum for subordinates?	Yes X No
Ш	Application	DEMNIE O CREI	inter to allo a group to	ann ior copordinates.	
		PO BOX 3696	H(b) Are all subordina		Yes No
		WICHITA FALLS TX 76301	If "No," attac	ch a list (see instruct	ions)
1	Tax-exem	· · · · · · · · · · · · · · · · · · ·			
j	Website		H(c) Group exemptio	n number 🕨	
	Form of or	rganization Corporation Trust Association X Other ► FOUNDATION L	Year of formation 200	7 M State of	legal domicile TX
F	art	Summary			
	1 B	Briefly describe the organization's mission or most significant activities			
ė	ļ	TO FUND THE ONGOING NEEEDS OF MISSIONARY WORK			
aŭ	1				
e.I	1				
8	2 0	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 2	5% of its net assets		
<u>ن</u> مع	3 N	Number of voting members of the governing body (Part VI, line 1a)		3 1	
ŝ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4 1	
Ě	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5 0	
Activities & Governance	6 T	Total number of volunteers (estimate if necessary)		6 1	· · · · ·
1		Total unrelated business revenue from Part VIII, column (C), line 12	!	7a	0
1	1	Net unrelated business taxable income from Form 990-T, line 34		7b	Ö
	 	tot amaiated agentees taxable mount and one of the of	Prior Year		urrent Year
a	8 0	Contributions and grants (Part VIII, line 1h)	634,		405,989
Revenue	9 F	Program service revenue (Part VIII, line 2g)			0
eVe	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0
Ř	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,	107	161,961
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	785,		567,950
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	430,		566,888
		Benefits paid to or for members (Part IX, column (A), line 4)			0
'n	I .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	-		0
benses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			
per	ьт	Total fundraising expenses (Part IX, column (D), line 25) ▶0	•		
X	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e			0
		Total expenses Add lines 13–17 (must equal Part IX, column (A)—Inde 25)	7 430,	225	566,888
		Revenue less expenses Subtract line 18 from line 12	354,		1,062
5 6		191 442	Beginning of Current		nd of Year
Net Assets or	20 T	Fotal assets (Part X, line 16)	2,265,		,266,594
Ass	21 T	Total liabilities (Part X, line 26)		0	0
ž.	튄 22 N	Net assets or fund balances. Subtract line 21 from line 20	2,265,	532 2	,266,594
F	Part II	Signature Block		-	
$\overline{}$	Jnder pen	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best o	f my knowledge a	nd belief, it is
tr	rue, corre	ect, and complete Declaration of preparer (sther-than officer) is based on all information of which preparer	has any knowledge	,	
		·		8-2	-/6
Sig	gn	Signature of officer		Date	7
He	ere	Dannis J. LADY - 1 RM	8788		
		Type or print name and title		•	
		Print/Type preparer's name Preparer's signature	Date	Check X if P	TIN
Pai		Howard L Hinkle	08/01/16		01265043
	eparer	Firm's name Howard L. Hinkle	Firm's		1901607
Us	e Only	1501 5th St.			
		Firm's address Wichita Falls, TX 76301	Phone	no 940-	-322-3504
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	1		X Yes No
Fo	r Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2015
DA		•	r (7/1 l	2 2 2 (2010

Form 990 (201	5) STARFISH FOUN	DATION	26-0298727	Page 2
Part III	Statement of Program	Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO FUND THE ONGOING NEEEDS OF MISSIONARY WORK Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported			
TO FU	ND THE ONGOING	NEEEDS OF MISSIONAR	Y WORK	
2 Did the i	organization undertake any sig	nificant program services during the yea	er which were not listed on the	
		milicant program services during the yea	ar which were not listed on the	Yes X No
•		on Schedule O		103 [33] 110
			conducts, any program	
		3	, , , , , , , , , , , , , , , , , , ,	Yes X No
If "Yes,"	describe these changes on So	chedule O		
			hree largest program services, as measured by	,
			•	
		· · · · · · · · · · · · · · · · · · ·		_
4a (Code)
TO IM	PROVE QUALITY O	F LIVING ENVIRONMEN	T	
		1		
4b (Code.) (Expenses \$	including grants o	of \$) (Revenue \$)
4c (Code:) (Expenses \$	including grants of	of \$) (Revenue \$	<u> </u>
(0000	/ (= · + · · · · · · · · · · · · · · · · ·		, (1.010.100 \$,
	·			
4d Other p	ogram services (Describe in S	chedule O)		
(Expens		including grants of \$) (Revenue \$)
4e Total pr	ogram service expenses	566,888		

