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Department of the Treasury Internal Revenue Service

**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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

<u> </u>	For th	he 2015 calen	dar year, or tax year beginning , 2015, and ending	•						
В	Check	f applicable	plicable C Name of organization Star of the Sea Foundation, Inc. D Employer identification number							
	Ac	ddress change	Doing business as 30 -	04966	70					
	∏Na	ame change	Number and street (or P O box if mail is not delivered to street address) Room/suite E Teleph	one number	<u> </u>					
	In	itial return	5640 Maloney Avenue (30	5) 29:	2-3013					
	Fer	nal return/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Ar	mended return	Key West FL 33040 G Gross	eceipts \$	2,685,673.					
	∏ <sub>A</sub> r	pplication pending	F Name and address of principal officer H(a) Is this a group return	n for subord	nates? Yes X No					
			Thomas M Callahan 822 Georgia Street Key West FL 33040 H(b) Are all subordinates if No. attach a list	included?	Yes No					
1	Tax-	exempt status	X 501(c)(3) 501(c) ( )	366 N 136 UC	ions)					
J	We	bsite: ► ww	w.sosmission.org H(c) Group exemption nu	ımber 🕨						
K	Form	of organization	X Corporation Trust Association Other ► L Year of formation 2008 M	State of lega	ıl domicile FL					
₽.	T3()	<b>Summar</b>	Υ							
5	1		e the organization's mission or most significant activities The Organization pro	vides						
			d services to the indigent and underprivileged residents							
Revenue SCIANACTIVITIES & Governance	ļ		<u>est, Florida. The services are provided with respect and </u>							
S E			on and at no costs to individuals.							
പള	_	Check this box	x > if the organization discontinued its operations or disposed of more than 25% of its net a ting members of the governing body (Part VI, line 1a)	ssets Iai	7					
~ প্ৰ	1		ependent voting members of the governing body (Part VI, line 1b)	4	7					
Ca			of individuals employed in calendar year 2015 (Part V, line 2a)	5	13					
떑			of volunteers (estimate if necessary)	6	80					
3	7a	Total unrelate	business revenue from Part VIII, column (C), line 12. CEIVED	7a	0.					
区	b	Net unrelated	business taxable income from Form 990-†, line 34 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	7b	0.					
S			(2) Prior Year		Current Year					
<b>U</b>	8	Contributions	and grants (Part VIII, line 1h)	759.	2,685,549.					
Ē	١ ٣	. rogiam corr.	30 (0.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5)							
ě	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	124.	124.					
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (1)e)	202	2 605 672					
	-		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,883, 8		2,685,673.					
	I		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
	1		r compensation, employee benefits (Part IX, column (A), lines 5-10)		120,844.					
es			undraising fees (Part IX, column (A), line 11e)	,,,,	120,044.					
Expenses	1		The state of the s	م ونص						
Ä			ing expenses (Part IX, column (D), line 25) ► 21,836.							
	i	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,401,950.					
		=	ss Add lines 13-17 (must equal Part IX, column (A), line 25)		2,522,794.					
- e	19	Revenue less	expenses Subtract line 18 from line 12		162,879.					
ete o	20	Total assets (I	Part X, line 16)		End of Year					
A la		,	(Part X, line 26)		1,240,896. 5,434.					
N. P.			fund balances Subtract line 21 from tine 20		1,235,462.					
	ry (i)	Signatur		70 7 .	1,233,402.					
			lare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be	lief, it is true	, correct, and					
com	olete De	eclaration of prepare	or (other than officer) is based on all information of which preparer has any knowledge							
			1 /	114	<u> </u>					
Sig	gn 💮	Signatui	a of officer Date	$A_{i,j}$						
He	re		mas M Callahan Executive	Direct	or					
			print name and title	<b>Z</b>	7111					
		] "		יות ו	ΓIN					
Pa		<u> </u>	, , , , , , , , , , , , , , , , , , ,	ed						
	epare	1	Paul S. Mills, CPA							
US	e On	Firm's addre		<del></del>	2975382					
	Key West FL 33040 Phone no (305) 294-3699									
_			s return with the preparer shown above? (see instructions)	· · · · ·	X Yes No					
ďΑ	m ror	raperwork R	eduction Act Notice, see the separate instructions. TEEA0101 10/12/15		Form 990 (2015)					

