

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Star of the Sea Foundation Inc.
Physical Address	5640 Maloney Ave., Key West Florida, 33040
Mailing Address	5640 Maloney Ave.
City, State, Zip	Key West Florida, 33040
Phone	305-292-3013
Fax	305-292-3014
Email	thomasmcallahan@gmail.com
Who should we contact with questions about this application?	Tom Callahan (800)690-8020

Amount received for prior fiscal year ending 09/30/10	\$10,000
Amount received for current fiscal year ending 09/30/11	\$30,000
Amount requested for upcoming fiscal year ending 09/30/12	\$56,600

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Thomas M Callahan

Signature _____

Date: _____

Typed Name of Board President/Chairman: Erica Hughes-Sterling

Signature _____

Date: _____

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The Mission will provide all of its services to help all of God's people regardless of religion, race, color, national origin, sex, age or disability.

2. List the services your agency provides.

3. **Certified food pantry, prescription drug reimbursement assistance, bus tickets, donated clothing and goods redistribution, human services referrals.**

4. What services will be funded by this request?

5. **Certified food pantry, prescription drug reimbursement assistance, food recovery and distribution.**

6. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:

Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

7. Will County HSAB funds be used as match for a grant? **No**

8. If you answered "yes" to number four, please specify the:

a. grant award title, granting agency, and purpose:

b. grant amount:

c. match percentage requirement and amount:

9. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. 100% of HSAB funding was used towards purchasing foodstuffs through Feeding South Florida (part of the nationwide network of USDA sponsored food banks).

b. This provides incredible leverage because we purchased this food at a fraction of its retail value. Our cost averages \$.39 a pound for food that the USDA conservatively values at \$1.61 per pound.

10. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? **No**

11. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? **No**

12. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). **SAFF (awarded \$5200)**

13. What needs or problems in this community does your agency address? **Hunger, addiction, mental and physical health.**
14. What statistical data support the needs listed in number nine? **The simple fact that over 90 clients a day come to us for food alone.**
15. What are the causes (not the symptoms) of these problems? **Weak economy and high unemployment, as well as the high cost of living in the lower keys**
14. Describe your target population as specifically as possible. **Most of our clients are working poor, and work in the service and hospitality industries. Another large group are senior citizens subsisting on impossibly small fixed incomes. We also serve a small number of homeless individuals.**
16. How are clients referred to your agency? **Local social service organizations, Monroe County Detention Center, addiction counselors and health professionals.**
17. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority? **The US Department of Agriculture requires us to complete intake forms on which clients must attest to below poverty level income.**
18. Describe any networking arrangements that are in place with other agencies. **We are members of the Southernmost Homeless Assistance League (SHAL) and we regularly network with other social services agencies. We initiated our Collaborative Food Effort in October of 2009 and still regularly distribute food to other local agencies including Samuel House, MARC House, Project Lighthouse, Domestic Abuse Shelter, Heron Peacock Assisted Living, Volunteers of America, Helpline, as well as others. We also have embarked on a capacity building expansion with the help of Aids Help to try to better serve their clients who have recently been subjected to significant cutbacks in food subsidies.**
19. List all sites and hours of operation. **We have the one site on Stock Island which is open Monday through Friday 9:30 AM to 5 PM. The address is 5640 Maloney Ave.**
20. What financial challenges do you expect in the next two years, and how do you plan to respond to them? **We have seen an explosion in demand for services due to the weakening economy and have redoubled our fundraising efforts as well as partnering with other agencies (SHAL, Aids Help) to try to better serve their people. We have also dramatically ramped up our food recovery program which has doubled the amount of food we have the distribute in the past six months.**
21. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? **We received a very generous grant of \$800,000 to purchase the building that we occupy. This note is now paid off and we would like to expand our services to include healthcare. This will require an expansion of our existing facility. We have received pledges from other area organizations to assist us in this endeavor.**
22. How are clients represented in the operation of your agency? **Many clients volunteer with us and they are represented at volunteers and board meetings which we hold monthly.**
23. Is your agency monitored by an outside entity? **We report on a monthly basis to the US Department of Agriculture, and are regularly audited by them for compliance.**
24. **11,334** hours of program service were contributed by **574** volunteers in the last year.

25. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them? **No**

26. What measurable outcomes do you plan to accomplish in the next funding year? **We plan on doubling the amount of food available for distribution in order to enable us to go to weekly food distribution (rather than every 10 days)**

27. How will you measure these outcomes? **We keep accurate statistics (using HMIS) which measures the frequency of services, and we track all food coming in and going out so that we may have accurate records of the total.**

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Food distribution	390,281 lbs. yearly	.39 per lb.
Prescription Drug Formulary	756 prescriptions provided annually	\$13.22 average
Bus Tickets	63 Greyhound	\$125.00 average

27. In 300 words or less, address any topics not covered above (optional). **According to the USDA, we already provide almost half of the meals (served to the needy) in Monroe County but will be unable to serve our people adequately without increased capacity. In addition, we would like to enhance the nutritional value of the food provided by dramatically expanding our food recovery efforts to include more nutritious fresh produce. To do so, we need a large refrigerated truck, a part-time driver, and well as fuel and maintenance expenses to get this program off the ground. We also need additional refrigeration capacity to store this food.**

Clearly the need exists for supplemental nutritious food in Monroe County, not just with respect to our clients but among all of the needy in this area. Everyone in Monroe County will benefit by this additional influx of nutritious food. Our expanded food recovery program will secure not just the capacity to serve our clients, but should also enable more frequent food distribution to all of the needy in this area. The fresh produce is clearly available and sources have already been identified, we just need the means to secure it.

Monroe County has long been a valuable partner in the fight against hunger, and we respectfully submit this request to help us continue to build the capacity to serve the needy.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	x		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule		X	no fees are charged
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	Not required of us
M. Copy of any other Federal or State Licenses		X	None required
N. Copy of Florida Dept. of Health Licenses/Permits		X	None required
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	Not required of us
Q. Data showing need for your program (optional, see question 7)		X	self-evident
R. Other (specify) TWO PAGE LIMIT			

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

A1-2

STAR OF THE SEA FOUNDATION (SOS), INC.
BOARD OF DIRECTORS MEETING
MINUTES
January 8, 2011

A meeting of the Star of the Sea Foundation was held Saturday January 8, 2011. The following directors were present:

Father John Baker
Doria Goodrich
Roger Morse
Tom Callahan
Peter Batty

The meeting was called to order at 4:30 pm , followed by prayer led by Father John.

The minutes of the December 9, 2010 Board of Directors meeting were approved.

The Treasurer's report presented by Tom Callahan was reviewed and approved by the Board. Financially, the Mission is in very good shape. The building is now ours; final payment was made in December. Erica Hughes secured the release. We now own the building outright!

We already funded our scholarship obligation for the 2011-2012 School year. We have \$5,200.00 in our Albertson's prescription account, and \$11,000.00 in our Feeding South Florida account.

The Mission hired Don Townsend to drive to the mainland.

Old Business:

- Outsourced payroll to PayChex
- We now have workman's comp. for Laura and Raquel
- The other 2 members are independent contractors

1. Election of Officers

On a motion by Tom Callahan seconded by Peter Batty the present officers were re-elected and all agreed to continue to serve as:

Erica Hughes – President
Doria Goodrich – Secretary
Tom Callahan – Treasurer

2. Insurances

Property and Liability Insurance is in place. On a motion by Peter Batty seconded by Tom Callahan the board approved not to purchase windstorm insurance due to cost.

3. Construction

- Build out of the back of the Mission storage area
- Inspection last week, Roger will continue work
- Automatic gate in rear
- Erik de Boer met with Tom about building repairs - \$1400.00 estimate for interior supplies
- Automatic Awning ordered online by Tom
- Airport gate that was donated has no electronics or controls. Gate controls ordered online by Tom

Peter Batty spoke to Richard Toppino about a trench and concrete for the gate. He is waiting for a call back. If Richard does not do the work maybe we could check with Steve Henson.

Tom Callahan spoke to the Navy Seabees (contact thru Doria), they will do all work! The Seabees will install:

1. Retractable Awning
2. Gate installation – electrical
3. Interior – drop ceiling
 - * including plumbing – We need to buy a demand water heater

Roger suggested leaving the tall ceiling; painting it black instead of a drop ceiling, and spraying it with blown insulation. Peter agreed with Roger.

Dale Lockwood offered to get the broken overhead crane out of the back yard.

Build out – one reason is to have a “supermarket” approach for the needy. Feeding South Florida is coming to explain how it works.

4. Robert Walker of Aids Help communicated with Tom, looks like they will be working with us. He can get Rotary to help.

5. New Business:

A less than warm welcome was received from the Archbishop when Peter Batty and Father John met with him. Richard Turkout is coming next week to meet with Peter Batty. They will discuss the Mission, Soup Kitchen, Catholic Charities among other topics.

We want to maintain our autonomy, but we are open to working with Catholic Charities. Catholic Charities has never given a penny to the Mission. Peter would like the ability to hire / fire their employees.

Peter Batty still wants to explore a re-entry program for inmates.

6. Appreciation / Thank you Dinner tonight – Raquel and her husband Israel cooked the dinner tonight; for 90 persons! Father was very complimentary of this couple and grateful for their service.

There being no further business, the meeting was adjourned at 5:40 pm.
The group proceeded to mass.

Next Meeting: TBA

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

Star of the Sea Foundation

This attachment has changed; please note asterisked information at the bottom of page. Delete or type over sample information shown.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 04/04/11
Certified Food Pantry	working poor, families, and homeless adults	12,000	Key West and lower keys	Monday through Friday 9:30 AM to 5 PM	10,787	65
Bus tickets	Individuals with limited local support seeking to leave Key West	150	all of Monroe County as released from detention center	Monday through Friday 9:30 AM to 5 PM	56	2
distribution of free clothing and household goods	working poor, families, and homeless adults	9,000	Key West and lower keys	Monday through Friday 9:30 AM to 5 PM	7,235	42
prescription drug and medical equipment assistance	working poor, families, and homeless adults	800	Key West and lower keys	Monday through Friday 9:30 AM to 5 PM	448	4
Unduplicated Clients for Entire Agency					11,175	75
<i>(see instructions - this is not a total of the numbers above)</i>						

Please indicate the number of clients served who are Monroe County residents: Not counting any homeless approximately 10,000

Please list or describe achieved outcomes for your target populations: Homeless prevention would be the primary goal of all of our programs. Most of our clients are working poor, and can't afford housing AND food AND medication AND clothing, all at the same time. Where these people to become homeless they would become a much greater burden on Monroe County's limited resources. Our bus tickets serve to allow those wishing to leave Key West and return to their loved ones. Key West is not the easiest place to remain clean and sober, and most of these people have greater support services available wherever they came from.

ATTACHMENT E - AGENCY EXPENSES

FY12

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Star of the Sea Foundation

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12/31/2012		12/31/2011	
	Total	%	Total	%
Expenditures				
Salaries	42,200	13%	40,200	13%
Payroll Taxes	4,068	1%	3,618	1%
Employee Benefits		0		0
Subtotal Personnel	46,268	14%	43,818	14%
Postage	500	0%	480	0%
Office Supplies	1,200	0%	1,200	0%
Telephone	3,200	1%	3,100	1%
Professional Fees	4,500	1%	4,500	1%
Rent		0		0
Utilities	15,000	5%	10,800	4%
Repair and Maint.	18,000	5%	18,000	6%
Travel		0		0
Miscellaneous	2,000	1%	2,000	1%
Grants to Other Organizations		0		0
<i>List others below</i>		0		0
Food	155,000	47%	125,000	41%
Prescription medication	10,000	3%	10,000	3%
Vehicle Insurance for food delivery and pickup	6,500	2%	4,300	1%
Refrigerated Food Recovery Truck		0	54,000	18%
One way Greyhound bus tickets	10,000	3%	8,000	3%
Food packaging supplies (ie zip-lock bags)	4,500	1%	3,600	1%
Install walk in freezer cooler combo		0	9,000	3%
Fuel for trucks	12,000	4%	7,280	2%
Construction of food storage facility	42,000	13%		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	330,668	100%	305,078	100%
Revenue Over/(Under) Expenses	6,032		4,851	



STAR OF THE SEA FOUNDATION, INC.
Financial Statements
and
Independent Auditor's Report
Year ended December 31, 2010

PAUL S. MILLS
CERTIFIED PUBLIC ACCOUNTANT

KEY WEST, FLORIDA

STAR OF THE SEA FOUNDATION, INC.
Financial Statements
December 31, 2010

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Paul S. Mills, C.P.A.

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Star of the Sea Foundation, Inc.
Key West, Florida

I have audited the accompanying statement of financial position of the Star of Sea Foundation, Inc. (a nonprofit organization) as of December 31, 2010 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's Management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Star of the Sea Foundation, Inc. as of December 31, 2010, and the results of its activities and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Paul S. Mills, CPA

Paul S. Mills
Certified Public Accountant
March 18, 2011

STAR OF THE SEA FOUNDATION, INC.
Statement of Financial Position
December 31, 2010

ASSETS		
CURRENT ASSETS		
Cash		
Operating Reserves	\$ 34,593	
	<u>65,713</u>	
Cash and Cash Equivalents	100,306	
Prepaid Expenses	5,726	
	<u>106,032</u>	
TOTAL CURRENT ASSETS		
NONCURRENT ASSETS		
Land and Building	732,848	
Furniture	11,000	
Vehicles	65,720	
Accumulated Depreciation	(27,648)	
	<u>781,920</u>	
TOTAL NONCURRENT ASSETS		
TOTAL ASSETS		
	<u>\$ 887,952</u>	
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Payroll Taxes Payable	\$ 1,349	
	<u>1,349</u>	
TOTAL LIABILITIES		
NET ASSETS		
Unrestricted	886,603	
	<u>886,603</u>	
TOTAL NET ASSETS		
TOTAL LIABILITIES AND NET ASSETS		
	<u>\$ 887,952</u>	

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

STAR OF THE SEA FOUNDATION, INC.
Statement of Activities
Year Ended December 31, 2010

REVENUES

Grants and Awards	\$ 421,697
Public Donations	71,806
In-Kind Donations	307,732
Interest Income	499
TOTAL REVENUES	<u>\$ 801,734</u>

EXPENSES

Building & Equipment Repairs & Maintenance	12,992
Depreciation	13,604
Dues, Subscriptions & Memberships	160
Food & Specific Assistance to Individuals	382,868
Fundraising	1,500
Insurance	9,110
Interest - Mortgage	16,800
Licenses & Taxes - Other	261
Office & Postage	1,178
Payroll and Related Payroll Expenses	41,362
Professional Fees	4,800
Telephone	4,777
Travel	562
Utilities	7,438
Vehicle Expenses	<u>6,117</u>
TOTAL EXPENSES	\$ 503,529
Increase (Decrease) in Net Assets	298,205
NET ASSETS - Beginning of Year	<u>588,398</u>
NET ASSETS - End of Year	<u><u>\$ 886,603</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

STAR OF THE SEA FOUNDATION, INC.
Statement of Cash Flows
Year Ended December 31, 2010

Cash Flows from Operating Activities:	
Increase (Decrease) in Net Assets	\$ 298,205
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities	
Depreciation	13,604
(Increase) Decrease in Prepaid Expenses	7,211
Increase (Decrease) in Payroll Liabilities	469
	<u> </u>
Net Cash Provided by Operating Activities	\$ 319,489
Investing Activities:	
Acquisition of Vehicles & Furniture	<u>(37,250)</u>
Financing Activities	
Principal paid - Mortgage	<u>(240,000)</u>
Net Increase (Decrease) in Cash	42,239
Cash and Cash Equivalents - Beginning of Year	<u>58,067</u>
Cash and Cash Equivalents - End of Year	<u><u>\$ 100,306</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

STAR OF THE SEA FOUNDATION, INC.
Notes to Financial Statements
December 31, 2010

1. Organization

Star of the Sea Foundation, Inc. (Foundation) was incorporated July 21, 2008, under the not-for-profit statutes of the State of Florida to provide goods and services to the indigent and underprivileged residents of Key West, Florida. The services are provided with respect and compassion, and at no cost to individuals, without regard to race, creed or religion.

Programs of the Foundation are as follows:

- Distributing food to all those in need.
- Collection and redistribution of clothing, furniture, bed linens and other household items donated by individuals and local businesses and the U.S. Navy.
- Negotiation of discounts with local pharmacies for prescription drugs.
- Providing one-way bus tickets (at the recommendation of local human service agencies and counselors) affording people the opportunity to return to their homes, where they can get the support they need.

2. Summary of Significant Accounting Policies

The following is a summary of the significant generally accepted accounting principles followed in the preparation of the financial statements.

(A) **Financial Statement Presentation**

The Foundation has adopted Statement of Financial Standards (SFAS) No 117, "Financial Statements of Not-for-Profit Organizations." Under SFAS No 117, the Foundation is required to report information regarding its financial position and activities according to three classes of assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Foundation is required to present a statement of cash flows.

(B) **Contributions**

The Foundation has adopted SFAS No.116 "Accounting for Contributions, Received and Contributions Made." In accordance with SFAS No. 116, contributions received are considered to be available for the general programs of the Foundation. The Foundation reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, temporarily restricted net assets are classified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Donor restricted contributions, where the restrictions are met in the same reporting period are reported in the unrestricted class of net assets.

(C) **Donated Services**

The Foundation records amounts for donated services when those services create or enhance non-financial assets or require specialized skills provided by individuals possessing those skills and which would not be typically purchased if not provided by donation.

(D) **Land, Building and Equipment**

Land, Building and Equipment are recorded at cost, except for donated assets which are recorded at their estimated fair market value as of the date of receipt. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets.

STAR OF THE SEA FOUNDATION, INC.
Notes to Financial Statements
December 31, 2010

2. Summary of Significant Accounting Policies, (continued)

(E) **Income Taxes**

The Foundation is a publicly supported organization exempt from income tax under Section 501(C)(3) of the U.S. Internal Revenue Code.

(F) **Functional Expense Allocation**

Expenses Identified as applying to a specific program or supporting service are recorded in the appropriate service as incurred. Expenses not directly attributable to a program or supporting service are allocated between service areas based upon the cumulative results of time studies of professional staff time.

(G) **Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Foundation considers all highly liquid deposits with an initial maturity of three months or less to be cash equivalents. Cash consists of a general checking account and a money market account. Both accounts are insured by the FDIC.

(H) **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those statements.

(I) **Property and Equipment**

Property and Equipment are recorded at cost and are being depreciated over their estimated useful lives of ten to fifty years, using the straight line method.

As of December 31, 2010 property and equipment consisted of the following:

	<u>Useful Lives</u>	<u>Amount</u>
Land		\$ 250,000
Building		482,848
Furniture & Equipment		11,000
Vehicles		65,720
Less: Accumulated Depreciation		<u>(27,648)</u>
Net Book Value		<u>\$ 781,920</u>

Depreciation expense was in the amount of \$ 13,604 for the year ended December 31, 2010

STAR OF THE SEA FOUNDATION, INC.
Notes to Financial Statements
December 31, 2010

Mortgage Payable

For the year ended December 31, 2010, the Foundation received a purchase money mortgage from the seller of the Stock Island property in the amount of \$ 480,000. The mortgage was collateralized by the real estate and the mortgage terms are as follows: Two annual installments of principal in the amount \$ 240,000 with interest at 7 percent per annum. The first annual installment was paid in 2009, and the mortgage was satisfied in 2010.