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		i	
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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	11c		x
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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b		1,4		
	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 other assistance to or	175		
-	for any foreign organization? 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 other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
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

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20-	Yes	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	ŀ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	<u> </u>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		^
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	1 22		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	245		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?			
d	·	24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	0.51		₹.
26		25b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			₹.
27	disqualified persons? If "Yes," complete Schedule L, Part II	_26		X
21	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			7.7
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	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)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		i	v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	• , ,	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
31	·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		Х
32	complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		Х
J-4	or IV, and Part V, line 1			v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36		35b		
30	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			v
37		36		X
J1	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,			v
38	Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			77
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Pa	art ₩ Statements Regarding Other IRS Filings and Tax Comp						
	Check if Schedule O contains a response or note to any line	in this Part V					丄丄
_		1	. 1	•	ļ	Yes	No
1a	•	-	1a	0	-		
b	· · · · · · · · · · · · · · · · · · ·		1b]	<u> </u>	-		ĺ
С	, , , , , , , , , , , , , , , , , , ,	o vendors and					ĺ
•	reportable gaming (gambling) winnings to prize winners?				1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Ta			0			
	Statements, filed for the calendar year ending with or within the year covered by this	_	2a	0			ĺ
b	3	•			2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	,)				7.7
3a	• , , , , , , , , , , , , , , , , , , ,				3a		X
b	, , , , , , , , , , , , , , , , , , , ,				3b		
4a		•		y .			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account)?	count, or other fina	anciai		4.		x
ь	If "Yes," enter the name of the foreign country ▶				4a		<u> </u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bar	ık and Einanaial A		in.			ĺ
	(FBAR)	ik aliu Filialicial A	CCOur	15			į
5a		a the tay year?			5a		x
b		•	1002		5b		X
C		ax sheller transact	.10117		5c		
6a		00 000 and did the			-30		<u> </u>
Ju	organization solicit any contributions that were not tax deductible as charitable contri		•		6a		x
b			ns or		Va		<u> </u>
_	gifts were not tax deductible?	it sach contribution	13 01		6b		l
7	•				- J.		$\overline{}$
a			oods				ĺ
	and services provided to the payor?	p, 101 g	••••		7a		ĺ
b		ovided?			7b		
С			s				$\overline{}$
	required to file Form 8282?	•			7c		
d			7d				
е		ersonal benefit co	ntract	?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal benefit contra	ct?		7f		
g	If the organization received a contribution of qualified intellectual property, did the or	ganızatıon file For	m 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles	, did the organizat	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advise	ed fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year'	>			8		<u></u>
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	1			9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rel	ated person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter		,				İ
а	,		10a		_		İ
Ь	, ,	es [10b		_		
11	Section 501(c)(12) organizations. Enter	1	1				1
а			11a		_		1
b	,						
	against amounts due or received from them)	Į	11b		_		ĺ
12a	· · · · · · · · · · · · · · · · · · ·	ı	- 1)	12a		<u> </u>
b	, and the second	r	12b	.	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						ļ
а		Ontrad to C			13a		
L	Note. See the instructions for additional information the organization must report on						
b		n wnich I	ایمد				
_	the organization is licensed to issue qualified health plans	}	13b				
142		() () () () () () () () () ()	13c		44-	ļ	-
14a b		-	^		14a 14b		<u> </u>
DAA		iation in Schedule	<u> </u>			_ QQ/) (2015)
200	•				ror		<i>-</i> (∠UIO)

26-0298727 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.