Part III Statement of Program Service Accomplishments	<del></del> -	30-0496670 Page
Check if Schedule O contains a response or note to any line in this P.	ort III	
Briefly describe the organization's mission	III	
•		
The Organization provides  goods and services to the indigent and underp	riviloged regidents	
See Form 990, Page 2, Part III, Line 1 (continued)		
2 Did the organization undertake any significant program services during the y	ear which were not listed on the nru	
Form 990 or 990-EZ?	·	
If 'Yes,' describe these new services on Schedule O		···· Lines D
3 Did the organization cease conducting, or make significant changes in how if	conducts any program convoce?	· · · · · · · Yes   X   No
If 'Yes,' describe these changes on Schedule O	conducts, any program services	· · · · · · · · · · · · · · · · · · ·
4 Describe the organization's program service accomplishments for each of its	three largest program services, as	magazired by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amo and revenue, if any, for each program service reported	unt of grants and allocations to othe	ers, the total expenses,
4a (Code) (Expenses \$ 2,572,794. including grants		venue \$ 2,685,549.
Goods (food) and services are distributed to	the indigent and	
underprivileged residents of Key West, Florid	a	
		- <b></b>
4 b (Code) (Expenses \$ including grants	of \$) (Rev	venue \$
4 c (Code ) (Expenses \$ including grants	of \$) (Rev	venue \$
		<del></del>
4 d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$	) (Revenue \$	)
4 e Total program service expenses ► 2,572,794.		
SAA TEEA0102 10/12/	5	Form 990 (201

			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	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		Х
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		х
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		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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		х
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			
í	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	
ı	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 b		х
(	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
(	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		Х
1	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		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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	
	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
1	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		х
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		х
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		х
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		Х

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H . . . . . . . 20a Х 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . . 22 Х 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? If 'Yes,' complete Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I......... Х 25a 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 Х 25b 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 disqualified persons? If 'Yes', complete Schedule L, Part II Х 26 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 X 27 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 X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV. . 28b 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 Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . . . X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 Х 35a Х 35b Х 36 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

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Х Form 990 (2015)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

-orm 990 (2015) Star of the Sea Foundation, Inc.	30-0496670	P	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·		·L
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	9		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming	L	
(gambling) winnings to prize winners?	<u>1c</u>		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a		Х
b If 'Yes,' enter the name of the foreign country ▶	<del></del>		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR)		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<del></del>		X
		<del> </del>	<u> </u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<del></del>		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organisolicit any contributions that were not tax deductible as charitable contributions?	ızatıon		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	ts were		
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 and partly for goods ar services provided to the payor?	nd		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	red to file		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	) 		х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a 7 h		х
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	sponsoring		
organization have excess business holdings at any time during the year?	8		х
9 Sponsoring organizations maintaining donor advised funds.	1		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			Х
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11 Section 501(c)(12) organizations. Enter			ĺ
a Gross income from members or shareholders	ļ		1
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them )			ļ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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		i
Note. See the instructions for additional information the organization must report on Schedule O	<del> </del>	<u> </u>	<u> </u>
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			
c Enter the amount of reserves on hand			l
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	•	х
The first and an additional country and behind the uneventration desired and the first had been as a first of the first of			

rai	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O See instructions.		a tor						
	Check if Schedule O contains a response or note to any line in this Part VI			. X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1 a	a Enter the number of voting members of the governing body at the end of the tax year								
t	Enter the number of voting members included in line 1a, above, who are independent   1 b 7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x					
3		3		x					
4	Did the organization make any significant changes to its governing documents								
_	since the prior Form 990 was filed?	4		X					
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X					
-	a 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?	ъ 7 а							
t	on Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			*					
а	a The governing body?	8a	x						
	Each committee with authority to act on behalf of the governing body?	8 b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
_	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		-					
10 a	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X					
	o If Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	104							
•	operations are consistent with the organization's exempt purposes?	10 b							
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
b	taxable entity during the year?	16a		X					
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b							
	tion C. Disclosure								
17 18	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 (Section 501(c)(3)s only) a	vailab	 le						
	for public inspection. Indicate how you made these available. Check all that apply.  Own website								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to							
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
		)5) 2	92-3	3013					
BAA				2015)					