Grants and Awards Received

Fred M. Klaus and Harold L. Murphy Charitable Foundation

For the year ended December 31, 2010, the foundation received a grant from the Fred M. Klaus and Harold L. Murphy Charitable Foundation. The grant was not to exceed \$ 804,000, and was to be used to purchase the real property, building and all attachments located in Stock Island, Florida. In 2010 the foundation received \$ 257,095 from Klaus Murphy. As of December 31, 2010, the foundation has received a combined total award in the amount of \$ 785,200.

Walmart Foundation

For the year ended December 31, 2010, the foundation received a grant from the Walmart Foundation in the amount of \$35,000. The funds were used to acquire a refrigerated truck used in the delivery of perishable foods.

Theresa and Edward O'Toole Foundation

For the year ended December 31, 2010, the foundation received a grant from the Theresa and Edward O'Toole Foundation in the amount of \$ 30,000. The grant was used to help provide goods and services for the indigent and underprivileged of Key West, Florida.

St. Mary Star of the Sea Catholic Church

For the year ended December 31, 2010, the foundation received a gift from the St. Mary Star of the Sea Catholic Church in the amount of \$ 20,000. The gift was used to help provide goods and services for the indigent and underprivileged of Key West, Florida.

Florida's Foundation, Inc.

For the year ended December 31, 2010, the foundation received a grant from the Florida's Foundation, Inc. in the amount of \$ 15,450, on a reimbursement basis. The grant began on June 1, 2010 and ended September 29, 2010. The grant was used to fund consulting services for strategic and income development planning. The grant supports capacity building activities for small non-profit organizations.

Monroe County Board of County Commissioners

For the year ended December 31, 2010, the foundation received a grant from the Florida's Foundation, Inc. in the amount of \$ 10,000, on a reimbursement basis. The grant began on October 1, 2009 and ended September 30, 2010. The gift was used to help fund the general operating expenses of the foundation.

Southernmost Homeless Assistance League

For the year ended December 31, 2010, the foundation received a challenge grant from the Southernmost Homeless Assistance League in the amount of \$ 9,007. The grant was used to help fund the general operating expenses of the foundation.

Monroe County Sheriff's Office

For the year ended December 31, 2010, the foundation received a Shared Asset Forfeiture Fund Grant from the Monroe County Sheriff's Office in the amount of \$ 5,200, on a reimbursement basis. The grant began on April 22, 2010 and ended November 30, 2010. The grant was used to help provide goods and services for the indigent and underprivileged of Key West, Florida.

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning

2010, and ending

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization Star of the Sea Foundation, Inc.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street addr)

5640 Maloney Avenue

Room/suite

City, town or country

Key West

State ZIP code + 4

FL 33040

D Employer identification number

30-0496670

E Telephone number

(305) 292-3013

G Gross receipts \$ 801,734.

F Name and address of principal officer:

Thomas M Callahan 822 Georgia Street Key West FL 33040

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If 'No,' attach a list. (see instructions)

I Tax-exempt status

X 501(c)(3)

501(c) ()

(insert no.)

4947(a)(1) or

527

J Website: N/A

K Form of organization:

X Corporation

Trust

Association

Other

H(c) Group exemption number

L Year of Formation: 2008

M State of legal domicile: FL

Part I Summary

Table with 22 rows and 3 columns: Description, Prior Year, Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Thomas M. Callahan

Type or print name and title.

Date

Executive Director

Paid Preparer Use Only

Firm's name

Paul S. Mills CPA

Preparer's signature

Paul S. Mills CPA

Date

3/23/2011

Check [X] if self-employed

PTIN

Firm's address

1541 Fifth Street Key West FL 33040

Firm's EIN

74-2975382

Phone no.

(305) 294-3699

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The Organization provides
goods and services to the indigent and underprivileged residents
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 509,530. including grants of \$ 0.) (Revenue \$ 801,734.)

Goods (food) and services are distributed to the indigent and
underprivileged residents of Key West, Florida.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 509,530.

Part 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)? <i>If 'Yes,' complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		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? <i>If 'Yes,' complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		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? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>		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? <i>If 'Yes,' complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>		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? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		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? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>		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? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1 c			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
2 b			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 a			
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' 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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 a			
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4 b			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 b			
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
5 c			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 a			
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6 b			
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 and services provided to the payor?		X
7 a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7 h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9 a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9 b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10 b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12 b			
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? Note. See the instructions for additional information the organization must report on Schedule O.		
13 a			
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		
13 b			
c	Enter the amount of reserves on hand		
13 c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 a			
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
14 b			

Part VI 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.

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

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year		
1 a	5	
b Enter the number of voting members included in line 1a, above, who are independent		
1 b	5	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 b		
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12 b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
12 c		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16 b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Florida
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► Thomas M Callahan 822 Georgia Street Key West FL 33040 (305) 292-3013

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Erica Hughes-Sterling Director	2.00			X				0.	0.	0.
(2) Doria H. Goodrich Director	2.00			X				0.	0.	0.
(3) Thomas M. Callahan Executive Director	35.00			X				0.	0.	0.
(4) Peter H. Batty Director	10.00	X						0.	0.	0.
(5) John C. Baker Director	10.00	X						0.	0.	0.
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization							0.	0.	0.	

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns					
	1 b Membership dues					
	1 c Fundraising events					
	1 d Related organizations					
	1 e Government grants (contributions)	729,429.				
	1 f All other contributions, gifts, grants, and similar amounts not included above	71,806.				
	g Noncash contributions included in lns 1a-1f: \$	307,732.				
	h Total. Add lines 1a-1f	801,235.				
PROGRAM SERVICE REVENUE	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	499.	499.	0.	0.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b Less: direct expenses					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11 a _____	Business Code					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions	801,734.	499.	0.	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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	34,450.	34,450.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9 Other employee benefits			0.	0.
10 Payroll taxes	4,362.	4,362.		
11 Fees for services (non-employees):			0.	0.
a Management				
b Legal				
c Accounting	4,800.	4,800.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,500.			1,500.
f Investment management fees				
g Other	15,450.	15,450.	0.	0.
12 Advertising and promotion				
13 Office expenses	1,178.	1,060.	118.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	25,207.	25,207.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	562.	562.	0.	0.
20 Interest	16,800.	16,800.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,604.	13,604.	0.	0.
23 Insurance	9,110.	9,110.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Dues & Memberships	160.	0.	160.	0.
b Food, Pantry Assistance	367,419.	367,419.	0.	0.
c Licenses & Taxes	261.	0.	261.	0.
d Payroll Processing	2,550.	2,550.	0.	0.
e Vehicle Expenses	6,117.	6,117.	0.	0.
f All other expenses			0.	0.
25 Total functional expenses. Add lines 1 through 24f	503,530.	501,491.	539.	1,500.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	58,067.	1	100,306.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,938.	9	5,726.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	809,568.		
	b Less: accumulated depreciation	10b	27,648.	
11 Investments – publicly traded securities	758,274.	10c	781,920.	
12 Investments – other securities. See Part IV, line 11		11		
13 Investments – program-related. See Part IV, line 11		12		
14 Intangible assets		13		
15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)		15		
LIABILITIES	17 Accounts payable and accrued expenses	829,279.	16	887,952.
	18 Grants payable	880.	17	1,349.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	240,000.	23	0.
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	240,880.	25	1,349.
UNRESTRICTED NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets			
	28 Temporarily restricted net assets	314,799.	27	886,603.
	29 Permanently restricted net assets	273,600.	28	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
33 Total net assets or fund balances	588,399.	32		
34 Total liabilities and net assets/fund balances.	829,279.	33	886,603.	
		34	887,952.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	801,734.
2	Total expenses (must equal Part IX, column (A), line 25)	2	503,530.
3	Revenue less expenses. Subtract line 2 from line 1	3	298,204.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	588,399.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	886,603.

Part XII Financial Statements and Reporting

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

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Star of the Sea Foundation, Inc.

Employer identification number

30-0496670

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(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) 2010

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			307,170.	489,363.		796,533.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			307,170.	489,363.		796,533.
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						796,533.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4			307,170.	489,363.		796,533.
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			0.	421.		421.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						796,954.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					12	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

Star of the Sea Foundation, Inc.

30-0496670

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Rows include questions about reporting requirements for art and historical treasures, with sub-rows for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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 the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		250,000.		250,000.
b Buildings		482,848.	19,754.	463,094.
c Leasehold improvements				
d Equipment		11,000.	2,200.	8,800.
e Other		65,720.	5,694.	60,026.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				781,920.

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Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(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. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		801,734.
2	Total expenses (Form 990, Part IX, column (A), line 25)		503,530.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		298,204.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		298,204.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

Star of the Sea Foundation, Inc.

Employer identification number

30-0496670

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
b If 'Yes,' describe the arrangement in Part II.	30 a	X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a	X
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2010

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Star of the Sea Foundation, Inc.

Employer identification number

30-0496670

Pt VI-B, Line 11a Board of Directors meet to Review Form 990 prepared

Pt VI-B, Line 11a by outside CPA before filing Informational Return.

INTERNAL REVENUE SERVICE
 P. O. BOX 2508
 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 24 2009

STAR OF THE SEA FOUNDATION INC
 5640 MALONEY AVE
 KEY WEST, FL 33040-5983

Employer Identification Number:
 30-0496670
 DLN:
 17053259305038
 Contact Person:
 RICHARD COMBS ID# 31024
 Contact Telephone Number:
 (877) 829-5500
 Accounting Period Ending:
 December 31
 Public Charity Status:
 170(b)(1)(A)(vi)
 Form 990 Required:
 Yes
 Effective Date of Exemption:
 July 21, 2008
 Contribution Deductibility:
 Yes
 Addendum Applies:
 No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2101 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

K

July 26, 2010

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: **CH26994**

STAR OF THE SEA FOUNDATION, INC
5640 MALONEY AVE
KEY WEST, FL 33040-5983

RE: STAR OF THE SEA FOUNDATION, INC
REGISTRATION#: CH26994
EXPIRATION DATE: September 10, 2011

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Henry Miller

Henry Miller
Regulatory Specialist I
850-410-3673
Fax: 850-410-3804
E-mail: millerh1@doacs.state.fl.us



Star of the Sea Foundation EEO and non-discrimination policy

Purpose:

To state the commitment of the system to Equal Employment Opportunity.

Policy:

1. The Star of the Sea Foundation, Inc. is an equal opportunity employer. No person is unlawfully excluded from consideration for employment because of race, color, religious creed, national origin, ancestry, sex, age, veteran status, marital status or physical challenges.
2. The policy applies not only to recruitment and hiring practices, but also includes affirmative action in the area of placement, promotion, transfer, rate of pay and termination.
3. Executive, management and supervisory levels have the responsibility to further the implementation of this policy and ensure conformance by subordinates.
4. Any Star of the Sea Foundation, Inc employee who engages in discrimination will be subject to suspension or termination.
5. Any supervisory or managerial employee who knows of such behavior and fails to take immediate and appropriate corrective action will also be subject to disciplinary action.
6. Any individual who is the target of discrimination is encouraged to discuss the matter with the Department Director.
7. Any individual who feels such a discussion would be or has been futile, unsatisfactory or counterproductive should contact the Human Resources Department.
8. A member of the Human Resource staff will be designated to investigate the claim.
9. The accused individual may be suspended pending the outcome of the investigation.
10. Retaliation against claimants will not be tolerated.

Star of the Sea Foundation, Inc is proud to be an equal opportunity employer. We are committed to providing equal employment opportunities to you and all other persons without regard to race, creed, color, religion, national origin, sex, marital status, citizenship status, age, veteran status or disability.

Furthermore, we will not tolerate any form of discrimination or harassment of our employees by co-workers, supervisors, customers, or vendors. This commitment extends to our policies on recruiting, advertising, hiring, placement, promotion, training, transfer, wages, benefits, termination and all other privileges, terms and conditions of employment.