Section A. Governing Body and Management Section A. Governing Body and Management Section A. Governing body at the end of the tax year There are marked afferences in voting rights armong members of the governing body, or if the powrning body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		Check if Schedule O contains a response or note to any line in this Part VI		·		_X
18 Enter the number of voting members of the governing body at the end of the tax year 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, or goplain in Schedule O 5 Enter the number of voting members included in line 1s, above, who are independent 2 Did any officing, director, trustee, or key employee? 3 Did the originalization of offices, director, or trustees, or key employee? 4 Did the originalization broad warve during the year base a family relationship or a business relationship with any other officer, director, trustee, or key employees or a management company or other person? 5 Did the originalization broad warve during the year of a significant diversion of the originalization base may are during the year of a significant diversion of the originalization base may are during the year of a significant diversion of the originalization base may are during the year of a significant diversion of the originalization base may are during the year of a significant diversion of the originalization base may are during the year of a significant diversion of the originalization base may are during the year of a significant diversion of the originalization base may are during the year of the government of the originalization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the originalization contemporaneously document the meetings held or written actions undertaken during the year by the following a temporal produced and the originalization reserved to fee an experiment to the experiment of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing body? 7 In the governing body? 8 In the governing body? 8 In the everning body? 8 In the everning the service of the originalization reserved to fee an experiment of t	Sec	tion A. Governing Body and Management				
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 0 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? 2				F	Yes	No
d the poverming 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 2 Did any officiar, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management output the direct supervision of offices, directors, or trustees, or key employees to a management output the direct supervision of offices, directors, or trustees, or key employees to a management output the direct supervision of offices, directors, or trustees, or key employees to a management output the direct supervision of offices, directors, or trustees, or key employees to a management output to the organizations assessed? 5 Did the organization become wave during the year of a significiant diversion of the organizations assessed? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 9 Did the organization organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Did the organization organization elements, stockholders, or persons other than the governing body? 10 Did the organization organization decoments the meetings held or written actions undertaken during the year by the following a heige governing body? 10 Did the organization studies of the organization reserved to governing body? 11 Section B. Politices. (This Section B requests information about policies not required by the Internal Revenue Code.) 12 Section B. Politices. (This Section B requests information about policies not required by the Internal Revenue Code.) 13	та					
be Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? Did the organization delegate control over management duties customarly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any spinificant changes to its goverining documents and the price of Form 990 was filed? Did the organization base one aware during the year of a significant diversion of the organizations asserts? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A way is a spinificant diversion of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of the organization have written organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization						
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13	·			425		
14	12					v
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18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DENNIS J CADY PO BOX 3696						
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DENNIS J CADY PO BOX 3696	13	·	oncy, and			
DENNIS J CADY PO BOX 3696	20	· · · · · · · · · · · · · · · · · · ·				
			Ç	40-63	1-1	985

Latt Aii	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Object Contradicts Organization and Contradicts of the Contradict of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradict of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradicts of the Contradict of the Contradicts of the Contradict of the Contradicts of the Contradict

Check if Schedule O contains a response or note to any line 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

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) DENNIS J CADY	25.00			x				o		
TRUSTEE (2)	0.00			<u> </u>					0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)					-					
(10)			 	_						
(11)		-		-	-					
(11)										- QQQ

178		, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line) Individual institutional trustee Organization (W-2/1099-MISC) Organization (W-2/1099-MISC)						from the organization and related organizations						
												-		
														_
1b c <u>d</u>	Total from continuation she Total (add lines 1b and 1c)							> >						
<u>2</u>	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	key e	mpl	oyee, or highest compensa	ated	1		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organidividual	e 1a, is the sum	of re	port	able	com	pens	atio				3		x
5 Sect	Did any person listed on line for services rendered to the oution B. Independent Contractor	rganization? If "Y								individual		5		х
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ted i	nder tion	end for t	ent c	ontr	ractors that received more dar year ending with or with	than \$100,000 of	ear			
	Name and	(A) business address								(B) tion of services		Co	(C) mpensat	tion

	·													
2	Total number of independent received more than \$100,000	contractors (inclu	iding	but	not l	imite	ed to	tho	se listed above) who					
DAA	received more man \$100,000	or compensation	HOL	יי נחפ	org	anız	auon			0		For	n 990	(2015)