Form 990 (2015) Star of the Sea Founda									30-04966		
Part VII   Compensation of Officers, Direct Independent Contractors	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
Check if Schedule O contains a response or	note to an	y line	e in t	hıs l	Part	VII					
Section A. Officers, Directors, Trustees, K	ey Emp	oye	es	an	ıd ł	ligh	ies	t Compensate	d Employees		
1 a Complete this table for all persons required to be listed 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											
<ul> <li>List all of the organization's current key employees, if any See instructions for definition of 'key employee'</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>											
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 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											
<ul> <li>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</li> </ul>											
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 rela	ted organi	zatio	n co	<u> </u>		ted a	ny o	current officer, dire	ctor, or trustee		
(A)	(B)	than	one	box, ι	ot che unless	ck moi	วก	(D)	(E)	(F)	
Name and Title	Average hours per	is both an office director/trus			truste	e)		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation	
	week	or div	Inst	Officer	Key employee	emp	릙	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	hours for related organiza-	Individual trustee or director	nstitutional trustee	<b>Q</b>	풽	est co	₫			and related organizations	
	tions	٦. چ	9 5		yee	ompe					
	dotted line)	&	ıstee			Highest compensated employee					
(1) Erica Hughes-Sterling	2.00				$\vdash$	ä	┝				
President	1-2.00			X				0.	0.	0.	
(2) Doria Goodrich	_2.00			х					0	0	
Secretary (3) Thomas M. Callahan	35.00		-		H			0.	0.	0.	
Director		х						0.	0.	0.	
(4) Patricia Erickson Director	2.00	х						0.	0.	0.	
(5) John C. Baker Director	10.00	х						0.	0.	0.	
(6) Patricia Nossov Treasurer	10.00			х				0.	0.1	0.	
(7) Peter Batty	_200	х									
Director (8)		, A				-	-	0.	0.	0.	
_(9)										•	
(10)											
(11)						-					
(12)								-			
(13)											
(14)											

Part VII    Section A. Officers, Directors, 11	(B)	Tey	<u> </u>	(C		<del>c</del> 3, (	anı	u mignest con	ipensated Linp	loyee	S (cont	nueo)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box, offi	not ch unles cer an	s per d a d	more rson :: lirecto	E S E Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	(F) stimated unt of oth ipensation of the janization of related janization	n I
(15)	<del> </del>			-							· · · <u>-</u>	
(16)	<del> </del>											_
(17)	<del> </del> -									_		•
(18)											_	
(19)	<del> -</del>											
(20)	<del> </del>								·			
(21)	<del> </del> -											
(22)	<del> </del>								<del></del>			
(23)	<del></del>											
(24)												
(25)	<del> </del>			-				.,	_			
1 b Sub-total						• •	<b>\</b>	0.	0.			0.
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)						• •	•	0.	0.			0.
Total number of individuals (including but not limite from the organization							ivec			npensa	tion	<u> </u>
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such it										. 3	Yes	No X
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	portable co	ompei 000?	nsatı If 'Ye	on a	and o	other olete	cor Sch	mpensation from nedule J for		. 4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'												x
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization Report comp	ted indepe	ndeni	con	trac	tors	that	rece	eived more than \$1	00.000 of			
(A) Name and business add					, Jul		9	Description of		. (	C) ensatio	n
											_	
						_						
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited 1	to the	ose	liste	d abo	ove	) who received mo	re than			
RAA		TEEAN	108	10/12	2/15					Form	990 (	2015

