		<u>ublic Visi</u>	ial Render	ObjectId: 2024	03209349309735 - Si	ubmission:	2024-11	-15	L T	IN: 80-0369895
Form 990			Re	eturn of Orga	nization Exempt	From Ir	ncome	Тах	(OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.						ons)	2023
	Department of the Treasury Internal Revenue Service						Open to Public Inspection			
A F	or th	ne 2023 ca	lendar year,	or tax year beginnin	ig 01-01-2023 , and end	ing 12-31-20	023			
		applicable:	C Name of orga	nization				D Employe	r identif	fication number
		s change	BLUE STAR FA	AMILIES INC				80-0369	895	
O Na O Ini		hange	Doing busines	ss as						
_		irn/terminated								
		ed return			not delivered to street address)	Room/suite		E Telephone	number	
О Ар	plicat	tion pending	441 SAXONY	THE HIVEBARN 2				(202) 63	0-2583	}
			City or town, ENCINITAS, C		and ZIP or foreign postal code			6 Carros and		
			F Name and	address of principal of	ficer			G Gross rec		5,252,105
			NOELEEN A T	TILLMAN				a group reti linates?	urn for	🗆 Yes 🔽 No
			441 SAXONY ENCINITAS, C	THE HIVE/BARN 2 CA 92024		н	(b) Are all	subordinate	s	
I Tax	-exe	mpt status:	✓ 501(c)(3)	501(c) () (insert	no.) 🗌 4947(a)(1) or 🗌	527	include		st Soo	instructions.
JW	ebsi	ite: WW	W.BLUESTARF	.,.,				exemption i		
K Form	n of o	organization:	Corporation	n 🗌 Trust 🗌 Associati	on 🗌 Other	LY	ear of forma	tion: 2009	M State	of legal domicile: GA
Pa	art I	Sumi	mary							
					ost significant activities:					
Ce		TO CONNE	CI, ENGAGE, A	AND EMPOWER MILITA	RY FAMILIES WITHIN THE G		YUNITY.			
nar										
Governance	2									
		Chack this	s hox							
- 10				pers of the governing b	ody (Part VI, line 1a)				3	12
× م		Number o	f voting memb	5 5	ody (Part VI, line 1a)				3	12 11
ties &	3	Number o Number o	f voting memb f independent	voting members of the		ne 1b)				
tivities &	3 4	Number o Number o Total num	f voting memb f independent ber of individu	voting members of the	e governing body (Part VI, lin lar year 2023 (Part V, line 2	ne 1b)			4	11
Activities &	3 4 5 6	Number o Number o Total num Total num	f voting memb f independent ber of individu ber of volunte	voting members of the uals employed in calence ers (estimate if necess	e governing body (Part VI, lin lar year 2023 (Part V, line 2	ne 1b) a)			4 5	11 106
Activities &	3 4 5 6 7a	Number o Number o Total num Total num Total unre	f voting memb f independent ber of individu ber of volunte elated business	voting members of the uals employed in calence ers (estimate if necess is revenue from Part VII	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a)	· · · ·		4 5 6	11 106 466
Activities &	3 4 5 6 7a	Number o Number o Total num Total num Total unre	f voting memb f independent ber of individu ber of volunte elated business	voting members of the uals employed in calence ers (estimate if necess is revenue from Part VII	e governing body (Part VI, lin lar year 2023 (Part V, line 2 ary) I, column (C), line 12	ne 1b) a)	· · · ·		4 5 6 7a	11 106 466 0
	3 4 5 7a b	Number o Number o Total num Total num Total unre Net unrel	f voting memb f independent ber of individu ber of volunte elated business ated business f	voting members of the uals employed in calence ers (estimate if necess is revenue from Part VII	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a)	· · · ·		4 5 6 7a 7b	11 106 466 0 0
	3 4 5 7a b 8 9	Number of Number of Total num Total num Total unre Net unrela Contribut	f voting memb f independent ber of individu ber of volunte elated business ated business tons and grants service revenu	voting members of the uals employed in calence eres (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) .	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) 	· · · ·	or Year 21,231,59	4 5 6 7a 7b 99 0	11 106 466 0 0 Current Year 29,952,874 0
Revenue Activities &	3 4 5 7a b 8 9 10	Number of Number of Total num Total num Total unre Net unrela Contribut Program s Investme	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant service revenue nt income (Par	voting members of the uals employed in calend ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) e (Part VIII, line 2g) rt VIII, column (A), lines	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) 	· · · ·	or Year 21,231,59 6,22	4 5 7a 7b 0 0	11 106 466 0 0 Current Year 29,952,874 0 17,624
	3 4 5 7a b 8 9 10 11	Number of Number of Total num Total num Total unrel Net unrel Contribut Program Investme Other rev	f voting memb f independent ber of individu ber of volunte elated business ated business tons and grant service revenue nt income (Part enue (Part VIII	voting members of the uals employed in calend ers (estimate if necess s revenue from Part VIII taxable income from For s (Part VIII, line 1h) e (Part VIII, line 2g) rt VIII, column (A), lines , column (A), lines 5, 6	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) 	· · · ·	or Year 21,231,59 6,22 34,12	4 5 6 7a 7b 09 0 20 20	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206
	3 4 5 6 7a b 8 9 10 11 12	Number of Number of Total num Total num Total unrel Net unrel Contribut Program s Investme Other rev Total reve	f voting memb f independent ber of individu ber of volunte elated business ated business ons and grant service revenu- nt income (Part enue (Part VIII, enue—add lines	voting members of the uals employed in calence ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) e (Part VIII, line 2g) rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) 	· · · ·	or Year 21,231,59 6,22	4 5 6 7a 7b 7b 99 0 0 20 20 20 20 20 20	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704
	3 4 5 6 7 a b 7 a 8 9 10 11 12 13	Number of Number of Total num Total num Total unrel Net unrel Contribut Program s Investme Other rev Total reve Grants an	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant service revenue nt income (Part enue (Part VIII, enue—add lines d similar amou	voting members of the uals employed in calend ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e unts paid (Part IX, colu	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) ne 12)	· · · ·	or Year 21,231,59 6,22 34,12	4 5 6 7a 7b 7b 0 0 20 20 20 20 20 20 20 20 20 20 20 20	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000
Revenue	3 4 5 6 7 a b 8 9 10 11 12 13 14	Number of Number of Total num Total num Total unrel Net unrel Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p	f voting memb f independent ber of individu ber of volunte elated business ated business ated business fons and grant: service revenu- nt income (Par enue (Part VIII, enue—add lines d similar amou paid to or for m	voting members of the uals employed in calend errs (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e unts paid (Part IX, columembers (Part IX, columembers)	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b)	· · · ·	6,22 6,22 34,12 21,271,94	4 5 6 7a 7b 0 9 0 0 20 20 20 20 20 20 20 20 20 20 20 20	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0
Revenue	3 4 5 6 7 a b 7 a 8 9 10 11 12 13 14 15	Number of Number of Total num Total num Total unrel Net unrel Net unrel Contribut Program Investme Other rev Total reve Grants an Benefits p Salaries,	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant service revenu- nt income (Par enue (Part VIII, nue—add lines d similar amou paid to or for mo	voting members of the uals employed in calend errs (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) e (Part VIII, line 2g) rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e unts paid (Part IX, colum sation, employee benef	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) ne 12) 	· · · ·	or Year 21,231,59 6,22 34,12	4 5 6 7a 7b 0 9 0 0 20 20 20 20 20 20 20 20 20 20 20 20	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185
Revenue	3 4 5 6 7 a b 7 a 8 9 10 11 12 13 14 15 16a	Number of Number of Total num Total num Total num Other unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant service revenu- nt income (Part enue (Part VIII, enue—add lines d similar amou paid to or for mo ther compens nal fundraising	voting members of the uals employed in calend ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines 5, 6 is 8 through 11 (must eff unts paid (Part IX, colum tembers (Part IX, colum sation, employee benefing g fees (Part IX, column	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) ne 12) 	· · · ·	6,22 6,22 34,12 21,271,94	4 5 6 7a 7b 0 9 0 0 20 20 20 20 20 20 20 20 20 20 20 20	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0
	3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16; b	Number of Number of Total num Total num Total unre Net unrela Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant service revenue nt income (Part enue (Part VIII, enue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (voting members of the uals employed in calend ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines 5, 6 is 8 through 11 (must e unts paid (Part IX, colum tembers (Part IX, colum sation, employee benef g fees (Part IX, column (Part IX, column (D), line	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b)	· · · ·	6,516,85	4 5 6 7a 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185 0
Revenue	3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16 a b 17	Number of Number of Total num Total num Total unrel Net unrel Other nev Total reve Grants an Benefits p Salaries, a Professio	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant: service revenu- nt income (Par enue (Part VIII, enue—add lines d similar amou baid to or for m other compens nal fundraising aising expenses (penses (Part IX	voting members of the uals employed in calend errs (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e unts paid (Part IX, colum embers (Part IX, colum sation, employee benef g fees (Part IX, column (Part IX, column (D), line , column (A), lines 11a	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b)	· · · ·		4 5 6 7a 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185 0
Revenue	3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16a 5 17 18	Number of Number of Total num Total num Total unrel Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, Professio Total fundra Other exp Total expe	f voting memb f independent ber of individu ber of volunte elated business ated business ated business fons and grant service revenu- nt income (Par enue (Part VIII, nue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (penses (Part IX enses. Add line	voting members of the uals employed in calend errs (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) e (Part VIII, line 2g) rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e unts paid (Part IX, colum embers (Part IX, colum sation, employee benef g fees (Part IX, column (Part IX, column (D), line , column (A), lines 11a es 13–17 (must equal F	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) 	· · · ·	6,516,85 6,875,55 13,392,40	4 5 6 7a 7b 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185 0
Exp enses Revenue	3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16a 5 17 18	Number of Number of Total num Total num Total unrel Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, Professio Total fundra Other exp Total expe	f voting memb f independent ber of individu ber of volunte elated business ated business ated business fons and grant service revenu- nt income (Par enue (Part VIII, nue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (penses (Part IX enses. Add line	voting members of the uals employed in calend errs (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) e (Part VIII, line 2g) rt VIII, column (A), lines , column (A), lines 5, 6 s 8 through 11 (must e unts paid (Part IX, colum embers (Part IX, colum sation, employee benef g fees (Part IX, column (Part IX, column (D), line , column (A), lines 11a es 13–17 (must equal F	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) ne 12) 			4 5 6 7a 7b 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 106 466 0 0 Current Year 29,952,874 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185 0 0 8,158,185
Exp enses Revenue	3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16 a b 17 18 19	Number of Number of Total num Total num Total num Total unrel Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, Total fundra Other exp Total expe Revenue	f voting memb f independent ber of individu ber of volunte elated business ated business fons and grant service revenu- nt income (Part enue (Part VIII, enue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (penses (Part IX enses. Add line ess expenses.	voting members of the uals employed in calend ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines 5, 6 is 8 through 11 (must e unts paid (Part IX, colum sation, employee benef p fees (Part IX, column station, employee benef p fees (Part IX, column (Part IX, column (D), line f, column (A), lines 11a as 13–17 (must equal F Subtract line 18 from	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) ne 12) 		• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185 0 9,268,222 17,446,407 12,539,297 End of Year
Exp enses Revenue	3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16 a b 17 18 19 20	Number of Number of Total num Total num Total unrel Net unrel Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp Total expe Revenue	f voting memb f independent iber of individu iber of volunte elated business ated business ated business fons and grant: service revenu- nt income (Par enue (Part VIII, enue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (penses (Part IX enses. Add line ess expenses.	voting members of the uals employed in calend ters (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines 5, 6 is 8 through 11 (must ef unts paid (Part IX, colum tembers (Part IX, colum sation, employee benef of fees (Part IX, column (Part IX, column (D), line f, column (A), lines 11a es 13–17 (must equal F Subtract line 18 from	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) ne 12) 			4 5 6 7a 7b 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 20,000 0 8,158,185 0 0 9,268,222 17,446,407 12,539,297 End of Year
Revenue	3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16 ; b 17 18 19 20 21	Number of Number of Total num Total num Total num Total unrela Ontributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, f a Professio Total fundra Other exp Total expe Revenue l Total asse Total liabi	f voting memb f independent ber of individu ber of volunte elated business ated business (Part ation or for mo other compens nal fundraising aising expenses (penses (Part IX enses. Add line ates expenses. ates (Part X, line lities (Part X, line	voting members of the uals employed in calend erers (estimate if necess is revenue from Part VIII taxable income from For s (Part VIII, line 1h) . e (Part VIII, line 2g) . rt VIII, column (A), lines , column (A), lines 5, 6 is 8 through 11 (must e unts paid (Part IX, colum embers (Part IX, colum sation, employee benef g fees (Part IX, column (Part IX, column (D), line , column (A), lines 11a es 13–17 (must equal F Subtract line 18 from e 16) ine 26)	e governing body (Part VI, lin dar year 2023 (Part V, line 2 ary)	ne 1b) a) 		• • • • • • • • • • • • • • • • • • •	4 5 6 7a 7b 0	11 106 466 0 0 Current Year 29,952,874 0 17,624 15,206 29,985,704 20,000 0 8,158,185 0 9,268,222 17,446,407 12,539,297 End of Year

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	ign Signature of officer Date						
Here	NOE	LEEN A TILLMAN COO					
		e or print name and title Print/Type preparer's name	Preparer's s	signature	Date 2024-11-14	Check 🗌 if	PTIN P01203950
	parer	Firm's name RENNER AND COM	PANY CPA PC			self-employed Firm's EIN 54	-1498950
Use	Only	Firm's address 700 NORTH FAIRFAX	STREET SUITE 400	1		Phone no. (703	3) 535-1200
		ALEXANDRIA, VA 2	2314				
		uss this return with the preparer					. 🗹 Yes 🗌 No
For P	Paperwork	Reduction Act Notice, see the	e separate instr	uctions.	Cat. I	No. 11282Y	Form 990 (202
				— Page 2 ———			
F	000 (2022)						
	990 (2023)	atement of Program Servi	ce Accomplisi	ments			Page
i di		eck if Schedule O contains a resp	-				🗹
1		scribe the organization's mission:					
COMN AND S INVO HAND	MUNITIES. N SUPPORT AI LVEMENT W	TION, AND LEADING MILITARY FA WE ACCOMPLISH THIS THROUGH ND SERVICE ORGANIZATIONS TH /ITH NATIONAL AND LOCAL ORG/ FO SHARE THE PRIDE OF SERVIC ENGTH.	I LOCAL CHAPTEF HAT ARE STRIVIN ANIZATIONS, CIV	R-BASED COMMUNITY G TOHELP MAKE MILI ILIAN COMMUNITIES	EVENTS AND BY TARY LIFE MORE AND GOVERNME	SERVING AS SUSTAINABLE NT ENTITIES,	A BRIDGE BETWEEN FAMILIES E. THROUGH OUTREACH AND BLUE STAR FAMILIES WORKS
2	Did the or	ganization undertake any signific	ant program serv	ices during the year w	hich were not lis	sted on	
	•	orm 990 or 990-EZ?					🗌 Yes 🛛 No
3		escribe these new services on Sc ganization cease conducting, or r		hanges in how it cond	ucto any progra	m	
3			5				. 🗌 Yes 🗹 No
		escribe these changes on Schedu					
4	Section 50	he organization's program servica 11(c)(3) and 501(c)(4) organizati ue, if any, for each program servi	ons are required				
4a	EMPLOYMEN TO DEVELOI ACROSS TH LIBRARIES, PROVIDES (LIFESTYLE.) (Expenses \$ IES - BLUE STAR FAMILIES, INC. DESI IT AND THE BSF CAREERS PROGRAM S P NETWORKS AND ACCESS EMPLOYME E COUNTRY FROM MEMORIAL DAY THI DEPARTMENT OF DEFENSE SCHOOLS, DNGOING RESOURCES TO BUILD RESI BLUE STAR FAMILIES LAUNCHED SEVI O MILITARY FAMILIES.	GNS AND DELIVERS SUPPORTS SPOUSES INT AND TRAINING ROUGH LABOR DAY AND MILITARY-IMP/ ILIENCY AND THE CO	THROUGH THEIR CAREE RESOURCES. BLUE STAR EACH SUMMER. BLUE STA ACTED PUBLIC SCHOOLS DPING SKILLS NECESSAR	THAT ARE GEARED R JOURNEY AND PF MUSEUMS OFFERS AR BOOKS ON BASE AND LIBRARIES AR Y TO ADDRESS THE	ROVIDES OPPOR FREE ADMISSIO ES DONATES BOO OUND THE WOR E RIGORS OF THI	FUNITY FOR MILITARY SPOUSES N TO MORE THAN 2,000 MUSEUM DKS TO MILITARY CHILDREN, BASI LD. CAREGIVERS PROGRAMMING E CAREGIVERS' DAY-TO-DAY
4b	(Code:) (Expenses \$	2,292,915	including grants of \$) (Revenue \$)
	RESEARCH / IN-DEPTH R MILITARY FA FORCE AND RETREATS I	AND POLICY - BLUE STAR FAMILIES, I ESEARCH ON THE ISSUE THAT AFFEC AMILY LIFESTYLE SURVEY (AMFLS) PRO PROVIDES THE VEHICLE FOR MILITAR S TO ENCOURAGE CREATIVE THINKIN T, AND INDEPENDENT SECTORS IN TH	NC., AS PART OF ITS T THE MILITARY FAN OVIDES DEEP AND RY FAMILIES' VOICE G AND FACILITATE	S CENTRAL MISSION TO C MILY COMMUNITY, ANNUAI ALUABLE INSIGHT INTO S TO BE HEARD BY KEY D SOLUTIONS THAT REQUIR	L MILITARY LIFEST THE TRUE COSTS C ECISION-MAKERS.	YLE SURVEY: THE OF SUSTAINING (WHITE OAK: TH	E BLUE STAR FAMILIES ANNUAL OUR NATION'S ALL-VOLUNTEER IE PURPOSE OF THE WHITE OAK
4c	(Code:) (Expenses \$	2,477,153	including grants of \$) (Revenue \$)
	FAMILIES AI	GY ENGAGEMENT - BLUE STAR FAMILII ROUND THE WORLD. MILITARY FAMILI BOOK LIVE AND STREAMING EVENTS, ND ITS RESOURCES ANYWHERE IN TH	IES ARE ENGAGED T AND, A VARIETY OF	HROUGH OUR ONLINE RE	SOURCES, ONLINE	WEBINARS, ON	LINE MENTORING, VIRTUAL HANG
	(Code:) (Expenses \$	496,254	including grants of \$) (Revenue \$)
	SERVICE EX LEADERSHII DELIVER PO COMBATING FOR YOUR N	FOR INCLUSION (CFI) - LED BY BLUE 5 (PERIENCES OF MILITARY FAMILIES OF P, COLLABORATION, AND COMMUNITY ISITIVE, FULFILLING EXPERIENCES TO 5 THESE INEQUITIES, BLUE STAR FAM MILITARY COMMUNITY). THIS PROGRA AN SERVICE ORGANIZATIONS THROU	F COLOR. THIS IS A IMPACT. THE REI C ALL FAMILIES WHO ILIES HAS LAUNCHE M SEEKS TO TRAIN	CCOMPLISHED THROUGH OMMITTEE DIRECTS THIS SERVE.IMPLEMENTATION D THE DEPLOY FELLOWSN A NEW COHORT OF RACI	FIVE IMPACT AREA EFFORT TO ENSUR N OF THIS PROGRA HIP PROGRAM (DIV	AS - RESEARCH 8 RE THAT OUR CO M BEGAN IN 202 'ERSIFY AND EXF	& ADVOCACY, TRAINING, UNTRY MEETS ITS OBLIGATION TO 21. AS AN INITIAL STEP IN 24ND THE PIPELINE OF LEADERS

11 01 20				ine Fairfining Honprone Explorer From aonea	
	(Expenses \$	496,254	including grants of \$) (Revenue \$)
4e	Total program se	rvice expenses	14,924,608		
					Form 990 (2023)

- Page 3 -

Form	990 (2023)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A ∞	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 50	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I S.	6		No
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> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😵	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 📽	11a	Yes	
	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> 2	11b	Yes	
	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>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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>	18		No
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>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

1/6/25, 8:49 PM

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21 ^{Yes}

20b

Form 990 (2023)

Ρ	a	q	le	4

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V https://projects.propublica.org/nonprofits/organizations/800369895/202403209349309735/full

Blue Star Families Inc - Full Filing - Nonprofit Explorer - ProPublica

		• •	•
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 90		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Form 990 (2023)

No

.

Yes

. . .

 Page 5	
ruge o	

Form	990 (2023)			Page
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с 6а		No
	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 as charitable contributions?	ба		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
				•

1/6/25, 8:49 PM

Blue Star Families Inc - Full Filing - Nonprofit Explorer - ProPublica

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		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	
		F	orm 990 (2023)

	Page 6			
Form	990 (2023)			Page 6
Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Vac" to line 152 or 15h describe the process on Schedule O. See instructions			—

1/6/25,	8:49 PM					ig - N	Vonpro	ofit E	Explorer - ProPublica		_
16a	Did the organization invest in, contribut taxable entity during the year?	e assets to, or pa	articipa		entur	re oi	r simil	lar a	rrangement with a	. 16a	No
b	If "Yes," did the organization follow a wi in joint venture arrangements under app status with respect to such arrangement	itten policy or pr plicable federal ta	ocedu	re requiring the	e org					ation	
Se	ction C. Disclosure									100	
17	List the states with which a copy of this	Form 990 is requ	uired t	o be filed	, MI	D,N	1A,M	1I,I	, CO , CT , DC , FL MN , MS , NH , NJ , C , TN , UT , VT , V/	NM, NY, NC	, ND , OH , OK
18	Section 6104 requires an organization to 501(c)(3)s only) available for public insp	pection. Indicate	how y	ou made these	ava	ilab	le. Ch	eck	all that apply.	ction	
19	Describe in Schedule O whether (and if policy, and financial statements available	so, how) the org	anizati	ion made its go					•	est	
20	State the name, address, and telephone THE ORGANIZATION 441 SAXONY THE									ls:	
				,		,				Fo	orm 990 (2023
				Page 7 —							
				rage 7							
Form	990 (2023)										Page
Par	t VII Compensation of Officers, and Independent Contract		ustee	es, Key Emp	loye	ees	, Hig	hes	st Compensated	l Employee	s,
	Check if Schedule O contains a r		to any	line in this Par	t VII						🗆
Se	ction A. Officers, Directors, Trus										
	omplete this table for all persons required	l to be listed. Rep	port co	ompensation fo	r the	e cal	endar	· yea	ar ending with or wi	ithin the orgar	nization's tax
	List all of the organization's current offic					als o	r orga	aniza	ations), regardless o	of amount	
	mpensation. Enter -0- in columns (D), (E) ist all of the organization's current key e		•	•		defi	inition	of	"kev employee "		
• L	ist the organization's five current highes	t compensated e	mploy	ees (other tha	n an	offi	cer, di	irect	or, trustee or key e		
	received reportable compensation (box 5 rganization and any related organizations		x 6 of	Form 1099-MIS	5C, a	and/	or bo	x 1	of Form 1099-NEC)	of more than	\$100,000 from
• L	ist all of the organization's former office	rs, key employee			isate	ed e	mploy	ees	who received more	e than \$100,00	00
	portable compensation from the organizat ist all of the organization's former direc	,		5				- foi	mor director or true	atao of the	
	nization, more than \$10,000 of reportable									stee of the	
See t	he instructions for the order in which to l	st the persons a	bove.								
\cup (Check this box if neither the organization	1	organiz	•		d an	y curr	ent			
	(A) Name and title	(B) Average hours per week (list	ours per one box, unless person is both an compensation compens						(E) Reportable ompensation rom related	(F) Estimated amount of other	
		any hours for related	위통		ç	장	말 문	Fo		rganizations (W-2/1099-	compensation from the
		organizations below dotted line)	Individual truste or director	Institutional Trustee;	ficer	Key employee	Highest compensated employee	Former		MISC/1099- NEC)	organization and related organizations
			96				nsated				
	NTHY ROTH-DOUQUET	40.00	х		x				357,936	0	13,61
• •	DELEEN TILLMAN	40.00						l			
	TREASURER, SECRETARY				х				254,231	0	11,46
	NAN WHITING TRANSFORMATION OFFICER	40.00				x			353,451	0	16,61
	ARGARET B DAVIS JTIVE VICE PRESIDENT OF DEVELOPMENT	40.00				x			204,838	0	3,15
	NDSAY KNIGHT JTIVE VICE PRESIDENT, SOCIAL IMPACT	40.00				x			170,769	0	8,23
·····	NELOPE BOLDEN IRECTOR, CAUSE MARKETING & BRAND	40.00					x		169,231	0	7,21

1/6/25, 8:49 PM partnerships	Blue S	Star Fa	milies Inc - Full	Filin	g - N	lonpro	ofit E	Explorer - ProPubli	ca	1
(7) MICHAEL KANG	40.00									
VICE PRESIDENT, FINANCE & TECHNOLOGY					х			160,970	0	7,909
(8) JOHN BARR	40.00									7.004
SR. DIRECTOR, ACCOUNTING AND FINANCE						х		143,621	0	7,231
(9) JEFFREY CHIN	40.00					V		122.220		6 500
EXECUTIVE DIRECTOR, NE CHAPTER						х		133,328	0	6,500
(10) SHEILA STEVENS	40.00					V		122.270		C 101
SR. DIRECTOR, CHAPTER IMPACT						х		123,376	0	6,191
(11) CARLENE IPPOLITO	40.00					х		125.000	0	6 250
DIRECTOR OF TECHNOLOGY						^		125,000	0	6,250
(12) GWENDOLYN BINGHAM	2.00	х		х				0	0	0
CHAIR		^		^				0	0	0
(13) CHRIS BOGDAN	2.00	х		x				0	0	0
VICE-CHAIR		^		^				0	0	0
(14) WHIT COBB	2.00	х								0
DIRECTOR		X						0	0	U
(15) ELLYN DUNFORD	1.00	х						0	0	0
DIRECTOR		X						0	0	U
(16) CHARLES EGGLESTON	1.00	v						0	0	0
DIRECTOR		Х						0	0	U
(17) TODD FINGER	2.00	v						0	0	0
DIRECTOR		Х						U	0	0

Form 990 (2023)

Page **8**

– Page 8 -

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	ersoi ectoi	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(18) BRIANNA KEILAR DIRECTOR		×						0	0	0	
(19) VAL NICHOLAS DIRECTOR		x						0	0	0	
(20) NADA STIRRATT DIRECTOR		×						0	0	0	
(21) BRYAN TUCKER DIRECTOR		X						0	0	0	
(22) JOHN G VONGLIS DIRECTOR		х						0	0	0	

/6/25	, 8:49 PM	Blue S	Star Fa	milies Inc - Full F	iling - I	Nonprofit	Explorer -	ProPublica			
				└── ↓	–	Ļ.	<u> </u>				
1b 3	Sub-Total				<u> </u>						
	Total from continuation sheets to Par	t VII, Section A .			ļ				_		
	Total (add lines 1b and 1c)			line of the second second			2,196,751		0		94,30
2	Total number of individuals (including b of reportable compensation from the or		nose	listed above) wh	o rece	ived moi	e than \$1	100,000			
										Yes	No
3	Did the organization list any former of				-		-	l employee on			
	line 1a? If "Yes," complete Schedule J f					• •			3		No
4	For any individual listed on line 1a, is the organization and related organizations							m the			
	individual				• •	• •	• •		4	Yes	
5	Did any person listed on line 1a receive			,		5				1	1
	services rendered to the organization?	f "Yes," complete	Schec	lule J for such pe	erson	• •			5		No
<u>S</u>	ection B. Independent Contractor Complete this table for your five highes		donon	dont contractors	that i	racaivad	more the	n ¢100 000 of	compor	sation	
T	from the organization. Report compension								compen	ISation	
	Name and	(A) d business address					Des	(B) cription of service	es	Compe	
SYRA	CUSE UNIVERSITY							PROJECTS REPO			236,662
	BROWN HALL CUSE, NY 132445300										
	DAD MEDIA						MEDIA SER	VICES			148,58
	HUTCHINS PLACE NW										
WASI	HINGTON, DC 20007										
2	Total number of independent contractors	(including but not	limite	ed to those listed	labov	e) who r	eceived m	ore than \$100	,000 of		
	compensation from the organization 2	, in grant in				-, -			,		• (202)
										Form 99	U (202.
				Page 9 —							
Form	n 990 (2023)										Deser
	art VIII Statement of Revenue										Page
	Check if Schedule O contains a	response or note	to ar	ny line in this Par	rt VIII						
				(A) Total revenu			3) ed or	(C) Unrelate	d	(D Reve	
				lotal levellu	e	exe	mpt	business	s	exclude	d from
						funo reve	tion enue	revenue	t It	tax under - 512	
	Federated campaigns 1a								•		
	ributions,										
	Membership dues 1b										
Simi											

е	Government grants (contributions)	1e
	1,258,222	
f	All other contributions, gifts, grants, and similar amounts not included above	1f
	28.694.652	

g Noncash contributions included in lines 1a - 1f:\$

d Related organizations

ŀ

1g

1d

4,140,776

h	То	otal. Add lines 1a-1f	•		•	• 29,952,874			
_						Business Code			
	2a	1							
	D								
	ž								
Development	2)							
à	č								
	2 C	:							
Decrease Condered	ő	t							
-	5								
- 5	ř,	3							
à	Ē								
	f	f All other program	serv	vice revenue.					
	a	J Total. Add lines 2)7	0f			<u></u>		
							1		
		Investment income similar amounts) .				nterest, and other	80,964		80,964
		-							· · · ·
		Income from invest							 ļ
	5	Royalties	•	1					
			(i) Real			(ii) Personal			
	6	a Gross rents	6a	·					
		b Less: rental	6b						
		expenses	00	<u> </u>					
	•	c Rental income or	6c	:					
		(loss) d Net rental income		(1000)					
				1		1			
		-		(i) Securit	ies	(ii) Other			
	7;	a Gross amount	7a	5,203	3,061				
		from sales of assets other than							
		inventory							
9	2	b Less: cost or	7b	E 26	5 401				
G		other basis and		5,20	5,401				
Revenue	5	sales expenses							
		c Gain or (loss)	7c	-63	3,340				
Other	3	d Net gain or (loss)		·			-63,340		-63,340
ŧ		a Gross income from fu		_					
C)	(not including \$		of					
		contributions reported	d on	line 1c).					
		See Part IV, line 18	•		8a				
		b Less: direct expen	ses		8b				
		c Net income or (los			a eve	ents	1		
				i onn ranaraioni	9 0 1 0		1		
	9>	Gross income from	aam	ing activities					
	- u	See Part IV, line 19			9a				
		b Less: direct expen			9b		1		
							J		
	•	c Net income or (los	s) fi	rom gaming ac	tiviti	es			
	-								
	10	aGross sales of inve returns and allowa		.					
		returns and allowa	ince	5	10a				
		b Less: cost of good	s so	old	10b				
		c Net income or (los	s) f	rom sales of in	vent	ory	-		
	-	, , , , , , , , , , , , , , , , , , ,	,			, Business Code			
	1:	1aOTHER INCOME			I	900099	. 15,206	15,206	
	_								
		b							
									ļ
Ōtŀ	erl	RevenueMiscAmt							
		d All other revenue	-	. .	_				
			•				<u> </u>		

1/6/25, 8:49 PM

Blue Star Families Inc - Full Filing - Nonprofit Explorer - ProPublica

e Total. Add lines 11a–11d	15,206			
12 Total revenue. See instructions	29,985,704	15,206	0	17,624

Form 990 (2023)

– Page 10 –

Form 990 (2023)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,000	20,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,563,176	1,333,900	119,073	110,203
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,875,600	3,479,510	646,649	749,441
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250,102	186,968	29,743	33,391
9 Other employee benefits	942,566	704,630	112,093	125,843
10 Payroll taxes	526,741	393,774	62,642	70,325
11 Fees for services (non-employees):				
a Management				
b Legal	675	675		
c Accounting	115,855		115,855	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O)	2,580,146	2,513,057	34,580	32,509
12 Advertising and promotion	30,153	22,142		8,011
13 Office expenses	547,117	515,490	25,032	6,595
14 Information technology	446,580	421,786	1,946	22,848
15 Royalties				
16 Occupancy				
17 Travel	502,704	406,481	58,462	37,761
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	400,207	392,639	6,094	1,474
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,313	36,901	194	218
23 Insurance	25,222		25,222	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a DONATED SUPPLIES	3,039,485	3,039,485		
b DONATED BOOKS	1,101,291	1,101,291		
c GIFTS AND DONATIONS	179,185	178,134	495	556

1/6/25, 8:49 PM

Blue Star Families Inc - Full Filing - Nonprofit Explorer - ProPublica

Page 11

d COMMUNICATIONS	144,510	108,030	17,186	19,294
e All other expenses	117,779	69,715	32,263	15,801
5 Total functional expenses. Add lines 1 through 24e	17,446,407	14,924,608	1,287,529	1,234,270
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720). 				

Form 990 (2023)

----- Page 11 ------

Form 990 (2	2023)	
Part X	Balance Sheet	

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,036,841	1	6,043,710
	2	Savings and temporary cash investments .		[10,453,231	2	7,947,032
	3	Pledges and grants receivable, net				3	7,728,571
	4	Accounts receivable, net		🗖	564,417	4	1,791,490
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section	fied per ection 4	rsons (as defined under 4958(c)(3)(B) • • •		6	
ŝ	7	Notes and loans receivable, net	7				
Assets	8	Inventories for sale or use		8			
SS	9	Prepaid expenses and deferred charges		–	179,231	9	290,804
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	238,445			
	ь	Less: accumulated depreciation	10b	197,803	76,276	10c	40,642
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line	🗖	2,110,300	12	7,436,357	
	13	Investments—program-related. See Part IV, line	. –		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			17,420,296	16	31,278,606
	17	Accounts payable and accrued expenses		,	765,705	17	1,183,642
	18	Grants payable	—		18		
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		H		20	
	21	Escrow or custodial account liability. Complete F		of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contril or family member of any of these persons	cer, director, trustee, key or 35% controlled entity		22		
19.	22			22			
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		· ·		23 24	
						24 25	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			765,705	26	1,183,642
Fund Balances	27	Organizations that follow FASB ASC 958, ch lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🗹 and complete	14,889,164	27	20,851,929
Ba	28	Net assets with donor restrictions		1,765,427	28	9,243,035	
5	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	heck here ► □ and		29	
te	30	Paid-in or capital surplus, or land, building or eq	nt fund		30		
Assets	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
Å	I	<u> </u>					

 4 Net as 5 Net un 6 Donato 7 Invest 8 Prior p 9 Other 10 Net as Part XII 	uue less expenses. Subtract line 2 from line 1 . <t< th=""><th>3 4 5 6 7 8 9 10</th><th></th><th>16</th><th>,539,297 ,654,591 901,076 0 ,094,964</th></t<>	3 4 5 6 7 8 9 10		16	,539,297 ,654,591 901,076 0 ,094,964
 5 Net un 6 Donato 7 Invest 8 Prior p 9 Other 10 Net as Part XII 1 Account If the other 	anrealized gains (losses) on investments	5 6 7 8 9			901,076
 6 Donate 7 Invest 8 Prior p 9 Other 10 Net as Part XII 1 Account If the p 	ed services and use of facilities	6 7 8 9		30	C
 7 Invest 8 Prior p 9 Other 10 Net as Part XII 1 Accound If the p 	cment expenses .	7 8 9		30	
 8 Prior p 9 Other 10 Net as Part XII 1 Account If the p 	beriod adjustments	8 9		30	
 9 Other 10 Net as Part XII 1 Accound If the other 	changes in net assets or fund balances (explain in Schedule O)	9		30	
10 Net as Part XII 1 Account If the	Seets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	-		30	
Part XII 1 Account If the	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10		30	,094.964
1 Accour If the	Check if Schedule O contains a response or note to any line in this Part XII				1 - 1 - - -
If the					
If the					 Image: A start of the start of
If the				Yes	No
	nting method used to prepare the Form 990: 🛛 🗌 Cash 🗹 Accrual 🗌 Other				
	organization changed its method of accounting from a prior year or checked "Other," $explain$ on ule O.				
2a Were t	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or ate basis, consolidated basis, or both:	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b Were t	the organization's financial statements audited by an independent accountant?		2b	Yes	
	,' check a box below to indicate whether the financial statements for the year were audited on a separate b lidated basis, or both:	asis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
	s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
If the	organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O			
	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Unil nce, 2 C.F.R. Part 200, Subpart F?	form	Зa		No
	s," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	Зb		
			F	orm 99	0 (2023)

Additional Data

Special Condition Description

Software ID: Software Version: Page 12

. .

.

1

8:49	PM	Bl	ue S	tar F	amili	ies Iı	nc - I	Full	Filing	- Nonprofit Explorer - ProPublica	
32	Total net assets or fund balances	•	•	•	•		•	•		16,654,591 32	30,094,964
33	Total liabilities and net assets/fund balances									17,420,296 33	31,278,606

— Page 12 —

Form 990 (2023)

 \Box

29,985,704

Form 990 (2023)

Reconcilliation of Net Assets

Part XI

Return to Form

efil	e Put	olic Visual	Render	ObjectId: 2	20240320934930	9735 - Submi	ssion: 2024-	11-15	TIN: 80-0369895 OMB No. 1545-0047
-		ULE A		Public	Charity Statu	s and Pul	olic Supp	ort	OMB NO: 1343-0047
	m 990) mont of t) he Treasury	Cor		rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable	organization of trust.		2023
		e Service	►	Go to <u>www.irs</u>	s.gov/Form990 for in			ormation.	Open to Public Inspection
		ne organiza AMILIES INC	tion					Employer identif	
.02	50000							80-0369895	
	rt I proaniz				us (All organization e it is: (For lines 1 thro			See instructions.	
1					ssociation of churches	5 /	, ,	(A)(i).	
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital	or a cooperat	ive hospital ser	vice organization desci	ibed in section	170(b)(1)(A)(iii).	
4			research orga and state:	nization operat	ed in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii).	Enter the hospital's
5		An organiz	ation operate	d for the benefi mplete Part II.)	t of a college or univer	sity owned or op	perated by a gov	ernmental unit desc	ribed in section
6					, governmental unit de	scribed in sectic	on 170(b)(1)(A	(v).	
7				rmally receives (vi). (Complete		s support from a	governmental u	init or from the gene	eral public described in
8		A commun	ity trust desc	ribed in section	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
0		An organiz from activi investment	ation that not ties related to income and	rmally receives: the its exempt fur unrelated busin	(1) more than 331/3% nctions—subject to cert	o of its support frain exceptions,	om contribution and (2) no more	s, membership fees than 33 1/3% of its	and gross receipts
1		An organiz	ation organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
2		more publi	cly supported	l organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509	he purposes of one or (a)(3). Check the box
а		 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 							
b		Type II. A manageme	supporting o ent of the sup	organization sup	pervised or controlled in ation vested in the sar				
с					supporting organizatio ions). You must com				rated with, its
d		Type III r functionally	on-function	ally integrate The organizatio	d. A supporting organi n generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported org	anization(s) that is not quirement (see
e		Check this	box if the org	ganization recei	rt IV, Sections A and ved a written determin integrated supporting	ation from the I		pe I, Type II, Type I	II functionally
f	Enter	the number	r of supported	d organizations				· · · · · · · · <u>-</u>	
g				1	upported organization(anization listed	(v) Amount of	(vi) Amount of
	(1)	Jame of sup organizatio		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern		(v) Amount of monetary support (see instructions)	
						Yes	No		
ota	1								1
	-	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	δF	Schedul	e A (Form 990) 2023
					Pag	ge 2			
che	dule A	(Form 990)	2023						Page 2
Pa	rt II	(Compl	ete only if y	ou checked th		or 8 of Part I o	or if the organi	zation failed to qu	
64	oction	If the o A. Public		tailed to qual	ify under the tests I	isted below, pl	ease complete	e Part III.)	
	ection		Support	I	<u> </u>		1	1	

	5, 8:49 PM	Bh	ue Star Families Inc	- Full Filing - Nonp	rofit Explorer - ProP	ublica	
	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	8,375,118	7,781,024	11,399,757	21,231,599	29,952,874	78,740,372
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	8,375,118	7,781,024	11,399,757	21,231,599	29,952,874	78,740,372
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)						15,484,621
6	Public support. Subtract line 5 from line 4.						63,255,751
	lendar year	(-) 2010	(b) 2020	(-) 2021	(4) 2022	(-) 2022	
-	fiscal year beginning in) 🕨	(a) 2019	. ,	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest,	8,375,118	7,781,024	11,399,757	21,231,599	29,952,874	78,740,372
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,301	1,821	2,391	6,226	80,964	96,703
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).				34,120	15,206	49,326
11	Total support. Add lines 7 through 10						78,886,401
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organ	ization, check
_	this box and stop here					► 🗆	
S	ection C. Computation of Public						
14	Public support percentage for 2023 (lin	, , ,		())		14	80.190 %
15	Public support percentage for 2022 Sc					15	99.280 %
16a	33 1/3% support test-2023. If the						_
b	and stop here. The organization quali 33 1/3% support test—2022. If the box and stop here. The organization	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 $_{ m 1}$	/3% or more, checl	< this
17a	10%-facts-and-circumstances test and if the organization meets the "fact	t—2023. If the or	ganization did not	: check a box on li	ne 13, 16a, or 16b), and line 14 is 10	% or more, inization
b	meets the "facts-and-circumstances" t 10%-facts-and-circumstances tes more, and if the organization meets t	st—2022. If the c	organization did no	t check a box on l	line 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	meets the "facts-and-circumstances"	test. The organization	ation qualifies as a	a publicly supporte	ed organization		-
18	Private foundation. If the organizati	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						
						Schedule A (F	Form 990) 2023
			Page 3				
			i age J				
Sch	edule A (Form 990) 2023						Da
	. ,				(-)(2)		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II. If
	the organization fails						
	ection A. Public Support						_
	lendar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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	e					
-	under section 513			-	-	1	<u> </u>

1/6/25,	8:49 PM	Blue	Star Families Inc -	Full Filing - Nonpr	ofit Explorer - ProPub	lica			
4	iax revenues levied for the organization's benefit and either paid	I		1	1		1		
	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								
h	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
_	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
-	fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(C) 2021	(u) 2022	(e) 2023	()	iotai	
9 10a	Amounts from line 6 Gross income from interest,						_		
104	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.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.		-		-				
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)		-		-				
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for t	-					-		_
	this box and stop here								$\blacktriangleright \cup$
Se	ction C. Computation of Public	Support Perce	entage						
			12 معتليها اممانينا	$a = 1 \dots (f)$					
15	Public support percentage for 2023 (lin					15			
16	Public support percentage from 2022 S	Schedule A, Part I	II, line 15			15 16			
16 Se	Public support percentage from 2022 Section D. Computation of Invest	Schedule A, Part I ment Income	II, line 15 Percentage			16			
16 <u>Se</u> 17	Public support percentage from 2022 S	Schedule A, Part I ment Income 23 (line 10c, colu	II, line 15 Percentage mn (f) divided by	line 13, column ((f))	16 17			
16 Se 17 18	Public support percentage from 2022 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Schedule A, Part I ment Income 23 (line 10c, colu 222 Schedule A,	II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column ((f))	16 17 18	ine 17	is not	
16 Se 17 18	Public support percentage from 2022 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the	Schedule A, Part I ment Income 23 (line 10c, colu 22 Schedule A, organization did r	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column ((f))	16 17 18 33 1/3%, and			
16 Se 17 18 19a	Public support percentage from 2022 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	line 13, column ((f))	16 17 18 33 1/3%, and 1 tion			18 is
16 Se 17 18 19a	Public support percentage from 2022 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	line 13, column ((f))	16 17 18 33 1/3%, and tion	 1/3 % a r		18 is
16 Se 17 18 19a	Public support percentage from 2022 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization nstructions .	 ⊔/3 % a r	nd line	
16 Se 17 18 19a b	Public support percentage from 2022 Section D. Computation of Investe Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization	 ⊔/3 % a r	nd line	
16 Se 17 18 19a b	Public support percentage from 2022 Section D. Computation of Investe Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization nstructions .	 ⊔/3 % a r	nd line	
16 Se 17 18 19a b	Public support percentage from 2022 Section D. Computation of Investe Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization nstructions .	 ⊔/3 % a r	nd line	
16 Se 17 18 19a b	Public support percentage from 2022 Section D. Computation of Investe Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization nstructions .	 ⊔/3 % a r	nd line	
16 Se 17 18 19a b 20	Public support percentage from 2022 Section D. Computation of Investe Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization nstructions .	 ⊔/3 % a r	nd line	
16 Se 17 18 19a b 20	Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizati	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The on did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column ((f))	16 17 18 33 1/3%, and tion more than 33 nization nstructions .	 ⊔/3 % a r	nd line	2023
16 Se 17 18 19a b 20	Public support percentage from 2022 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The on did not check a s a box on line 12 o	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization of a box on line 14, Page 4 of Part I. If you ch	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A	 ./3% ar) (Form	Percent constraints of the second sec	2023 Page 4 ked
16 Se 17 18 19a b 20	Public support percentage from 2022 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The con did not check a s a box on line 12 o ctions A and C. If	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box o The organization the a box on line 14, Page 4 of Part I. If you ch you checked box	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A	 ./3% ar) (Form	Percent constraints of the second sec	2023 Page 4 ked
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2022 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The con did not check a s a box on line 12 o cons A and C. If and D, and co	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box o The organization the a box on line 14, Page 4 of Part I. If you ch you checked box	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A	 ./3% ar) (Form	Percent constraints of the second sec	2023 Page 4 ked
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2022 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The con did not check a s a box on line 12 o cons A and C. If and D, and co	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box o The organization the a box on line 14, Page 4 of Part I. If you ch you checked box	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A	 ./3% ar) (Form	Percent constraints of the second sec	2023 Page 4 ked
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2022 S Ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization ine a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A ections A and D, and E. If you s?	 ./3% ar) (Form	P Du checked bo	2023 Page 4 ked x
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2022 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the se	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did and stop here. The on did not check a box on line 12 of contine A and C. If as A and D, and co ations organizations list upported organizations	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box o The organization the a box on line 14, Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the tions are designa	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A ections A and D, and E. If you s?	 ./3% ar) (Form	pad line	2023 Page 4 ked x
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2022 S Ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did and stop here. The on did not check a box on line 12 of contine A and C. If as A and D, and co ations organizations list upported organizations	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box o The organization the a box on line 14, Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the tions are designa	ine 13, column ((f))	16 17 18 33 1/3%, and I tion more than 33 nization nstructions . Schedule A ections A and D, and E. If you s?	 ./3% ar) (Form	pad line	2023 Page 4 ked x
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2022 S Ction D. Computation of Invest Investment income percentage for 2 3 1/3% support tests-2023. If the more than 33 1/3%, check this box and 3 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the si describe the designation. If historic an Did the organization have any support	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a box on line 12 of con did not check a box on line 12 of con and D, and con ations organizations list upported organization the ed organization the	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization ine a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation of the tions a	Ine 13, column ((f))	16 17 18 33 1/3%, and 1 tion more than 33 nization nstructions . Schedule A ections A and D, and E. If you s? e, wr section	 ./3% ar]] (Form 3. If your check 	pad line	2023 Page 4 ked x
16 Se 17 18 19a b 20 Scheo Par 5 Se 1	Public support percentage from 2022 S Continue D. Computation of Invest Investment income percentage for 2 3 1/3% support tests-2023. If the more than 33 1/3%, check this box and 3 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Complete organization's supported It is all of the organization's supported If "No," describe in Part VI how the si describe the designation. If historic an	Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did and stop here. The e organization did and stop here. The e organization did a box on line 12 of con did not check a box on line 12 of con and D, and con ations organizations list upported organization the ed organization the	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization ine a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation of the tions a	Ine 13, column ((f))	16 17 18 33 1/3%, and 1 tion more than 33 nization nstructions . Schedule A ections A and D, and E. If you s? e, wr section]] (Form 3. If you check 1	pad line	2023 Page 4 ked x
16 See 17 18 19a b 20 Schee Par 1 2	Public support percentage from 2022 S Cotion D. Computation of Invest Investment income percentage for 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Cotion A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s. describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Schedule A, Part I ment Income 23 (line 10c, colu 23 (line 10c, colu 23 (line 10c, colu 20 (22 Schedule A, organization did r 4 stop here. The e organization did and stop here. The e organization did and stop here. The con did not check a s a box on line 12 o ctions A and C. If has A and D, and co ations organizations list upported organization the Part VI how the o	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization for the organization of a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation ship, explain. nat does not have rganization determined	line 13, column ((f))	16 17 18 33 1/3%, and 1 tion more than 33 nization nization nstructions . Schedule A ections A and D, and E. If your s? e, nr section n was]] (Form 3. If ycou u checo 1 2	pad line	2023 Page 4 ked x
16 Se 17 18 19a b 20 Scheo Par 5 Se 1	Public support percentage from 2022 S Ction D. Computation of Invest Investment income percentage for 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete in Part VI how the se describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported	Schedule A, Part I ment Income 23 (line 10c, colu 23 (line 10c, colu 23 (line 10c, colu 20 (22 Schedule A, organization did r 4 stop here. The e organization did and stop here. The e organization did and stop here. The con did not check a s a box on line 12 o ctions A and C. If has A and D, and co ations organizations list upported organization the Part VI how the o	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization for the organization of a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation ship, explain. nat does not have rganization determined	line 13, column ((f))	16 17 18 33 1/3%, and 1 tion more than 33 nization nization nstructions . Schedule A ections A and D, and E. If your s? e, nr section n was	 ./3% ar]] (Form 3. If yco u checo 1 2	pad line	2023 Page 4 ked x
16 Se 17 18 19a b 20 Schea Par 5 Se 1 2 3a	Public support percentage from 2022 S Contemporation of Invest Investment income percentage for 2 Investment income percentage from 1 Investment income percentage from 2 Investment income percentage from 1 Investment income percentage from 2 Investment income from 1 Investment income entropy in Investmen	Schedule A, Part I ment Income 23 (line 10c, colu 1022 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did and stop here. The con did not check a s a box on line 12 of the A and D, and co ations organizations list upported organizat d continuing relat ed organization desc organization desc	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box o The organization qual not check a box o The organization qual not check a box o Page 4 Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the trions are designation ship, explain. nat does not have rganization detert cribed in section 5	line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec 19a, or 19b, chec ecked box 12a, o 12c, of Part I, co e organization's g ted. If designated an IRS determin mined that the su 501(c)(4), (5), or	(f))	16 17 18 33 1/3%, and I tion more than 33 nization nization nstructions . schedule A]] (Form 3. If ycou u checo 1 2	pad line	2023 Page 4 ked x
16 See 17 18 19a b 20 Schee Par 1 2	Public support percentage from 2022 S Cotion D. Computation of Invest Investment income percentage for 2 3 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete in Part VI how the si describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	Schedule A, Part I ment Income 23 (line 10c, colu 23 (line 10c, colu 20 22 Schedule A, organization did r d stop here. The e organization did and stop here. The con did not check a son di son did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization fue the organization of a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the titons are designation ship, explain. hat does not have rganization determ cribed in section 5 ization qualified u	Ine 13, column ((c)(4), (5), or (6) ar	16 17 18 33 1/3%, and 1 tion more than 33 nization nization nstructions . Schedule A ections A and D, and E. If your s? ee, mr section n was er lines 3b and nd satisfied	 ./3% ar]] (Form 3. If yco u checo 1 2	pad line	2023 Page 4 ked x
16 Se 17 18 19a b 20 Schea Par 5 Se 1 2 3a	Public support percentage from 2022 S Contemporation of Invest Investment income percentage for 2 Investment income percentage from 1 Investment income percentage from 2 Investment income percentage from 1 Investment income percentage from 2 Investment income from 1 Investment income entropy in Investmen	Schedule A, Part I ment Income 23 (line 10c, colu 23 (line 10c, colu 20 22 Schedule A, organization did r d stop here. The e organization did and stop here. The con did not check a son di son did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or The organization fue the organization of a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the titons are designation ship, explain. hat does not have rganization determ cribed in section 5 ization qualified u	Ine 13, column ((c)(4), (5), or (6) ar	16 17 18 33 1/3%, and 1 tion more than 33 nization nization nstructions . Schedule A ections A and D, and E. If your s? ee, mr section n was er lines 3b and nd satisfied	 ./3% ar]] (Form 3. If yco u checo 1 2	pad line	2023 Page 4 ked x

1/6/25, 8:49 PM

С

Blue Star Families Inc - Full Filing - Nonprofit Explorer - ProPublica

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	organization's supported organizations: in res, provide detain in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial		
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI		
	provide detail in Part VI.	9a	Γ

- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

Schedule A (Form 990) 2023

9b

9c

10a

3c

4a

4b

4c

5a

5b

5c

Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b A family member of a person described on 11a above? b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c С VI. Section B. Type I Supporting Organizations No Yes Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly 1 appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "*Yes*," *explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*.

Section C. Type II Supporting Organizations

applied to such powers during the tax year.

Yes No

1

2

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
	organization maintaineu a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- c 🗍 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			

supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

Pa	C	ie	6

Schedule A (Form 990) 2023

Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
ā	Average monthly value of securities	1a				
t	Average monthly cash balances	1b				
Ċ	: Fair market value of other non-exempt-use assets	1c				
c	Total (add lines 1a, 1b, and 1c)	1d				

	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by 0.035	6		
'	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
;	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
ŀ	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting	organization (see

– Page 7 -

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023				Page 7
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	5			
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wi details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022 				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
 Carryover from 2018 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7: \$				
a Applied to underdistributions of prior years				

a Applied to underdistributions of prior years

b Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2024. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019.		
b Excess from 2020		
c Excess from 2021		
d Excess from 2022.		
e Excess from 2023.		
	Sch	nedule A (Form 990) (2023)

Page 8 -

Schedule A (Form 990) 2023

Page **8**

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render	ObjectId: 202403209349309735 - Submission: 2024-11-15		TIN: 80-0369895
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 		2023
Name of the organization BLUE STAR FAMILIES INC		Employer ide 80-0369895	entification number
Organization type (check or	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation	
	527 political organization		
Form 990-PF	□ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	I	
	□ 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

Name of organization BLUE STAD FAMILIES INC https://projects.propublica.org/nonprofits/organizations/800369895/202403209349309735/full Employer identification number

21/35

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
REGIMOTED			Payroll
		\$ RESTRICTED	Noncash
	'		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)

– Page 3 –

Schedule I	B (Form 990) (2023)		Page 3
Name of or BLUE STAR	ganization FAMILIES INC	Employer identification	n number
5202 0		80-0369895	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

1/6/25, 8:49 F	PM	Blue Star Families Inc - Full Filing - Nonprofit Exp	lorer - ProPublica	
-			\$	
(a) No. from Part I	(b) Description of noncash		(c) (or estimate) e instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) (or estimate) e instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) (or estimate) e instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(c) (or estimate) e instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) (or estimate) e instructions)	(d) Date received
-			\$	
				Schedule B (Form 990) (2023)
		Page 4		
Schedule	B (Form 990) (2023)			Page 4
Name of or BLUE STAR	rganization R FAMILIES INC		Employer iden 80-0369895	tification number
Part III	<i>Exclusively</i> religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) through (∉ e total of e <i>xclusively</i> religious, charitable, tructions.) ► \$	ection 501(c)(7), () and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held

Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and ZI	e) Transfer of gift Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	 (c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI	e) Transfer of gift Relationshi	p of transferor to transferee
(a)	(h) Durnage of sift	 (a) I los of sift	(d) Description of how sift is held

l/6/25, 8:49 PM		Blue Star Fan	nilies Inc - Full Filing - Nonprofit	Explorer - ProPublica
Part I	(b) Fulbose of gift		(c) use or grit	
. =				=
	Transferee's name, address, a	Ind ZIP 4	(e) Transfer of gift Relatic	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
· =	Transferee's name, address, a	Ind ZIP 4	(e) Transfer of gift Relatio	onship of transferor to transferee
				Schedule B (Form 990) (2023)

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visua	al Render	ObjectId: 2024032	09349309735 - Submission	: 2024-11-:	15	TIN: 80-0369895
SCHEDULE D		Supplemen	tal Financial Statem	onte		OMB No. 1545-0047
(Form 990)		Complete if the or	ganization answered "Yes," on F 10, 11a, 11b, 11c, 11d, 11e, 11f,	Form 990,		2022
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organ		30 to <u>www.irs.gov/Form</u>	1990 for instructions and the lat			Inspection ification number
BLUE STAR FAMILIES IN						
Part I Organi	-ationa Ma	intaining Danas Advi	sed Funds or Other Similar F		-0369895	
			s" on Form 990, Part IV, line 6.		counts.	
			(a) Donor advised funds		(b) Funds a	nd other accounts
	-					
		ns to (during year)				
3 Aggregate value	•					
		r				
organization's p	roperty, subje	ect to the organization's exe	rs in writing that the assets held in clusive legal control? onor advisors in writing that grant fu			Yes 🗌 No
charitable purpo	oses and not f	or the benefit of the donor	or donor advisors in writing that grant it or donor advisor, or for any other p	ourpose confer		sible
	vation Eas					
			s" on Form 990, Part IV, line 7. nization (check all that apply).			
- · · · · · · · · · · ·		public use (e.g., recreation		ion of on histo	vically impart	ant land area
				ion of an histo		
	of natural hal			ion of a certifi	ea nistoric str	ucture
	on of open spa			:		_
2 Complete lines 2 easement on the			qualified conservation contribution	In the form of		n he End of the Year
a Total number of	conservation	easements		2a	inclu ut t	
b Total acreage res	stricted by co	nservation easements		2 b		
c Number of conse	ervation easer	ments on a certified histori	c structure included in (a)	. 2c		
historic structure	e listed in the	National Register	red after July 25, 2006, and not on			
3 Number of cons tax year ►	ervation ease	ments modified, transferre	d, released, extinguished, or termir	nated by the o	rganization du	iring the
4 Number of state	es where prop	erty subject to conservatio	n easement is located			
		written policy regarding the ervation easements it holds	ne periodic monitoring, inspection, h 5?	nandling of vio	lations,	Yes 🗌 No
6 Staff and volunt	eer hours dev	voted to monitoring, inspec	ting, handling of violations, and en	forcing conser	vation easeme	ents during the year
7 Amount of expe ► \$	nses incurred	in monitoring, inspecting,	handling of violations, and enforcin	g conservation	n easements c	luring the year
			above satisfy the requirements of s		· · · · · · · · · · · · · · · · · · ·	Yes 🗌 No
balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finan ts.			
			of Art, Historical Treasures,		imilar Asse	ets.
			s" on Form 990, Part IV, line 8.		t halance shor	t works of art
historical treasu Part XIII, the te	res, or other xt of the footr	similar assets held for public to its financial statem	lic exhibition, education, or research ents that describes these items.	n in furtherand	ce of public se	rvice, provide, in
historical treasu following amour	res, or other and the relating to	similar assets held for publ these items:	C 958, to report in its revenue state lic exhibition, education, or research	n in furtherand	ce of public se	rvice, provide the
(i) Revenue includ	led on Form 9	90, Part VIII, line 1			. ►\$	
(ii)Assets included	in Form 990,	Part X			. ▶\$	
following amour	nts required to	be reported under FASB A	cal treasures, or other similar asset ASC 958 relating to these items:			
a Revenue include	ed on Form 99	0, Part VIII, line 1			. ▶\$	
For Paperwork Redu	iction Act No	otice, see the Instruction	ns for Form 990.	Cat. No. 5228	3D Sched	ule D (Form 990) 2022

_										
_	dule D (Form 990) 2022									Page
	t III Organizations Maintaining Co	llections of Art, H	listori	cal Trea	sures,	or Other	Similar As	sets (conti	nued)	ruge
3	Using the organization's acquisition, accessio									
_	items (check all that apply):		A							
а	Public exhibition		d	U Lo	an or exc	hange prog	rams			
b	Scholarly research		е	0 ⁻	ther					
C	Preservation for future generations									
	Provide a description of the organization's co Part XIII.	llections and explain I	how the	y further	the orgar	nization's ex	empt purpo	se in		
	During the year, did the organization solicit o assets to be sold to raise funds rather than to							🗌 Yes		o
ar	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990,	, Part IV	, line 9, d	or reported	d an amou		990,	Part X
a	Is the organization an agent, trustee, custodi included on Form 990, Part X?							🗌 Yes		o
h.	If "Vac " explain the arrangement in Part VIII	and complete the fel	llowing	tables			^	mount		
b c	If "Yes," explain the arrangement in Part XIII Beginning balance	•	-			1c	A	valit		_
1	Additions during the year					1d				_
	Distributions during the year					1e				
	Ending balance					1f				_
	-							O		_
	Did the organization include an amount on Fo							0		0
)	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planati	on has be	en provid	led in Part X	····	\Box		
a	rt V Endowment Funds. Complete if the organization answ	wered "Yes" on Fori	m 990	Part IV	line 10					
	complete in the organization and	(a) Current year		rior year			(d) Three year	ars back (e)	-our yea	rs back
ı	Beginning of year balance	1,765,427		1,225,91	.6	1,714,643		486,974	1,	765,973
)	Contributions	9,617,571		2,693,78	32	2,041,303	2,	412,086	1,	240,619
	Net investment earnings, gains, and losses									
I	Grants or scholarships									
	Other expenditures for facilities and programs	2,139,963		2,154,27	'1	2,530,030	1,	184,417	2,	519,618
F	Administrative expenses									
				1 705 42	7	1,225,916	1,	714,643		486,974
	End of year balance	9,243,035		1,765,42		1,223,910				
	End of year balance Provide the estimated percentage of the curr	ent year end balance	(line 1							
	End of year balance Provide the estimated percentage of the curr	ent year end balance	(line 1 <u>c</u>				I	I		
g	End of year balance	ent year end balance	(line 1 <u>c</u>					I		
g a b	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance	(line 1g				L			
9 a 5	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c show	ent year end balance		g, column	(a)) held	as:	L			
9	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	ent year end balance		g, column	(a)) held	as:	r the		Vec	Na
J	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses organization by:	In the organizat		g, column	(a)) held	as:	r the	3a(i)	Yes	No
9	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations	Id equal 100%.	ion that	, column are held	(a)) held and adm	as:	r the	3a(i) 3a(ii)	Yes	No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations	Id equal 100%.	ion that	, column are held	(a)) held and adm	as: inistered for	r the	3a(i) 3a(ii) 3b	Yes	
g a b c a	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations	Id equal 100%. ssion of the organizat	ion that	a, column	(a)) held and adm	as: inistered for	r the	3a(ii)	Yes	No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme	ent year end balance uld equal 100%. ssion of the organizat 	ion that on Sche vment f	dule R?	(a)) held and admi	as: inistered for		3a(ii) 3b		No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme Complete if the organization answ	ent year end balance uld equal 100%. ssion of the organizat ns listed as required c e organization's endov nt. wered "Yes" on For	ion that on Sche wment f m 990,	dule R? unds.	(a)) held and admi	as: inistered for	 m 990, Par	3a(ii) 3b t X, line 10		No No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme Complete if the organization answ	ent year end balance Ild equal 100%. ssion of the organizat 	ion that on Sche wment f m 990,	dule R?	(a)) held and admi	as: inistered for	 m 990, Par	3a(ii) 3b t X, line 10		No No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment ▶ Permanent endowment ▶ 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Description of property (a) Cost or ot (investme)	ent year end balance Ild equal 100%. ssion of the organizat 	ion that on Sche wment f m 990,	dule R? unds.	(a)) held and admi	as: inistered for	 m 990, Par	3a(ii) 3b t X, line 10		No No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment Term endowment Term endowment Term endowment Image: Comparization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Description of property (a) Cost or ot (investme) Land Land	ent year end balance Ild equal 100%. ssion of the organizat 	ion that on Sche wment f m 990,	dule R? unds.	(a)) held and admi	as: inistered for	 m 990, Par	3a(ii) 3b t X, line 10		No No
y a b c a b ar	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment Te	ent year end balance Ild equal 100%. ssion of the organizat 	ion that on Sche wment f m 990,	dule R? unds.	(a)) held and admi	as: inistered for	 m 990, Par	3a(ii) 3b t X, line 10		No No
	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment ▶ Permanent endowment ▶ Term endowment ▶ Term endowment ▶ 100.000 % The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Description of property (a) Cost or ot (investment) Land Buildings Leasehold improvements	ent year end balance Ild equal 100%. ssion of the organizat 	ion that on Sche wment f m 990,	dule R? unds.	(a)) held	as: inistered for	m 990, Par	3a(ii) 3b t X, line 10		No
g a b c a b a c d	End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment Te	ent year end balance Ild equal 100%. ssion of the organizat 	ion that on Sche wment f m 990,	dule R? unds.	(a)) held and admi 	as: inistered for	 m 990, Par	3a(ii) 3b t X, line 10		No No

Schedule D (Form 990) 2022

(a) Description of security or category	(b) Book value		(c) Method of v	aluation:
(including name of security)) Financial derivatives			or end-of-year	
) Closely-held equity interests	·			
) US TREASURY BILLS	2,685,8	36	F	
) COMMON STOCK	4,186,4	-37	F	
) OPTIONS	-3,9	87	F	
0) BONDS	568,0	71	F	
D)				
Ξ)				
=)				
G)				
Н)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 7,436,3	57		
'art VIII Investments - Program Related. Complete if the organization answered 'Yes' o	on Form 990, Part IV	, line 11c. See Fo	rm 990, Part >	(, line 13.
(a) Description of investment		(b) Book value		hod of valuation: -of-year market value
1)		<u> </u>		
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX Other Assets.		- <u> </u>		
Complete if the organization answered 'Yes' or (a) Descrip		line 11d. See For	m 990, Part X	, line 15. (b) Book value
1)				-
2)				
3)				
4)				
5)				
6)				
				1
7)				
6) 7) 8) 9)				

1.	(a) Description of liability	
(1) Federal income taxes		

(b) Book value

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

ith Revenue per Re 12a. 901,076 61,084	turn.	Page 4 30,947,864
12a. 901,076		30,947,864
	1	30,947,864
61,084		
	2e	962,160
[3	29,985,704
	4c	0
	5	29,985,704
/ith Expenses per R 12a.	leturn.	
	1	17,507,491
61,084		
	2e	61,084
[3	17,446,407
	4c	0
· · · · ·	4c 5	0 17,446,407
1	ith Expenses per F 12a. · · · ·	5 ith Expenses per Return. 12a. 61,084 2e

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202403209349309735 - Submission: 2024-11-15 TIN: 80-0369895 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2023 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service Inspection Go to <u>www.irs.gov/Form990</u> for the latest information. Employer identification number Name of the organization BLUE STAR FAMILIES INC 80-0369895 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 🗹 Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non (f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) grant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) VETS COMMUNITY 82-4702420 N/A 20,000 N/A SUPPORT & 0 N/A CONNECTIONS COLLABORATION 4640 CASS STREET PO BOX 99922 SAN DIEGO, CA 92109 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Þ 0 Enter total number of other organizations listed in the line 1 table 3 1 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2023 — Page 2 — Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (f) Description of noncash assistance recipients (1) (2) (3) (4) (5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation

PART I, LINE 2: ONCE GRANT AWARDS ARE APPROVED AND PROVIDED TO THE RECIPIENT, THE FUNDS ARE EXPECTED TO BE UTILIZED FOR THE PURPOSE PROVIDED.
Schedule I (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version:

efil	e Public Visua	l Render	ObjectId: 20240	3209349	309735 - Submission: 2024-:	11-15	TIN: 80	-0369	895			
Sch	nedule J		Com	pensati	ion Information		OMB No. 1545-0047					
 (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 							2()23	}			
	ment of the Treasury I Revenue Service	► G	io to <u>www.irs.gov/Fo</u>	orm990 for	instructions and the latest infor	mation.	Open Insj	to Pul				
Nar	me of the organiza E STAR FAMILIES IN	ation				Employer ident	fication n	umber				
DLO	E STARTAMELES IN	c				80-0369895						
Ра	rt I Questi	ons Regard	ing Compensation	1				1				
								Yes	No			
1a					f the following to or for a person liste y relevant information regarding the							
	First-class	or charter tra	avel		Housing allowance or residence for	personal use						
	0	companions			Payments for business use of perso	•						
	Tax idemr	ification and g	gross-up payments		Health or social club dues or initiati	on fees			ĺ			
		ary spending			Personal services (e.g., maid, chau				ĺ			
b					follow a written policy regarding pay							
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				· 1b							
-					r, regarding the items checked on Lir	ne 1a?	. 2		<u> </u>			
3	organization's C	EO/Executive	Director. Check all that	: apply. Do n	d to establish the compensation of t ot check any boxes for methods CEO/Executive Director, but explain							
	Compensa	ation committe	ee		Written employment contract							
	Independe	ent compensat	tion consultant	<	Compensation survey or study							
	Form 990	of other orga	nizations	<	Approval by the board or compensation	ation committee						
4	During the year, related organiza		on listed on Form 990,	Part VII, See	ction A, line 1a, with respect to the f	iling organization o	or a					
а	Receive a sever	ance payment	or change-of-control p	ayment? .			4a		No			
b					ified retirement plan?		4b		No			
с		• •	, , ,		nsation arrangement? Ilicable amounts for each item in Par	 t III.	4c		No			
	Only 501(c)(3), 501(c)(4).	, and 501(c)(29) org	anizations	must complete lines 5-9.							
5	For persons liste	ed on Form 99	0, Part VII, Section A,		the organization pay or accrue any			1	1			
	compensation co	ontingent on t	he revenues of:					1	l			
а	The organization	n?					5a		No			
b	Any related orga If "Yes," on line						5b		No			
6			0, Part VII, Section A, he net earnings of:	line 1a, did i	the organization pay or accrue any				ĺ			
а	The organization	1?					6a	1	No			
b	Any related orga						6b		No			
	If "Yes," on line	6a or 6b, deso	cribe in Part III.									
7			0, Part VII, Section A, es 5 and 6? If "Yes," de		the organization provide any nonfixe rt III	d 	7		No			
8	Were any amoun subject to the in in Part III .	nts reported o iitial contract e	exception described in	oaid or accur Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d	escribe	8		No			
9	If "Voc" on line (did the er	nization also follow the	n robuttabl-	presumption procedure described in	Poquiations so-ti-			110			
3					presumption procedure described in		n 9					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023

— Page 2 —

 Schedule J (Form 990) 2023
 Page 2

 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
 Schedule J (Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

 (A) Name and Title
 (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of (F)

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 KATHY ROTH-DOUQUET PRESIDENT & CEO	(i)	257,936	100,000	0	13,616	0	371,552	0
	(ii)	0	0	0	0	0	- - 0	0
2 NOELEEN TILLMAN COO, TREASURER, SECRETARY	(i)	229,231	25,000	0	11,462	0	265,693	0
	(ii)	0	0	0	0	0	- 0	0
3 BRIAN WHITING CHIEF TRANSFORMATION OFFICER	(i)	353,451	0	0	16,610	0	370,061	0
	(ii)	0	0	0	0	0	- 0	0
4 MARGARET B DAVIS EXECUTIVE VICE PRESIDENT OF DEVELOPM	(i)	204,838	0	0	3,154	0	207,992	0
	(ii)	0	0	0	0	0	- 0	0

1/6/25, 8:49 PM

Blue Star Families Inc - Full Filing - Nonprofit Explorer - ProPublica

Diac	otal I annies I	ne runrinng	rionprone Ex		lica		
(i)	170,769	0	0	8,231	0	179,000	0
(ii)	0	0	0		0		0
(i)	144,231	25,000	0	7,212	0	176,443	0
(ii)	0	0	0		0		0
(i)	155,970	5,000	0	7,909	0	168,879	0
(ii)	0	0	0		0		0
(i)	138,621	5,000	0	7,231	0	150,852	0
(ii)	0	0	0	0	0	 0	0
	(i) (ii) (ii) (ii) (i) (i) (i)	$\begin{array}{c c} (i) & \frac{170,769}{0} \\ (ii) & \frac{1}{0} \\ (ii) & \frac{144,231}{0} \\ (ii) & \frac{144,231}{0} \\ (ii) & \frac{155,970}{0} \\ (ii) & \frac{155,970}{0} \\ (ii) & \frac{138,621}{0} \\ (ii) & \frac{1}{0} \end{array}$	$\begin{array}{c cccc} (i) & \frac{170,769}{0} & 0 \\ \hline (ii) & \frac{170,769}{0} & \frac{1}{0} \\ \hline (ii) & \frac{144,231}{0} & \frac{25,000}{0} \\ \hline (ii) & \frac{1144,231}{0} & \frac{25,000}{0} \\ \hline (ii) & \frac{1155,970}{0} & \frac{5,000}{0} \\ \hline (ii) & \frac{138,621}{0} & \frac{5,000}{0} \\ \hline (iii) & $	(i) $170,769$ 0 0 (ii) 0 0 0 (i) $144,231$ $25,000$ 0 (i) $144,231$ 0 0 (i) $144,231$ 0 0 (ii) 0 0 0 (ii) $155,970$ $5,000$ 0 (ii) $138,621$ $5,000$ 0 (ii) 0 0 0 (iii) 0 0 0	(i) $\frac{170,769}{0}$ 0 0 8,231 (ii) $\frac{1}{0}$ $\frac{1}{0}$ $\frac{1}{0}$ $\frac{1}{0}$ $\frac{1}{0}$ (i) $\frac{144,231}{0}$ $25,000$ 0 $\frac{7,212}{0}$ (ii) $\frac{155,970}{0}$ $5,000$ 0 $\frac{7,909}{0}$ (ii) $\frac{138,621}{0}$ $5,000$ 0 $7,231$	(i) $$ $$ $$ $$ (i) $$ $$ $$ $$	(i) $\frac{170,769}{0}$ 0 0 8,231 0 179,000 (ii) $\frac{144,231}{0}$ 25,000 0 7,212 0 176,443 (ii) $\frac{144,231}{0}$ 25,000 0 7,212 0 176,443 (iii) $\frac{155,970}{0}$ 5,000 0 7,909 0 168,879 (ii) $\frac{155,970}{0}$ 5,000 0 7,909 0 168,879 (iii) $\frac{138,621}{0}$ 5,000 0 0 7,231 0 150,852 (iii) $\frac{138,621}{0}$ 5,000 0 0 7,231 0 150,852 (iii) $\frac{138,621}{0}$ 0 0 0 0 0 0 0

Schedule J (Form 990) 2023

— Page 3 —

Schedule J (Form 990) 2023	Page 3							
Part III Supplemental Information								
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference Explanation								
	Schedule J (Form 990) 2023							

Additional Data

Return to Form

Software ID: Software Version:

efile Public Vis	ual Render	ObjectI	d: 202403	20934930	9735 - Sub	mission:	2024-	11-15		T	IN: 80)-03(59895
Schedule L (Form 990)	Complet	e if the organ	ization ans 28b, or 28c	wered "Yes , or Form 99	Interest " on Form 99 90-EZ, Part V 90 or Form 9	0, Part IV, , line 38a c	lines 2	25a, 25	b, 26, 2		мв No. 2(1545)2	
Department of the Treasury Internal Revenue Service		Go to <u>www.i</u>					t infor	mation.		(Open Insp	to Pu becti	
Name of the organ BLUE STAR FAMILIES	nization INC							Emplo	oyer ide	entific	ation n	umbo	er
		ansactions						29) orga	nizatio).		
		ization answere alified person	ed "Yes" on (b)	Form 990, Pa Relationship	between disq	ualified pers	orm 99 on and	(c)	Descrip	tion of	(d) Cori	ected?
					organizatior	1		t	ransact	ion	Y	es	No
 Enter the among 4958. Enter the among 500 cm set 100 cm set 10							g the ye	ear unde	r sectio • \$ • \$	n			
Comp	lete if the org	r From Inte anization answ t on Form 990,	ered "Yes" c	n Form 990-I	EZ, Part V, line	e 38a, or For	m 990,	Part IV,	line 26	; or if t	he orga	anizat	ion
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan		n to or from anization?	(e) Original principal amount	(f) Baland due		(g) In efault?	Appr by bo	h) oved ard or hittee?		i) Writ greem	
	organization		То	From			Ye	s No	Yes	No	Yes		No
								_					
Total					\$								
		ance Benefi rganization a				V line 27	•						
(a) Name of interes	sted person	(b) Relationsh interested pers organiza	ip between on and the		nt of assistance		Type of	assistan	ce	(e) Pu	rpose o	of assi	stance
		organiza	ltion										
For Paperwork Reduc	ction Act Notic	e, see the Instru	uctions for Fo	orm 990 or 99	0-EZ.	Cat. No. 500	56A			Sched	ule L (F	orm 9	90) 2023
				Pa	ige 2								
Schedule L (Form 99	90) 2023												Page 2
Comp	lete if the or	rganization a	nswered "Y	es" on Forn	<u>n 990, Part I</u>								
(a) Name o	of interested p	erson	between person	ationship interested and the ization	(c) Amo transa		(d)	Descript	tion of t	ransac		organ	Sharing of ization's enues? No
(1) TODD FINGER			BOARD DIRI	ECTOR			DIREC ⁻ PROVII	ERM, WH FOR IS A DED FRE ORGAN ,084.	A PARTN	IER, L SERV		163	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

Schedule L (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version:

efi	e Public Visua	l Render Ot	jectId: 2	02403209349309735 -	Submission: 2024-11	L-15	TIN: 80-	0369	895
SC⊦	IEDULE M			Noncash Contri			OMB No. 1545-00		
(For	m 990)	Attach to Form	e organizat 990.	tions answered "Yes" on F	Form 990, Part IV, lines 2	9 or 30.	20		
	ment of the Treasury A Revenue Service	GU LU <u>WWW.II S</u>	<u>.gov/Form</u>				Open to Inspe		
	e of the organizat STAR FAMILIES INC	ion				Employer iden 80-0369895	tification n	umber	•
Pa	rt 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) d of determi ontribution a		S
1	Art–Works of art		Х		6,050	FAIR MARKET \	/ALUE		
2 3	Art—Historical tr								
4	Art—Fractional ir Books and public		х		1.101.291	FAIR MARKET \	ALUE		
5	Clothing and hou		X			FAIR MARKET			
6	goods Cars and other v					<u> </u>			
0 7	Boats and planes								
8	Intellectual prope								
9	Securities—Public	cly traded .							
10 11	Securities—Close Securities—Partr	nership, LLC,							
12	or trust interest Securities—Misce								
13	Qualified conserv contribution—Hi structures	vation istoric							
14	Qualified conservice contribution—O								
15	Real estate—Res								
16 17	Real estate—Cor Real estate—Oth								
18	Collectibles								
19	Food inventory								
20	Drugs and medic								
21 22	Taxidermy Historical artifact								
23	Scientific specim								
24	Archeological art	ifacts							
25	Other ► (VARIO		Х	44		FAIR MARKET \			
26 27	Other \blacktriangleright (TICKE) Other \blacktriangleright (GIFT C		X	29 10		FAIR MARKET \ FACE VALUE	/ALUE		
28	Other \blacktriangleright (~	10		TACE VALUE			
29				ation during the tax year for 3, Part IV, Donee Acknowledg		29			
						·		Yes	No
30a	hold for at least	three years from t	he date of th	y contribution any property r ne initial contribution, and wh	hich isn't required to be use	rough 28, that it d for exempt	must		
Ŀ		5.					30a		No
		e the arrangement			,				
31 32a	j .	-	• •	olicy that requires the reviev or related organizations to so			31		No
						• • •	32a		No
		on didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is	checked,			
For P	aperwork Reductio	on Act Notice, see th	e Instructio	ns for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) ((2023)
				Page 2 -					

 Schedule M (Form 990) (2023)

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
	BSF RECEIVED 23 ITEMS THAT WERE VALUED AT \$1,721,127 WHICH WAS COMPOSED OF CLOTHING, HOUSEHOLD GOOD AND TOYS. VARIOUS ITEMS WERE FOOD, IT AND DONATED SERVICES.

Schedule M (Form 990) (2023)

Additio	onal	Data
---------	------	------

Return to Form

Software ID:

Software Version:

efile Public	Visual	Render	Obj	ectId	: 2024	40320	93493	30973	5 - S	ubmis	ssion	: 2024	I-1 1	-15		TI	N: 80-	03698	895
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.						Z	OMB No. 1545-0047 2023 Open to Public Inspection										
Name of the org BLUE STAR FAMILI		n												mploy 0-0369	er iden	tifica	tion nu	mber	
Return Reference								E	xplana	ation			0	0-0309	095				_
FORM 990, PART VI, SECTION B, LINE 11B	THE F	ORM 990 IS	REVI	EWED	AND AI	PPRO\	/ED FO	R FILIN	NG BY	THE G	GOVEI	RNING	BOD	Y.					
FORM 990, PART VI, SECTION B, LINE 12C	BSF'S CONFLICT OF INTEREST POLICY REQUIRES THAT MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF ANY BOARD COMMITTEE, OFFICERS, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND OTHER PERSONS WITH SUBSTANTIAL INFLUENCE DISCLOSE FINANCIAL INTERESTS THAT COULD LEAD TO AN ACTUAL OR APPARENT CONFLICT OF INTEREST. A SIGNED DICLOSURE FORM IS USED TO IMPLEMENT THE POLICY'S ANNUAL DISCLOSURE REQUIREMENT.																		
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS										ΞD								
FORM 990, PART VI, SECTION C, LINE 19		RGANIZATIO MENTS AVA						CUMEN	NTS, C	ONFLI	ICT O	F INTEF	REST	POLI	CY, ANE) FINA	NCIAL		
FORM 990, PART IX, LINE 11G		RACT SERVI RAISING EXI									/ANA	GEMEN	IT AN	ID GEN	NERALI	EXPE	NSES 3	84,580.	
FORM 990, PART XII, LINE 2C:	THE P	ROCEDURE	DID I	NOT CH	HANGE	E FRON	M THE F	PRIOR	YEAR										
For Paperwork Reduc	ction Act N	lotice, see the Ins	structio	ns for For	rm 990 or	⁻ 990-EZ.			Cat.	No. 51	L056K					So	chedule O	(Form 99	0) 2023

Additional Data

Software ID: Software Version: **Return to Form**