	, y	Check if Schedule	O con	tains a re	esponse o	r note to any line i	in this Part VIII		
	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इइ	1a	Federated campaigns	1a						
힐		Membership dues	1b						
AB, C	С	Fundraising events	1c						
<u>a</u>	d	Related organizations	1d						
ž.Ē	е	Government grants (contributions)	1e						
ribution Other Si		All other contributions, gifts, grants, and similar amounts not included above	L_:		105,989				
and	_	Noncash contributions included in lines Total. Add lines 1a–1f	1a-1f \$		>	405,989			
enne					Busn Code				
ě	2a			F			·····		
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	b			<u> -</u>					
	C								
	d	·							
grar	e f	All other program service re	venue	}					
Pro	g			L	•				
	3	Investment income (includir	g dividen	ds, interes	t,				
		and other similar amounts)			▶]			J	
	4	Income from investment of	ax-exem	pt bond pro	oceeds 🕨	•			
	5	Royalties			•				
		(I) Rea		(II) Pe	ersonal				
	6a		3,219						
	b		1,258						
	C		1,961			161,961			161,961
	d 7a	Net rental income or (loss) Gross amount from (i) Securit	ine.	(n) (Other	101,901			101,901
ļ		sales of assets	103	(11)	20101				
ı	b	other than inventory Less cost or other		 					
		basis & sales exps							
	С	Gain or (loss)							
	d			1	•				
a)	8a	Gross income from fundraising e	events						
Ž		(not including \$							
ě		of contributions reported on line	1c)						
Other Revenu		See Part IV, line 18	а						
	b	Less direct expenses	b						
~		Net income or (loss) from fu	I	events	>				,
	9a	Gross income from gaming active	rities					-	
		See Part IV, line 19	а						
		Less direct expenses	b						
		Net income or (loss) from g	-	tivities	•				
	тиа	Gross sales of inventory, le returns and allowances							
	.	Less cost of goods sold	a b						
		Net income or (loss) from s	- (venton	—		:		
	·	Miscellaneous Reven		ventory	Busn. Code				
	11a						•		
	b			ľ					
	C			Ţ					
	d	All other revenue		Ī					
	е	Total. Add lines 11a-11d		•	•				
	12	Total revenue. See instruc	tions		•	567,950	0	0	161,961

Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp			, <u>,</u>	
	ot include amounts reported on lines 6b, b, 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 domestic organizations				
	and domestic governments See Part IV, line 21	566,888	566,888		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	· ·			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
c d	·				
					
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	· · · ·				
40	(A) amount, list line 11g expenses on Schedule O)				
12	• .				
13	Office expenses				
14	Information technology				_ ·
15	Royalties			~	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u>,</u>
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а			~·····································		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	566,888	566,888	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Part X-**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 703,413 347,486 Cash-non-interest bearing 400,000 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other 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 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,670,485 other basis Complete Part VI of Schedule D 10a 151,377 1,562,119 1,519,108 b Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV. line 11 15 2,265,532 2,266,594 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,265,532 27 Unrestricted net assets 27 2,266,594 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 2,266,594 Form 990 (2015)

2,266,594

2,265,532

2,265,532

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2015) STARFISH FOUNDATION	26-0298727			Page 12
Pa	rt XI Reconciliation of Net Assets	<u> </u>			
	Check if Schedule O contains a response or note to any line	e in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1	56	57,950
2	Total expenses (must equal Part IX, column (A), line 25)		2	56	66,888
3	Revenue less expenses Subtract line 2 from line 1		3		1,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	2,26	55,532
5	Net unrealized gains (losses) on investments		5		
6	Donated services and use of facilities		6		
7	Investment expenses		7		
8	Prior period adjustments		8		
9	Other changes in net assets or fund balances (explain in Schedule O)		9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must	equal Part X, line			
	33, column (B))		10	2,2	56,594
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line	e in this Part XII			
		_			Yes No
1	Accounting method used to prepare the Form 990 X Cash Acc	rual Other			
	If the organization changed its method of accounting from a prior year or che-	cked "Other," explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an inde	ependent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were compiled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated a	nd separate basis			
b	Were the organization's financial statements audited by an independent acco	untant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were audited on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated a	nd separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume	es responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of	f an independent accountant?		2c	
	If the organization changed either its oversight process or selection process of	during the tax year, explain in			
	Schedule O			- /	
3a	As a result of a federal award, was the organization required to undergo an a	udit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?			3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization	nization did not undergo the			{
	required audit or audits, explain why in Schedule O and describe any steps to	aken to undergo such audits		3b	