L		Check if Schedule O	ontains a	respo	nse or note to any lir	ne 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
nts nts	1 a	Federated campaigns .		1 a				:	
iran	b	Membership dues		1 b					
۶. <u>چ</u>	c	Fundraising events		1 c	66,282.				
# Z	d	Related organizations .		1 d					
%.E	e	Government grants (contributi	ons)	1 e	2,165,769.				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above				453,498.				
重豆	و ا	Noncash contributions include	ed in lines 1a	a-1f \$					
2 5	h	Total. Add lines 1a-1f .				2,685,549.			
<u>a</u>			-		Business Code	2/000/015	<del>- ,, - , - , - , - , - , - , - , - , - </del>		
Program Service Revenue	2 a	·							
Æ.	l	,							
9	ء ا	′ <b></b>							
Ž.	ء ا	_ <b></b>							
ية ح	ء ا	' <b></b>			<del></del>				····
<u>Fa</u>		All other program service							
8		Total. Add lines 2a-2f							
		<u></u>							
	3	Investment income (incluother similar amounts) .	iding divid	lends,	interest and	7.04	104	_	
		Income from investment					124.	0.	0.
	4								
	5	Royalties	(ı) R		(II) Personal				
	۱.	0	(I) K		(II) Personal				
		Gross rents							
		Less rental expenses							
		: Rental income or (loss)	L		_l				
	ď	Net rental income or (los							
	7 a	Gross amount from sales of	(i) Secu	rities	(II) Other				
		assets other than inventory					•		
	t	Less, cost or other basis					-		
		and sales expenses							
		Gain or (loss)							<b>-</b>
	0	Net gain or (loss)							
ψ	8 a	Gross income from fundi	raising ev	ents					
Ş		(not including . \$ of contributions reported	66,2	282.					
Other Revenue		of contributions reported	on line 1	<b>c)</b>					
æ		See Part IV, line 18			a				
호	l t	Less direct expenses .			b				
ਰੈ	c	: Net income or (loss) fron	n fundrais	ıng ev	ents ▶				
_	9 a	Gross income from gami See Part IV, line 19	ing activiti	es • •	a			· · · · · · · · · · · · · · · · · · ·	
	l t	Less direct expenses .			b	1			
		: Net income or (loss) fron				1			ĺ
	i		-						·
		Gross sales of inventory, and allowances							
		Less cost of goods sold				┨			}
	۳	Net income or (loss) from Miscellaneous Revenu		mvent	Business Code			<del> </del>	
	44 -		<u></u>		DUSINESS CODE	}			ł
	11 a					<del> </del>			<del> </del>
	5	?							<u> </u>
	ľ	; . <del> </del>						<u> </u>	
	1 -	All other revenue			L			ļ	
		Total. Add lines 11a-11d							<b>1</b>
	12	Total revenue. See insti	ructions .			2,685,673.	124.	l o.	0.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	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 domestic organizations and domestic governments See Part IV, line 21	0.	0.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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)	<u> </u>	<u> </u>		<u> </u>
7	Other salaries and wages	110,774.	110,774.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,208.	2,208.	0.	0.
10	Payroll taxes	7,862.	7,862.	0.	0.
11	Fees for services (non-employees)				
а	Management				
b	Legal				-
c	: Accounting	3,400.	3,400.	0.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,875.	5,875.	0.	0.
12	Advertising and promotion	731.	731.	0.	0.
13	Office expenses	482.	482.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	53,619.	53,619.	0.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				7
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,118.	33,118.	0.	0.
23 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)	11,558.	11,558.	0.	0.
а	Staff Development	1.334	1.334.	0.	0.
	Food & Assistance	2,223,153.	2,223,153.	0.	
	Licenses & Taxes	473.	0.	473.	0.
	Payroll Processing	2.489.	2.489.	0.	0.
	All other expenses	65,718.	42,557.	1,325.	21,836.
25	Total functional expenses. Add lines 1 through 24e	2,522,794.	2,499,160.	1,798.	21,836.
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)				,,,,,,,

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
Ī	1	Cash - non-interest-bearing	141,238.	1	247,469.
	2	Savings and temporary cash investments	124,352.	2	124,472.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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		6	
اع	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
AS	9	Prepaid expenses and deferred charges	3,504.	9	3,980.
	10 a	Land, buildings, and equipment cost or other basis	3,332.		3,330.
		Less accumulated depreciation 10b 143,786.	815,859.	10 c	864,975.
ŀ	11	Investments – publicly traded securities	0207003.	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,084,953.	16	1,240,896.
	17	Accounts payable and accrued expenses	12,366.	17	5,434.
	18	Grants payable	<b>22</b> /500.	18	3,131.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္က	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, 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	-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	12,366.	26	5,434.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	997,587.	27_	1,230,028.
Ba	28	Temporarily restricted net assets	75,000.	28	5,434.
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Ø	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
BS	32	Retained earnings, endowment, accumulated income, or other funds		32	
5	33	Total net assets or fund balances	1,072,587.	33	1,235,462.
Z	34	Total liabilities and net assets/fund balances	1,084,953.	34	1,240,896.
	<del></del>		<u> </u>	لخنب	

Form 990 (2015) Star of the Sea Foundation, Inc.	30-	049667	70 Page
Part'XI' Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			<u></u> [
1 Total revenue (must equal Part VIII, column (A), line 12)		1	2,685,673
2 Total expenses (must equal Part IX, column (A), line 25)		2	2,522,794
3 Revenue less expenses Subtract line 2 from line 1		3	162,879
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	1,072,587
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	
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
column (B))		10	1,235,466
PartixIII Financial Statements and Reporting			•
Check if Schedule O contains a response or note to any line in this Part XII			
			Yes N
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			_
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev	newed on a		( 1/2 T
s <u>ep</u> arate basis, consolidate <u>d b</u> asis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b X
If Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate		1 400
basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis			200
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	of the audi	t, ••••	2 c X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			***
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single		3a X
b If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	•		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b X
BAA			Form 990 (201:

#### 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

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Star of the Sea Foundation, Inc. 30-0496670 Part 3 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)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described Х in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 II, 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) (i) Name of supported (II) EIN (v) Amount of monetary (vi) Amount of other (IV) is the organization listed (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) your governing document? Yes (A) (B) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2015

# Partil | 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 If the organization fails to qualify under the tests listed below, please complete Part III )

Section A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(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.)	914,822.	1,252,819.	1,602,641.	1,883,709.	2,685,549.	8,339,540.		
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	914,822.	1,252,819.	1,602,641.	1,883,709.	2,685,549.	8,339,540.		
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	, , , , , , , , , , , , , , , , , , ,					8,339,540.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	914,822.	1,252,819.	1,602,641.	1,883,709.	2,685,549.	8,339,540.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	318.	218.	140.	124.	124.	924.		
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						8,340,464.		
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s				tax year as a sect	ion 501(c)(3)	▶ □		
	tion C. Computation of Pu			· · · · ·					
		• •	•				99.99%		
15	Public support percentage from 20	114 Schedule A, Pa	art II, line 14		• • • • • • • • •	15	99.98%		
16 a	33-1/3% support test — 2015. If and stop here. The organization of								
b	33-1/3% support test — 2014. If the and stop here. The organization of	he organization did qualifies as a public	I not check a box only cly supported orga	on line 13 or 16a, a nization	ind line 15 is 33-1/3	3% or more, check	this box		
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	it, check this box a	ind stop here. Exp	itain in Part VI how			
b	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-	eets the 'facts-and-	circumstances' tes	it, check this box a	ind stop here. Exp	lain in Part VI how	the		
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶ 🔲		

	(Complete only if you check to qualify under the tests lis			organization lance	i to quality under P	art ii ii the or	ganization fails
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·		· · · · · ·		
Caler	dar year (or fiscal year beginning in)  Gifts, grants, contributions and membership fees	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	received (Do not include any 'unusual grants')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> <b>5</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						<b>X</b>
	tion B. Total Support	1	_				
Calen			11 \ 0040	( ) 0040			
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10 a	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10 a	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10 a 11	Amounts from line 6		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10 a t 11 12	Amounts from line 6						(f) Total
9 10 a t 11 12	Amounts from line 6	s for the organizati	on's first, second.	third, fourth, or fifth	tax year as a sec	ion 501(c)(3)	
9 10 a t 11 12 13 14 Sec	Amounts from line 6	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a t 11 12 13 14 Sec 15	Amounts from line 6	s for the organization here blic Support F 5 (line 8, column (f	on's first, second,	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	► [
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organization here blic Support F 5 (line 8, column (line 1) 14 Schedule A, Principle 1)	on's first, second, Percentage Of divided by line 1 art III, line 15	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	s for the organization here	on's first, second,  Percentage Of divided by line 1 art III, line 15  me Percentag	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	15 S
9 10 a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	s for the organization here	on's first, second,  Percentage  f) divided by line 1 art III, line 15  me Percentag  blumn (f) divided by	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
9 10 a t 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	s for the organization here	on's first, second, Percentage Of divided by line 1 art III, line 15 The Percentage Olumn (f) divided by A, Part III, line 17	third, fourth, or fifth	tax year as a sec		15 16 5 17 18 5 18
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	s for the organization being being a stop here	on's first, second,	third, fourth, or fifth	tax year as a sec	ion 501(c)(3)	15   16   17   18   17   1
9 10 a t 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	s for the organization beck this box and stop here blic Support F 5 (line 8, column (to 14 Schedule A, Porestment Income 2015 (line 10c, come 2014 Schedule fithe organization of the	on's first, second,	third, fourth, or fifth	tax year as a section	ion 501(c)(3)	15   16   17   18   17   1

Part IV 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)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	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		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use . `. `. `	3с		
4	a 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		
	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		
	c 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			
5	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
	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 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 benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	_	h.
7	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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a 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		į
	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		
	c 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		
10	a 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	10b		

	edule A (Form 990 or 990-EZ) 2015 Star of the Sea Foundation, Inc. 30-04966  rt IV Supporting Organizations (continued)	70	F	Page 5
ra	. Continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		- '
	b A family member of a person described in (a) above?	11b	<u> </u>	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	L	<u> </u>
Sec	tion B. Type I Supporting Organizations		т	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		; ; ;
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		-
Sec	tion C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.1.		
	The organization satisfied the Activities Test. Complete line 2 below	<i>)</i> .		
	- Harris - H			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
(	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	xions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
•	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		: '
ſ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
6	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		-
ı	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		_

Sche	edule A (Form 990 or 990-EZ) 2015 Star of the Sea Foundation, Inc	١.		196670 <b>Page</b>
	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	Novemb tions A	er 20, 1970 <b>See instr</b> through E	uctions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		<del></del>
	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<del> </del>
Sec	tion B — Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		A SHAN BAR A NEW SHIPS IN 19 MAY BE APPROXISED PROPERTY.	
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in 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		
	Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		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		:1

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

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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Schedule A (Form 990 or 990-EZ) 2015

5

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Breakdown of line 7

Excess distributions carryover to 2016. Add lines 3j and 4c . . . .

Schedule A (Form 990 or 990-EZ) 2015

Part VI | 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)

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

2015

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

	Star of the Sea Foundation,	Inc.			30-0496670	
Pái	· · · · · · · · · · · · · · · · · · ·		er Similar Fund			· · · ·
r qi	Complete if the organization answer	ered 'Yes' on Form 990, F	Part IV, line 6			
		(a) Donor advised f	unds	(b) Fu	unds and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the org				· · · · Yes	No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of timpermissible private benefit?	and donor advisors in writing the donor or donor advisor, or for the contract of the contract	at grant funds can b or any other purpose	e used only conferring		— ∏ No
Pai	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990, F	Part IV, line 7			· · · · · ·
1	Purpose(s) of conservation easements held by th					
	Preservation of land for public use (e.g., recre			a historically	important land area	
	Protection of natural habitat	• ,	Preservation of a	-	•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation co	ntribution in the form	n of a conse	rvation easement or	n the
_	last day of the tax year	4==				
				H	eld at the End of ti	ne Tax Year
á	Total number of conservation easements			2a		
ı	Total acreage restricted by conservation easemer	nts		2 b		
	Number of conservation easements on a certified	historic structure included in (a	1)	2 c		
	Number of conservation easements included in (c	·				
	structure listed in the National Register			2 d		
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished	d, or terminated by t	he organizat	ion during the	
4	Number of states where property subject to conse	ervation easement is located >				
5	Does the organization have a written policy regard and enforcement of the conservation easements	- · ·			Yes	∏No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violation	s, and enforcing cor	nservation ea	asements during the	year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, an	d enforcing conserv	ation easem	ents during the yea	r
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ements of section 17	70(h)(4)(B)(ı)	· · · · · Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements					
Pâi	Organizations Maintaining Collections Complete if the organization answer	ctions of Art, Historical ered 'Yes' on Form 990, F	Treasures, or C Part IV, line 8	Other Sim	ilar Assets.	
1 8	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, education	on, or research in fui	ement and b rtherance of	alance sheet works public service, prov	of ide,
ı	o If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line	1			▶\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	istorical treasures, or other sim	lar assets for finance		· <del></del>	
a	Revenue included on Form 990, Part VIII, line 1	, ,			<b>⊳</b> \$	
	Assets included in Form 990, Part X				· <del></del>	

<b>.</b>							
Schedule D (Form 990) 2015 Star				30-049		ontin.	Page 2
Part III Organizations Mainta							iea)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	i, accession,	and other records, chec	k any of the following that	are a significant use of	ts collec	tion	
a Public exhibition		d Loa	n or exchange programs				
b Scholarly research		e Othe	er				
c Preservation for future generat	ions	_					
4 Provide a description of the organiz Part XIII	ation's collec	ctions and explain how t	hey further the organization	on's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	n solicit or re to be mainta	eceive donations of art, hand	nistorical treasures, or other inization's collection?	er sımılar assets	Yes	. [	No
Part IV Escrow and Custodia line 9, or reported an a	Arranger mount on F	<b>ments.</b> Complete if Form 990, Part X, li	the organization ans ne 21	swered 'Yes' on For	n 990,	Part I	<i>7</i> ,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian	or other intermediary for	contributions or other as	sets not included	Yes	. [	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and	complete the following	table				
					Amoun	t	
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				. 1e			
f Ending balance				. 1f			
2 a Did the organization include an am	ount on Form	n 990, Part X, line 21, fo	r escrow or custodial acco	ount liability?	Yes		No
b if 'Yes,' explain the arrangement in	Part XIII Che	eck here if the explanati	on has been provided on	Part XIII		[	
Part V∜ Endowment Funds. C	omplete if	the organization ar	swered 'Yes' on For	m 990, Part IV, line	10	•	
	(a) Current	· ·			T	our year	s back
1 a Beginning of year balance							
<b>b</b> Contributions				i			
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses		·· · · · · · · · · · · · · · · · · · ·					
g End of year balance							
2 Provide the estimated percentage of	of the current	year end balance (line	1g, column (a)) held as				
a Board designated or quasi-endown		ક					
b Permanent endowment ►		*					
c Temporarily restricted endowment	<b>&gt;</b>	ક					
The percentages on lines 2a, 2b, a	nd 2c should	equal 100%					
3 a Are there endowment funds not in to organization by	he possessio	on of the organization th	at are held and administe	red for the		Yes	No
(i) unrelated organizations					. 3a(i)		+
(ii) related organizations							+
<b>b</b> If 'Yes' on line 3a(ii), are the related					<u> </u>		+
4 Describe in Part XIII the intended u	-				. 1 30		
Part VI Land, Buildings, and I			Tunus		_		
Complete if the organiz			n 990, Part IV, line 11	la See Form 990, F	Part X,	line 10	)
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	ilue
1 a Land			_250,000.			250	,000.
<b>b</b> Buildings			482,847.	68,039.		414	,808.

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

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> . ► 864,975. Schedule D (Form 990) 2015

17,094.

183,073.

8,439.

67,308.

25,533

250,381

Complete if the organization answered Yes' on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end of year market value (f) Francacid ferivatives.  (g) Closely-held equity interests.  (g) Closely-held equi	Part VII Investments — Other Securities.	Ves' on Form 990	Part IV line 11h See Form 990 F	Part X line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
22 Closely-held equity interests		(D) Book Value	(C) Welliou of Valuation Cost of end-of	-year market value
(3) Other (A)  (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	· ·			
[A) [B] [C] [C] [C] [C] [C] [C] [C] [C] [C] [C				
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				· · · · · · · · · · · · · · · · · · ·
(C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				·
(g) Total. (Column to) must equal Form 990. Part X. column (g) line 12).     Part VIII   Investments — Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)  (2) (3) (4) (5) (6) (7) (8) (9) (10)    Date (Column (g) must equal Form 990, Part X, column (g) line 13).     Part VIX   Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15.   (a) Description (b) Book value (c) Book value (d) Book value				
(F) (G) (P) (D) (Total, (Column (b) must equal from 950, Part X, column (B) line 12)				
(C) (Pt) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
Total.	<del></del>			
Total. (Column (b) must equal Form 990, Part X, column (b) line 12)    Total. (Column (b) must equal Form 990, Part X, column (b) line 15)   Total. (Column (b) must equal Form 990, Part X, column (b) line 15)   Total. (Column (b) must equal Form 990, Part X, column (b) line 15)   Part X   Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization is liability or uncertaint and positions in the part XIII provide the text of the foolnote to the organization's kiability for uncertaint and positions.	<del></del>			· · · · · · · · · · · · · · · · · · ·
Total, (Column (b) must equal Form 990, Part X, column (B) line 13). *    Part VIII   Investments				. <del></del>
Investments - Program Related.   (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value   (c) Method of valuation Cost or end-of-year market value   (d)   (e) Method of valuation Cost or end-of-year market value   (e) Method of valuation Cost or end-of-year market value   (f)				•
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (3) (4) (5) (6) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII Investments – Program Related.		<u> </u>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). >    Part   X   Other Assets.	Complete if the organization answered "		Part IV, line 11c See Form 990, F	Part X, line 13
(3) (4) (5) (6) (7) (8) (9) (10) Total. Column (b) must equal Form 990, Part X, column (B) line 13).   (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description (b) Book value (c) (c) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ►    Part IX				
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13).   (a) Description  (b) Book value  (c) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, column (B) line 15)  (a) Description  (b) Book value  (c) (d) (f) Total. (Column (b) must equal Form 990, Part X, column (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description  (b) Book value  (c) (d) (f) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description  (b) Book value  (c) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
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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				

Schedule D (Form 990) 2015 Star of the Sea Foundation, Inc.	30-0496670	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
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		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		-
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	. 1	-
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	. · 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	34	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )	_ \$?\$ <del>\</del>	
C Add lines 4a and 4b	<del></del>	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
RantXIIII Supplemental Information.		
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, ine 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 addit	tional information	
in a straightful and a straightful and a straightful and the straightful and built to provide unit address.		

BAA

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open To Public Inspection

Schedule M (Form 990) (2015)

Employer identification number

	ti Types of Property			130-	-049667	0	<del>-</del>	
<u> </u>	A STATE OF THE PARTY	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d od of c contri	determin	iing mounts
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							
17	Real estate — Other		······································					
18	Collectibles				<u> </u>			
19	Food inventory							-
20	Drugs and medical supplies							-
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • () .		<del></del>		†		· · · · · ·	
26	Other • ()		<del> </del>					
27	Other • () .							
28	Other ( ) .							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A	during the ta	x year for contributions	for which the	29			
		J					Yes	No
30a	During the year, did the organization receive by contributing the year, did the organization receive by contributing the years from the date of the for exempt purposes for the entire holding period?	he initial cont	ribution, and which is no	ot required to be used				
<b>.</b>	If 'Yes,' describe the arrangement in Part II	• • • • • •				30 a		<u> </u>
	Does the organization have a gift acceptance policy to	that requires	the review of any non-s	tandard contributions?		31		x
	Does the organization hire or use third parties or rela noncash contributions?	ited organizat	ions to solicit, process,	or sell		32 a		
h	If 'Yes,' describe in Part II					324		X
	If the organization did not report an amount in column describe in Part II.	n (c) for a typ	e of property for which o	column (a) is checked,				
BAA	For Paperwork Reduction Act Notice, see the Inst	tructions for	Form 990.	<del></del>	Schedule	M (Fo	rm 990)	(2015)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### **SCHEDULE 0** (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.

► Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Star of the Sea Foundation, Inc.

Employer identification number

OMB No 1545-0047

2015

30-0496670

Independent CPA prepares Form 990. Form 990 is then presented to Board of Directors. Any questions by BOD are discussed and answered prior to mailing Informational Return to the Internal Revenue Service. Pt VI, Line 11b