# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	D Employer identification number						
Г	Addres	S CMADETCH CDEAMHEADMC HOUNDAMION								
	Name change		**-***25	48						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite <b>E</b> Telephone numbe	r						
	Final return/	333 MAMARONECK ROAD #187	917 602-							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	346,564.						
	Amend	ed WHITE PLAINS, NY 10605	H(a) Is this a group re							
	Application	F Name and address of principal officer: CANDICE BEHRENS	for subordinates							
	pendin	$^{9}$ $\mid$ 333 MAMARONECK ROAD #187, WHITE PLAINS, NY	H(b) Are all subordinates in	ncluded? Yes No						
T	Tax-exe		527 If "No," attach a	list. See instructions						
J	Websit	e: WWW.STARFISHCHARITY.ORG	H(c) Group exemptio	n number 🕨						
K	Form of	organization: X Corporation Trust Association Other ► L Y	ear of formation: $2003$ N	A State of legal domicile: NY						
P		Summary								
0	, 1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PROVI}$	DE CHILDREN O	RPHANED OR						
Governance		VULNERABLE BY AIDS/HIV WITH SUPPORT AND RELI	EF NECESSARY	TO BECOME						
ř	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than 25% of its net as							
8	3	Number of voting members of the governing body (Part VI, line 1a)	3	14						
		Number of independent voting members of the governing body (Part VI, line 1b)		13						
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		1						
Ζį	6	Total number of volunteers (estimate if necessary)		0						
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.						
			Prior Year	Current Year						
Revenue	8 '	Contributions and grants (Part VIII, line 1h)	215,463.	346,564.						
	9	Program service revenue (Part VIII, line 2g)	0.	0.						
Re	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.						
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-47,083.	-29,605.						
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,380.	316,959.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	190,253.	141,958.						
		Benefits paid to or for members (Part IX, column (A), line 4)	61,087.	0. 54,699.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	01,087.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) ► 16, 223.	0.	0.						
Ä	b		23,722.	28,063.						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	275,062.	224,720.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-106,682.	92,239.						
<u></u>	<u>α</u>	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year						
Net Assets or	g 20 .	Total accets (Part V. line 16)	93,669.	185,908.						
ASS	20 ·	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)	0.	0.						
Net	22	Net assets or fund balances. Subtract line 21 from line 20	93,669.	185,908.						
P	art II	Signature Block	20,002							
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	v knowledge and belief, it is						
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,						
_		<u> </u>								
Sig	an I	Signature of officer	Date							
He		► CANDICE BEHRENS, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check	PTIN						
Pa		WILLIAM W WILSON WILLIAM W WILSON	08/13/21 if self-employ	P00633954						
Pre	eparer	Firm's name VAN BRUNT, DUBIAGO & COMPANY, LLC	Firm's EIN	**-***1630						
Us	e Only	Firm's address 1100 SUMMER STREET								
		STAMFORD, CT 06905-5534	Phone no. 20	3 359-0700						
Ma	ay the IF	S discuss this return with the preparer shown above? See instructions		Yes No						

Form	n 990 (2020) STARFISH GREATHEARTS FOUNDATION *	*-***2548 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE CHILDREN ORPHANED OR VULNERABLE BY AIDS/HIV WI	TH SUPPORT
	AND RELIEF NECESSARY TO BECOME PRODUCTIVE MEMBERS OF SOCI	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Les 122 NO
4		accured by expenses
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and
_	revenue, if any, for each program service reported.	200 246
4a		209,346.
	PROVIDE FUNDING FOR STARFISH SOUTH AFRICA	
4b	(Code:) (Expenses \$	)
	, (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	,
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
40	,	1
4-	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 155,633.	)
<u>4e</u>	Total program service expenses ► 155,633.	Form <b>990</b> (2020)
		FUIIII <b>330</b> (2020)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		x
^	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	-110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ <sub>\\\</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		x
	domestic government on Fart IX, Column (A), line 1: 11 100, Complete ochedule 1, 1 arts 1 arts 1 arts 11	<b>4</b> 1		

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#### Part IV | Checklist of Required Schedules (continued)

			V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
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? If "Yes," complete Schedule L, Part II	26		X
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			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
-	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ.	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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# Form 990 (2020) STARFISH GREATHEARTS FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 1 to be the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 12 to be the claim of the				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note if the sum of lines 1 and 2 as greated than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  1 "Yes," has it filed a form 950°T for this year? If "No" to line 3b, provide an explanation on Schedule 0  3b If "Yes," has it filed a form 950°T for this year? If "No" to line 3b, provide an explanation on Schedule 0  3b If "Yes," and the file organization for the second provides of the second provides	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3		filed for the calendar year ending with or within the year covered by this return 2a 2			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1'Yes', has it filed a Form 9907 for this year of 1'Wo's to itin 83, promotive an explanation on Schedule O  3b If 1'Yes', and it filed a Form 9907 for this year of 1'Wo's to itin 83, promotive an explanation on Schedule O  4a 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 accounts (FBAF).  5b If 1'Yes' in the foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5c In 1'Yes' to be in the special part of the organization in Ferm 88867 securities and promotive tax years of the organization in Ferm 88867 securities any contributions that were not tax deductible?  6c In 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c In 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If 1'Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9b If 1'Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9c If Yes, indicate the number of forms 8882 field during the year in the fermion of the organization include with every solicitation and express statement that such contributor?  9c If Yes, indicate the number of forms 8882 field during the year.  1d Did the organization received a contribution of qualified intellectual property, did the organization file and promotified the second of the promotified in the pass of the second of the promotified in the pass of the pass of the pass	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A  b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 888617.  6c Did the shelt of 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?  6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization service a payment in excess of \$15 made party as contribution any party for goods and services provided?  7 to Yes," indicate the number of Forms 8282? filed during the year  6 Did the organization selved a payment in excess of \$15 made party as a contribution of any payment and to file Form 8282?  7 to Washington and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file for the year or year premiums on a personal benefit contract?  7 to X organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998 C?  7 to Washington organization received a contribution of cars, boats, airplanes, or other vehicles, did the maintained by the sponsoring organization make any taxolided intellectual prope		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot 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 accounts (FBAR).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax shelter transaction? 5b X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax enter transaction? 5c Sc X  b Id any taxable party notify the organization the fire fire M88677 5c  6a 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Id the organization stat any preceive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Id the organization state any receive deductible contributions under section 170(c).  b If "Yes," inclinate the number of Forms 8822 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8820?  c Did the organization, during the year of the value of the goods or services provided?  7b If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7c X  f Did the organization received a contribution of publified trailectual property, did the organization file Form 19867  7c S  5c Did the organization received a contribution of the publication under section 49687  5 Sponsoring organiz	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
the interval of the contributions of the financial account, or other financial account)?  b if 1'Yes, 'return the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year.  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6a Does the organization annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization start many receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution of prome that the contributions or gifts were not tax deductible?  7 Did the organization received apment in excess of \$75 made party as a contribution of the value of the goods or services provided?  7 Did the organization received any payment in excess of \$75 made party as a contribution of the value of the goods or services provided?  7 Did the organization received a contribution of uniforetty, to pay premiums on a personal benefit contract?  7 Did the organization network apment in excess business for the goods or services provided?  8 Did the organization network apment in excess business holdings at any time during the year property for which it was required.  9 Did the organization network and contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-07  7 Did the organization has a distribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-07  8 Did t	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country. ▶  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b IV and any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77.  5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77.  5c Dese 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?  6c A If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c B VI "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d B VI "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d B VI "Yes," did the organization morify the donor of the value of the goods or services provided?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," include an one of the value of the goods or services provided?  7b If "Yes," include on norify the donor of the value of the goods or services provided?  7c X If If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8262?  8d If "Yes," included on norm 8282? If idd during the year  9d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  1d If the organization received a contribution of casts, botts, airplanes, or other vehicles, did the organization file a Form 1098-C?  1d If the organization have excess business	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  9 Seb X Section Size of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  9 Section Size of Sb, did the organization into the Yes's folia to the organization that it was or is a party to a prohibited tax shelter transaction?  9 If Yes's folia the very annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or that were not tax deductible as charitable contributions?  9 If Yes's fidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 In the organization receive a payment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor?  10 If Yes's, fidd the organization notify the donor of the value of the goods or services provided?  11 If Yes's, find the organization notify the donor of the value of the goods or services provided?  12 If Yes's, find the organization notify the donor of the value of the goods or services provided?  12 If Yes's, find the organization of the value of the goods or services provided?  13 If Yes's, find the organization of the value of the goods or services provided?  14 If Yes's, find the organization of the value of the goods or services provided?  15 If the organization received a contribution of qualified intellectual property for which it was required to the payment of the payment of the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 and the organization file organization received a contribution of qualified intellectual property did the organization by the sponso		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a 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?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(e).  a Did the organization receive a payment in excess of \$75 mate parity as a contribution and party for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  7 C X  d If "Yes," indicate the number of Forms 8282 filed during the year  P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 A X  7 B If the organization receive any tunds, directly or indirectly, on a personal benefit contract?  7 A X  The organization received a contribution of case, boats, anjames, or other vehicles, did the organization file Form 8899 as required?  Notes See and capital contraction and a contribution of cars, boats, anjames, or other vehicles, did the organization was proposed as contribution of case, boats, anjames, or other vehicles, did the organization and party an	b	If "Yes," enter the name of the foreign country ▶			
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 f If the organization nation and goon advised funds. Did a donor advised fund maintained by the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and visable distributions under section 4966? 9 a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  b 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a Did 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?	d				37
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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.			15		X
If "Yes," complete Form 4720, Schedule O.					
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	(00=:

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed NY  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501(a)(3)).	ic onl	) ava:	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	is Utily	j avall	aule
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CANDICE BEHRENS - 917 602-1299			
	333 MAMARONECK ROAD #187, WHITE PLAINS, NY 10605			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)	(C)					iout	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	$\vdash$					<u> </u>	from the	from related organizations	other compensation
	hours for	direc.				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	al trus	ınal tr		loyee	o mp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CANDICE BEHRENS	20.00	=	=	0	~	王 ==	E			
EXECUTIVE DIRECTOR				х				50,179.	0.	0.
(2) DANIEL MOORE	2.00									
FINANCE CHAIR				х				0.	0.	0.
(3) JUSTINE MANNERING	1.00									
DIRECTOR		Х						0.	0.	0.
(4) TANYA KONIDARIS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) HEATHER MUIR JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MONICA VOLDSTAD	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SEBASTIAN WALKER	2.00									
CHAIRMAN				Х				0.	0.	0.
(8) NICOLA ATHERSTONE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) THEODORE GILLMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) BRETT CLARENCE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) VALERIE REARDON	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(12) DAVID OROS	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(13) STACEY MAUD	1.00	١							•	
DIRECTOR	1 00	Х						0.	0.	0.
(14) ANTONIO PIRAINO	1.00	,,							0	•
DIRECTOR		Х						0.	0.	0.
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		-								
										- 000

(B)			(C	C)			(D)	(E)		(F)	
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(list any hours for related	ee or director	stee			nsated		the organization	organizations		compen from	sation the
organizations below line)	Individual trust	Institutional tru	Officer	key employee	Highest compe employee	Former				and re	ated
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or such individual										3	х
150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	х
				-		elat	-			5	х
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-				vith	or w	ithin	(B)			(C)	
ess address	N	INC	<u> </u>			+	Description of s	ervices	Cor	mpensa	ion
						$\dashv$					
	(B) Average hours per week (list any hours for related organizations below line)  t VII, Section A  at not limited to the er, director, trust or such individual es sum of reportable at 50,000? If "Yes, or accrue compenent of schedule compensated in	(do box offin down sper week (list any hours for related organizations below line)  It VII, Section A  It not limited to those ser, director, trustee, I sor such individual estate of such individual e	Average hours per week (list any hours for related organizations below line)  It VII, Section A  At not limited to those lister or such individual estimated organization for per such individual estimated organizations. The sum of reportable compensation from plete Schedule J for such compensated independent or the calendar year enditors.	Average hours per week (list any hours for related organizations below line)  It VII, Section A  At not limited to those listed and the ser, director, trustee, key empor such individual es sum of reportable compensation from omplete Schedule J for such compensated independent of for the calendar year ending with the sum of the calendar year ending with the calendar year ending with the sum of the calendar year ending with the calendar year.	Average hours per week (list any hours for related organizations below line)  It VII, Section A  At not limited to those listed above as understand and the components of the component of the co	Average hours per week (list any hours for related organizations below line)  It vill, Section A  Average hours per week (list any hours for related organizations below line)  It not limited to those listed above) where the ser, director, trustee, key employee, or or such individual estimates a sum of reportable compensation from any unromplete Schedule J for such person.  To ompensated independent contractor for the calendar year ending with or weight to the sum of the compensation of the calendar year ending with or weight to the calendar year ending with the calendar year end	Average hours per week (list any hours for related organizations below line)  In tyli, Section A  Let vil, Section A  Let vil, Section A  Let vil is the section of the sec	Average hours per week (list any hours for related organizations below line)  In a strict of the component o	(B) Average hours per week (list any hours for related organizations below line)  Well (st any hours for related organizations)  Book line)  Well (st any hours for related organizations)  Well (w.2/1099-MISC)  Well (w.2/1099-MISC)  State of the compensation from the organization (w.2/1099-MISC)  Well (w.2/1099-MISC)  State of the compensation from the organization or accrue compensation from any unrelated organization or individual for services omplete Schedule J for such person  (B)	(B) Average hours per week (list any hours for related organizations below line)    Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations organizations organizations organizations organizations)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for hours for hours per week (list any hours for hours for hours per week (list any hours for hours for hours per week (list any hours for	(B) Average hours per week (list any hours for related organizations below line)    Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organizations)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for related organization)   Average hours per week (list any hours for per week (list an

032008 12-23-20

			2020) STARFISH GRE	ATHEARTS	FOUNDATION		**-***2	5 <b>4</b> 8 Page <b>9</b>
Par	<b>⁺</b> \	/III						
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII		(0)	
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
S'a			Membership dues 1b					
Am Am		С	Fundraising events1c	48,335.				
를 를		d	Related organizations 1d	44 400				
Sin,			Government grants (contributions) 1e	11,130.				
er (		f	All other contributions, gifts, grants, and	207 000				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	287,099.				
a S		g	Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	<b>•</b>	346,564.			
<u> </u>		<u>''</u>	Total. Add lines 1a 11	Business Code	0 10 / 0 0 1			
g	2	а						
e <u>Š</u>		b						
Se nu		С						
Jev Sev		d						
Program Service Revenue		е						
_			All other program service revenue					
	3		Total. Add lines 2a-2f					
	3		other similar amounts)	*				
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)  Gross amount from sales of (i) Securities					
	′	а	Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Oti lei				
		h	Less: cost or other basis					
e		~	and sales expenses 7b					
venue		С	Gain or (loss) 7c					
8		d	Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not					
δ			including \$ 48 , 335 . of					
			contributions reported on line 1c). See	0.				
		h	Part IV, line 18 8i Less: direct expenses 8i					
			Net income or (loss) from fundraising events		-29,605.			-29,605.
	9		Gross income from gaming activities. See					, , , , ,
			Part IV, line 19	а				
		b	Less: direct expenses 9	ь				
				<b></b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10					
$\dashv$		C	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	а						
ane	•	b						
Sell eve		С						
Zis E		d	All other revenue					
		е	Total. Add lines 11a-11d	<b></b>				

316,959.

**12 Total revenue**. See instructions

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
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	4.44 0.50	444 050		
	individuals. See Part IV, lines 15 and 16	141,958.	141,958.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E0 100	10 545	05 000	10 545
	trustees, and key employees	50,179.	12,545.	25,089.	12,545
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 500	1 120	2 260	1 120
10	Payroll taxes	4,520.	1,130.	2,260.	1,130
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
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 Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Payments to affiliates				
22 23	F				
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMPUTER EXPENSE	11,475.		11,475.	
a b	OTHER	11,089.		11,089.	
C	MARKETING	5,096.		2,548.	2,548
d	BANK CHARGES	403.		403.	_,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	224,720.	155,633.	52,864.	16,223
26	Joint costs. Complete this line only if the organization	-,:=•		,	-,==-
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-23-20		I		Form <b>990</b> (202)

. u	ILA	Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		93,234.	1	185,473.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disq				
Assets		under section 4958(f)(1)), and persons descr	ibed in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
ğ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	- I		10c	
	11	Investments - publicly traded securities	•		11	
	12	Investments - other securities. See Part IV, li			12	
	13	Investments - program-related. See Part IV, I			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	10-	15	435.	
	16	Total assets. Add lines 1 through 15 (must e			16	185,908.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Ş	22	Loans and other payables to any current or	former officer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
abi		controlled entity or family member of any of	hese persons		22	
Ξ	23	Secured mortgages and notes payable to ur	related third parties		23	
	24	Unsecured notes and loans payable to unrel	ated third parties		24	
	25	Other liabilities (including federal income tax	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
<u></u>		Organizations that follow FASB ASC 958,	check here ▶ X			
Š		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		13,712.	27	15,343.
Ba	28	Net assets with donor restrictions		79,957.	28	170,565.
n n		Organizations that do not follow FASB AS				
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		29	
se.	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
t As	31	Retained earnings, endowment, accumulate	d income, or other funds		31	
Š	32	Total net assets or fund balances		93,669.	32	185,908.
	33	Total liabilities and net assets/fund balances			33	185,908.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>20.</u> 39.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	18	5,9	08.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
Za	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a					
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis						
<b>L</b>	Were the organization's financial statements audited by an independent accountant?		2b		х		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20		- 11		
	consolidated basis, or both:	e Dasis,					
	Separate basis Consolidated basis Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit					
·	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,		Form	990 (	(2020)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STARFISH GREATHEARTS FOUNDATION

Employer identification number \*\*-\*\*\*2548

activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(4) for section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(4) for section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supporting organization and complete lines 12e, 12f, and 12g.  Type II. A supporting organization supervised, or controlled by its supported organization(s), by joining the supported organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement	Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
A school described in section 170(b);11(A)(ii), (Altan) Schedule ( (Form 990 or 990 EZ))  A hospital or a cooperative hospital service organization described in section 170(b);11(A)(iii), Enter the hospital's name, city, and state:  (ix), and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b);11(A)(iv), (Complete Part II), and organization operated growth and in the section 170(b);11(A)(iv), (Complete Part II), and organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b);11(A)(iv), (Complete Part III), and a community fusit described in section 170(b);11(A)(iv), (Complete Part III), and a significant and interest organization described in section 170(b);11(A)(iv), (Complete Part III), and a significant organization and grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions) in the support from grant state of the college or university.  The variety of the college of the college of the vari	The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
A hospital or a cooperative hospital service organization described in section 170(b)(1)A)(iii). Enter the hospital's name, city, and state:  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)A(iv).  A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(iv). (Complete Part II.)  A community trust described in section 170(b)(1)A(iv). (Complete Part II.)  A community must described in section 170(b)(1)A(iv). (Complete Part III.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and operated organizations of organization orga	1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A norganization research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). In a non-grant and agriculture (see instructions) in a section 509(a)(1)(a)(a)(a) (iii) in a section 509(a)(a) (iii) in more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See	2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
city, and state:    An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(iv). (Complete Part II.)   A lederal, state, or local government or governmental unit described in section 170(b)(1)A(iv).   A naginalization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(iv). (Complete Part II.)   A community trust described in section 170(b)(1)A(iv). (Complete Part II.)   A naginultural research organization described in section 170(b)(1)A(iv). (properate Part II.)   An agricultural research organization described in section 170(b)(1)A(iv). (Complete Part III.)   An arganization and interest organization described in section 170(b)(1)A(iv). (Complete Part III.)   An arganization and interest organization described in section 170(b)(1)A(iv). (Complete Part III.)   An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(a). (Complete Part III.)   An organization organization described in section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(a). An organization organization described in section 509(a)(a), the complete Part IV. (An organization organization organization organization described in section 509(a)(a). See section 509(a)(a). The purpose of organization organizatio	3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).	
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(iv). (Complete Part II.)  A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(iv). (Complete Part II.)  A community trust described in section 170(b)(1)A(iv). (Complete Part III.)  A community trust described in section 170(b)(1)A(iv). (Complete Part III.)  A community trust described in section 170(b)(1)A(iv). (Complete Part III.)  A community or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business staxable income (sess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organization depended exclusively to test for public safety. See section 509(a)(4).  11 An organization organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a. Plzt, and 12a. Plzt, 21z, and 12a. Plzt, 21z, and 12a. Plzt, 21z, 21z, and 12a. Plzt, 21z, 21z, 21z, 21z, 21z, 21z, 21z, 21z	4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
section 170(b)(1)(A)(iv), (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(v). (Operated in conjunction with a land-grant college or or university;  The province of a province of agricultural research organization described in section 170(b)(1)(A)(v). Operated in conjunction with a land-grant college or or university;  The province of a non-land grant college of agricultural research organization day of agricultural research organization described in sections. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from goss investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated. Supporting organization and complete inso 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by playing organization (s) the purpose of operated and position operated organiza			city, and state:						
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x			section 170(b)(1)(A)(iv). (C	Complete Part II.)					
section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income fees section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box in lines 122 at hrough 124 that describes the type of supporting organization and complete lines 12e, 127 at hrough 124 that describes the type of supporting organization and complete lines 12e, 127 at hrough 124 that describes the type of supporting organization and complete lines 12e, 127 at hrough 124 that describes the type of supporting organization and complete lines 12e, 127 at hrough 124 that describes the type of supporting organization and complete lines 12e, 127 at hrough 124 that describes the type of supporting organization operated organization (3), typically by giving the supported organization operated, supervised, or controlled by its supported organization(3), typically by giving the supporting organization supervised or controlled in connection with its supported organization(4) by having control or management of the supporting organization wested in the same persons that control or manage the supporting organization (4) and the supported organization operated in connection with its supported organization(5) see instructions). You must complete Part IV, Sect	6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).	
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g Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-10 above (see instructions))  (ii) Type of organization (described on lines 1-10 above (see instructions))  (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)	е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
(ii) Name of supported organization organization organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)  (iv) Is the organization insted in your governing document?  Yes No  (v) Amount of monetary support (see instructions)  support (see instructions)			• •	* *	nally integrated support	ing organi	zation.		
(ii) Name of supported organization organization (described on lines 1-10 above (see instructions))  (iii) FIN  (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)	f								
organization  (described of lines 170 above (see instructions))  Yes No support (see instructions) support (see instructions)	g				` ` '	(iv) Is the orga	nization listed	(v) Amount of monotony	(vi) Amount of other
above (see instructions))  Tes No Transfer Trans		,	, ,,	(11) = 114	(described on lines 1-10			` '	` '
Total					above (see instructions))	162	NO	,	,
Total									
Total									
Total									
Total									
Total									
Total									
Total Total									
Fotal									
Total Total									
	Tota	ıl							

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	81,799.	201,625.	120,350.	215,463.	346,564.	965,801.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	01 700	001 605	100 250	015 462	246 564	0.65 0.01	
4	Total. Add lines 1 through 3	81,799.	201,625.	120,350.	215,463.	346,564.	965,801.	
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,						200 201	
_	column (f)						299,384. 666,417.	
<u>6</u>	Public support. Subtract line 5 from line 4.						000,417.	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total	
	Amounts from line 4	(a) 2016 81,799.	(b) 2017 201,625.	(c) 2018 120, 350.	(d) 2019 215, 463.	(e) 2020 346, 564.	(f) Total 965,801.	
	Gross income from interest,	017755	201/0231	120,3300	213/1031	310/3011	303,0011	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
Ū	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						965,801.	
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_	
	organization, check this box and stop	here					<u></u>	
	ction C. Computation of Publ							
14	Public support percentage for 2020 (					14	69.00 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	63.39 %	
16a	33 1/3% support test - 2020. If the	•		•		•		
	<b>stop here.</b> The organization qualifies						<u>▼</u> X	
b	33 1/3% support test - 2019. If the							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the fact				-	VI how the organiz	ation	
	meets the facts-and-circumstances to	•	•		•			
b	10% -facts-and-circumstances tes	-					10% or	
	more, and if the organization meets the		•		•		▶ □	
40	organization meets the facts-and-circ						<b>__</b>	
18	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 160, 17a, or 17b	o, cneck this box a	ına see instruction	s ▶∟∟	

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, please com	piete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(2) 2017	(3, 2010	(4) 2010	(0) 2020	(i) iotai
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨 🔼	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
IOa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is		1	l			
regularly carried on						
regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)     Total support. (Add lines 9, 10c, 11, and 12.)	organization's fi	int accord third	fourth or little to	Voor on a continu	501/0/2) 0**00*:*	00
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  4 First 5 years. If the Form 990 is for the	•		*	-		
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First 5 years. If the Form 990 is for the check this box and stop here			*	-	501(c)(3) organizati	
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First 5 years. If the Form 990 is for the check this box and stop here  ection C. Computation of Public	Support Pe	rcentage	······································			<b></b>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here  ection C. Computation of Public 5 Public support percentage for 2020 (lin	e 8, column (f), o	rcentage divided by line 13,	column (f))		15	<b>&gt;</b>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First 5 years. If the Form 990 is for the check this box and stop here  ection C. Computation of Public 5  Public support percentage for 2020 (lin 6 Public support percentage from 2019 S	e Support Pe e 8, column (f), o Schedule A, Part	rcentage divided by line 13,	column (f))			<b></b>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  3 Total support. (Add lines 9, 10c, 11, and 12.)  4 First 5 years. If the Form 990 is for the check this box and stop here  ection C. Computation of Public public support percentage for 2020 (line Public support percentage from 2019 Section D. Computation of Invest	e 8, column (f), c Schedule A, Part	rcentage divided by line 13, III, line 15 e Percentage	column (f))		15 16	<b>&gt;</b>
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here  ection C. Computation of Public public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 2020	e 8, column (f), control of the control of the column (f), control of the column (f), colu	divided by line 13, III, line 15 Percentage mn (f), divided by line	column (f)) ne 13, column (f))		15 16	<b>▶</b> □
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2028 Investment income percentage from 2028	e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A,	divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	▶□
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Cection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Section D. Computation of Invest  Investment income percentage from 2019 Section D. Section D. Computation of Invest  Investment income percentage from 2019 Section D. Section D. Computation of Invest  Investment income percentage from 2019 Section D. Section D. Computation of Invest  Investment income percentage from 2019 Section D. Section D. Computation of Invest  Investment income percentage from 2019 Section D. Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest  Investment income percentage from 2019 Section D. Computation of Invest	e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r	divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than	15 16 17 18 33 1/3%, and line 1	▶□
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2020 (8 Investment income percentage from 2020 (9 a 33 1/3% support tests - 2020. If the omore than 33 1/3%, check this box and	e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 0 Schedule A, rganization did r dstop here. The	rcentage divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali	column (f))  ne 13, column (f))  on line 14, and line fies as a publicly s	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 1	7 is not
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here  ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2028 Investment income percentage from 2039 33 1/3% support tests - 2020. If the o	e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 0 19 Schedule A, rganization did r dstop here. The rganization did r	rcentage divided by line 13, III, line 15 Percentage Inn (f), divided by li Part III, line 17 Inot check the box organization quality and check a box or	ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	e 15 is more than supported organiza, and line 16 is m	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a	7 is not

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		Щ_
Sec	tion 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 filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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.	2		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	· <del>-</del>		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.			
а	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.

Pa	Part 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	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.			
Sect	ion 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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
_8_	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	2540 Page 1
	ion D - Distributions	(-)(-)	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	+
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	11 5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

## **Schedule A**

# Identification of Excess Contributions Included on Part II, Line 5

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
INVESTEC USA	86,650.	67,334.
BRETT CLARENCE	20,750.	1,434.
WELLSPRINGS FAMILY FOUNDATION	170,000.	150,684.
HEATHER MUIR JOHNSON	65,540.	46,224.
DAVID OROS	43,355.	24,039.
DAVID RAPPAPORT	25,699.	6,383.
JAMES JOHNSON	22,602.	3,286.
Total Excess Contributions to Schedule A, Part II, Line 5		299,384.

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2020** 

Name of the organization

STARFISH GREATHEARTS FOUNDATION

Employer identification number

\*\*-\*\*\*2548

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \gamma \]					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

#### STARFISH GREATHEARTS FOUNDATION

\*\*-\*\*\*2548

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INVESTEC USA  10 E 53RD STREET, 22RD FLR  NEW YORK, NY 10022	\$ 25,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAMES JOHNSON  3150 SOUTH STREET, NW, PH2  WASHINGTON, DC 20007	\$12,602.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HEATHER MUIR JOHNSON  3150 SOUTH STREET, NW  WASHINGTON, DC 20007	\$38,945.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DAVID OROS  702 W LAKE AVENUE  BALTIMORE, MD 21210	\$13,355.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WELLSPRINGS FAMILY FOUNDATION  324 HEATH STREET  CHESTNUT HILL, MA 02467	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TANYA KONIDARIS  2810 R ST NW  WASHINGTON, DC 20007	\$9,271.	Person X Payroll
000450 11.0		Cabadula D /Farra	000 000 F7 2" 000 PF\ (0000)

Name of organization Employer identification number

#### \*\*-\*\*\*2548 STARFISH GREATHEARTS FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 DAVID RAPPAPORT X Person **Payroll** 18,699. 50 BRIDGE PARK DR, 20E Noncash (Complete Part II for BROOKLYN, NY 11201 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

noncash contributions.)

#### STARFISH GREATHEARTS FOUNDATION

\*\*-\*\*\*2548

Noticasti Property (see instructions). Use duplicate copies of Pa	art II ir additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<del></del>	
	(b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (c)  FMV (or estimate) (See instructions.)  (d)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (d)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (d)  FMV (or estimate) (See instructions.)  (e)  FMV (or estimate) (See instructions.)

Employer identification number

Name of organization

STARF	ISH GREATHEARTS FOUNDAT	ION		**-***2548
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	ions to organizations described in s through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
	Hallstelee's Hallle, address, at	IU ZIF + 4	neiauonsnip or trai	isieror to transferee

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2020

vam	e or the organization					Employer identii	ication number
STZ	ARFISH GREATH	EARTS FO	UNDATION	<u> </u>		**-***254	18
Pa				tside the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes X No
2		ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
	United States.						
3				an be duplicated if additional space is r		الم الما المال المال	(6) Total
	(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	employees, agents, and independent	gram services, investments, grants to		specific type	for and
			contractors	recipients located in the region)		(s) in the region	investments in the region
			in the region				
רוזס	TH AFRICA	0	0	PROGRAM SERVICES	CHILDREN &	HTV/ATDS	141,958.
							111,500.
							<del> </del>
							<del>                                     </del>
3 a	Subtotal	0	0				141,958.
	Total from continuation						, ,
_	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				141,958.

032071 12-03-20

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

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AFRICA	AID CHILDREN	141,958.	TRANSFER	0.		_

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

\_\_\_\_\_0

Schedule F (Form 990) 2020

Page 3

(a) True of great or againts:	(h) Denier	(c) Number of recipients	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020

Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
STARFISH USA RECEIVES QUARTERLY PROGRESS REPORTS FROM STARFISH SA ON EACH
OF THE PROJECTS STARFISH USA FUNDS. STARFISH USA IS IN REGULAR CONTACT
WITH STARFISH SA ON HOW THE GRANTS ARE ALLOCATED. IN ADDITION, STARFISH
USA BOARD MEMBERS VISIT STARFISH SA TO EVALUATE THE PROJECTS FUNDED, TO
DETERMINE THAT THE FUNDS ARE SPENT IN ACCORDANCE WITH THE TERMS OF THE
GRANT.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

STARFIS	SH GREATHEARTS FOUN	DAT	ION			**-***2	548
Part I Fundraising Activities required to complete this pa	<b>5.</b> Complete if the organization answert.	ered "Y	'es" oı	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rata</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, Figure 1</li> <li>b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitar s f Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b></b>				
3 List all states in which the organizati or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

032081 11-25-20

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

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	l "Yes" on Form 990, Pa	art IV, line 18, or reported		
		or iditariasing event contributions and gr	(a) Event #1  NYC GALA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
en			(event type)	(event type)	(total number)	(,/	
Revenue	1	Gross receipts	48,335.			48,335.	
	2	Less: Contributions	48,335.			48,335.	
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
Si	5	Noncash prizes					
kpense	6	Rent/facility costs	29,605.			29,605.	
Direct Expenses	7	Food and beverages					
D	8	Entertainment					
	9 10	Other direct expenses			<b>•</b>	29,605.	
		Net income summary. Subtract line 10 from I				-29,605.	
Pa	rt I	<b>III Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, o	r reported more than		
		\$15,000 on Form 990-EZ, line 6a.	1		•		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re√	1	Gross revenue					
es	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		<b></b>		
а	ls t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No	
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the tax	k year?	Yes No	

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 STARFISH GREATHEARTS FOUNDATION **-	***25	48 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
(	: If "Yes," enter name and address of the third party:		
	Name		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of annian months of N		
	Description of services provided		
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
6	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ye	- DN-
	retain the state gaming license?	L Ye	s L No
K	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
П	organization's own exempt activities during the tax year \$		0.01.401
F	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	STARFISH	GREATHEARTS	FOUNDATION	**-***2548	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continue	ed)			
		(**************************************	/			

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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 www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STARFISH GREATHEARTS FOUNDATION

**Employer identification number** \*\*-\*\*\*2548

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRODUCTIVE MEMBERS OF SOCIETY.
FORM 990, PART VI, SECTION B, LINE 11B:
A REVIEW OF FORM 990 IS CONDUCTED BY MEMBERS OF THE FINANCE COMMITTEE, AND
IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS, PRIOR TO THE FILING
OF THE RETURN WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE BOARD MEETING MINUTES ARE DISTRIBUTED TO ALL BOARD MEMBERS. IN
ADDITION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE
PUBLIC UPON REQUEST.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

## 2020

Open to Public Inspection

	1.	General	Informa	ation
--	----	---------	---------	-------

1.General Informat								
For Fiscal Year Beginnin	ig (mm/dd/y	yyy) 04/01/	2020	and Ending (r	nm/dd/yyyy)	03/31/	2021	
Check if Applicable:  Address Change	Name of Organization: E STARFISH GREATHEARTS FOUNDATION						Employer Identifica	ation Number (EIN): 548
Name Change Initial Filing	Mailing Ac 333 N	ldress: IAMARONECK	NY Registration Nu 40-81-37	ımber:				
Final Filing  Amended Filing	City / Stat	e/ZIP: E PLAINS,	Telephone: 917 602-1	299				
Reg ID Pending	Website:	STARFISHCH	Email: CANDICE.B	EHREN@STAR				
Check your organization's Confirm your Begistration Category in the								
registration category:	/A	only L EPTL	only La	DUAL (/A &	EPIL) L	EXEMPT*	Charities Registry at <u>www</u>	v.CharitiesNYS.com.
2. Certification								
See instructions for certi two signatories.	fication requ	uirements. Imprope	r certificatio	on is a violation	of law that n	nay be subject	to penalties. The cer	tification requires
We certify under p	penalties of	perjury that we revi	ewed this re	eport, including	all attachme	ents, and to the	e best of our knowled	ge and belief,
they a	re true, corr	ect and complete in	n accordanc	e with the laws	of the State	of New York a	applicable to this repo	rt.
						DICE BE		
President or Authorized	Officer:				EXE	CUTIVE :	DIRECTOR	
		Signature				Print Name	e and Title D	ate
Chief Financial Officer of	Tue							
Chief Financial Officer o	r reasurer:	Signature				Print Name	and Title D	ate
		Signature				FIIII Naiii	e and mile D	ale
3. Annual Reportin	g Exemp	tion						
Check the exemption(s)	that apply to	your filing. If your	organizatio	n is claiming an	exemption (	under one cate	egory (7A or EPTL onl	y filers) or both
categories (DUAL filers) t	that apply to	your registration,	complete or	nly parts 1, 2, a	nd 3, and su	bmit the certif	ied Char500. No fee,	schedules, or
additional attachments a	re required.	If you cannot claim	n an exemp	tion or are a DL	IAL filer that	claims only or	e exemption, you mu	st file applicable
schedules and attachme	ents and pay	applicable fees.						
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not								
exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.								
To the dailing the head year.								
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time								
during the fiscal year.								
4. Schedules and A	Attachme	nts						
See the following page								
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer								
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.								
attachments to								
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A fil	ing fee:	EPTL filin	a fee:	Total fee:			
next page to calculate yo		J		J			Make a single chec	
fee(s). Indicate fee(s) you							payab	
are submitting here:	\$	25.	\$	50.	\$	75.	<u>"Departme</u>	It Of Law

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Example dategory relief to an organization of the regional of status. It does not relief to its line tax designation.

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<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

## **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)			
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent filing year. We have included an IRS Form 990-EZ for state purposes only.				
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	oort is less than \$250,000			
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?			
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a  \$25, if you did not check the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")			
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.			
\$25, if the NET WORTH is less than \$50,000  X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000  \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000  \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000  \$1500, if the NET WORTH is \$50,000,000 or more	<b>DUAL</b> filers are registered under both 7A and EPTL. <b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration Exemption for Charitable Organizations</b> . These organizations are not required to file annual financial reports but may do so voluntarily.			
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.			
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22			
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<ul> <li>IRS Form 990 EZ Part I, line 21</li> <li>IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).</li> </ul>			

Need Assistance?
Visit: www.Char

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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## **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

## 2020

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:	
STARFISH GREATHEARTS FOUNDATION	40-81-37	

#### 2. Government Grants

Name of Government Agency	Amount of Grant
1. FORGIVENESS OF SBA PPP LOAN	1. 11,130.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 11,130.