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

STARFISH FOUNDATION 26-0298727 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EIN (Iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-9 support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
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							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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 VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her	e						•
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2015 (line 6		•	n (f))			14	%
15	Public support percentage from 2014 Sch						15	%
16a	as well appointed to the more engan.				33 1/3% or more,	check this		. \Box
	box and stop here. The organization qual		•					▶
b	33 1/3% support test—2014. If the organicheck this box and stop here. The organic	zation qualifies as	a publicly supporte	ed organization				> [
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa	icts-and-circumsta	nces" test. The or	ganization qualifie:	s as a publicly sup	ported		. —
	organization							▶ [_
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization				•			
	Explain in Part VI how the organization me	ets the "facts-and	-circumstances" te	est The organization	on qualifies as a p	ublicly		⊾ ⊢
49	supported organization	d not chack a barr	nn lung 12 46- 46	h 17a a- 17b -b	aale Alaina la arri aan 1			▶ _
18	Private foundation. If the organization did instructions	a not check a box (אוווווע וא, וסם, 16	υ, 17a, 0Γ17D, CN	ECK THIS DOX AND S	ee		▶ □
	instructions							

Part II 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.)

500	tion A. Public Support	quality under the	e tests listed be	elow, please co	mpiete Part II)		
	ndar year (or fiscal year beginning in)	(5) 2011	(b) 2012	(=) 2012	(4) 2014	(-) 2045	(D.T.)
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	319,074	672,981	1,056,871	634,114	405,989	3,089,029
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	319,074	672,981	1,056,871	634,114	405,989	3,089,029
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						3,089,029
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	319,074	672,981	1,056,871	634,114	405,989	3,089,029
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	139,121	167,556	210,018	232,207	243,219	992,121
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	139,121	167,556	210,018	232,207	243,219	992,121
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 VI)						
13	Total support. (Add lines 9, 10c, 11,	T					
	and 12)	458,195	840,537	1,266,889	866,321	649,208	4,081,150
14	First five years. If the Form 990 is for the		second, third, fou	rth, or fifth tax year	as a section 501(c)(3)	
Sec	organization, check this box and stop her tion C. Computation of Public Su		200				<u> </u>
15	Public support percentage for 2015 (line 8			- (f)		145	75 60 °V
16	Public support percentage from 2014 Scho	• • •	•	1 (1))		15	<u>75.69%</u> %
	tion D. Computation of Investme			· -	v.	1 10 1	70
17	Investment income percentage for 2015 (I			column (fl)	· · · · · · · · · · · · · · · · · · ·	17	24%
18	Investment income percentage from 2014			(1)		18	%
19a	33 1/3% support tests—2015. If the orga			14, and line 15 is n	nore than 33 1/3%		
ь	17 is not more than 33 1/3%, check this bit 33 1/3% support tests—2014. If the organization	ox and stop here. T	he organization q	ualifies as a publicl	y supported organ	ızatıon	► X
J	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						
	i dandadioni ii tiio organization die	a mot direct a box o	1 mic 17, 13a, 01	TOO, CHECK THIS DOX	and see monucilo	112	

Schedule A (Form 990 or 990-EZ) 2015 STARFISH FOUNDATION

Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	110
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	1	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
	organization was described in section 509(a)(1) or (2)	2	1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below	3a	1	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c]	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	ĺ	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		-	
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	,	1	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	1	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b]	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	_ 1	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

Schedule A (Form 990 or 990-EZ) 2015 STARFISH FOUNDATION		26-0298	2727 Bass 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati		8 / 2 / Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			
other Type III non-functionally integrated supporting organizations must complete S	· ·		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	`	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		L
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	-		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain ın detail ın Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2015

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2015

and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2016. Add lines 3₁

instructions)

Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

and 4c

a b Schedule A (Form 990 or 990-EZ) 2015 STARFISH FOUNDATION

26-0298727

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

STARFIS	SH FOUNDATION		26-0298727
Part I	Organizations Maintaining Donor Advised For Complete if the organization answered "Yes" on	unds or Other Similar Funds or A Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
	nber at end of year		
2 Aggregate	e value of contributions to (during year)		
3 Aggregate	e value of grants from (during year)		
4 Aggregate	e value at end of year		
5 Did the or	rganization inform all donors and donor advisors in writing th	at the assets held in donor advised	
funds are	the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6 Did the or	rganization inform all grantees, donors, and donor advisors i	n writing that grant funds can be used	
only for c	haritable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
	ımpermissible private benefit?		Yes No
Part II	Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7	
1 Purpose(s) of conservation easements held by the organization (chec	ck all that apply)	
Prese	ervation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area
Prote	ction of natural habitat	Preservation of a certified histor	ic structure
Prese	ervation of open space		
	lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a cons	ervation
easemen	t on the last day of the tax year		Held at the End of the Tax Yea
a Total num	nber of conservation easements		2a
b Total acre	eage restricted by conservation easements		2b
c Number of	of conservation easements on a certified historic structure in	cluded in (a)	2c
d Number of	of conservation easements included in (c) acquired after 8/1	7/06, and not on a	
historic st	tructure listed in the National Register		2d
3 Number of	of conservation easements modified, transferred, released, ϵ	extinguished, or terminated by the organiza	ation during the
tax year	•		
	of states where property subject to conservation easement is		
5 Does the	organization have a written policy regarding the periodic mo	onitoring, inspection, handling of	
	, and enforcement of the conservation easements it holds?		Yes No
6 Staff and ▶	volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	easements during the year
7 Amount o	of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation ease	ments during the year
. •	th conservation easement reported on line 2(d) above satisf	v the requirements of section 170(h)(4)(B)	(n)
	on 170(h)(4)(B)(ii)?	, the requirements of escales: 176(11)(11)(12)	Yes No
	III, describe how the organization reports conservation ease	ments in its revenue and expense stateme	
	sheet, and include, if applicable, the text of the footnote to the	•	
organizat	ion's accounting for conservation easements		
Part III	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		Similar Assets.
1a If the org	anization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and	balance sheet
	art, historical treasures, or other similar assets held for publ		
public se	rvice, provide, in Part XIII, the text of the footnote to its finan	icial statements that describes these items	s
b If the orga	anization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bal	ance sheet
works of	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furt	herance of
public se	rvice, provide the following amounts relating to these items		
(i) Reve	nue included on Form 990, Part VIII, line 1		> \$
(ii) Asse	ts included in Form 990, Part X		▶ \$
2 If the org	anization received or held works of art, historical treasures,	or other similar assets for financial gain, p	rovide the
	amounts required to be reported under SFAS 116 (ASC 958		
a Revenue	included on Form 990, Part VIII, line 1		▶ \$
b Assets in	cluded in Form 990, Part X		▶ \$

1,670,485

1,519,108

1,519,108

151,377

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

TARFISH 08/01/2	016 10 35 AM			
	Form 990) 2015 STARFISH FOUNDATION	<u> </u>	26-0298727	Page \$
Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11h See Form 900 P	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	valuation
(1) Financial			Cost of end-or-year	market value
	eld equity interests			
(3) Other		- :		
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				······································
(U) (H)				
• •	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.		<u> </u>	
	Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11c See Form 990. Pa	art X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)			<u> </u>	
(3)				
(4)				
(5)				
(6) (7)				·
(8)				
(9)				
	n (b) must equal Form 990, Part X, coi (B) line 13)▶			
Part IX	Other Assets.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d See Form 990, Pa	art X, line 15.
	(a) Description	·		(b) Book value
(1)				
(2)				
(3)		···		
(4)				
(5) (6)				 -
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				····
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f See Form 9	990, Part X,
	line 25.			
<u>1</u>	(a) Description of liability	(b) Book value		
	income taxes		4	
(2)			4	
(3)			4	
(4)			-	
(5) (6)		-	┥	
(7)			†	
(8)			7	
		- -	→	

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Supplemental Information.

5

Schedule D (Form 990) 2015 STARFISH FOUNDATION

26-0298727

Page **5**

Part XIII Supplemental Information (continued)

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SCHEDULE (Form 990)

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

OMB No 1545-0047

2015

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Yes

Open to Public Inspection. Employer identification number 26-0298727 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. General Information on Grants and Assistance STARFISH FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

× (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 966,888 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part II Ξ 3 ල <u>₹</u> 9 9 8 8 6

Schedule I (Form 990) (2015)

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Schedule I (Form 990) (2015) STARFISH FOUNDATION	NDATION	2	26-0298727		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Domestic Individua nal space is needed.	ils. Complete if the c	organization answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
_						
7						
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4						
νo						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation

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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public

internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

rs.gov/form990. Inspection
Employer identification number

Name of the organization

STARFISH FOUNDATION

26-0298727

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST