Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

АГ	OI LITE	ϵ 2023 calendar year, or tax year beginning APK 1, 2025 and ϵ	nung r	AR 31, 2024	
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	STARFISH GREATHEARTS FOUNDATION			
	Name change	Doing business as		**-***25	48
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 333 MAMARONECK ROAD #187	Room/suite	E Telephone numbe 917 602-	
	return/ termin-				
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605		G Gross receipts \$ H(a) Is this a group re	531,121.
	Jreturn]Applica			-	
	⊥tiòn pendin	F Name and address of principal officer: CANDICE DETINETYS	3.T3.Z	for subordinates	
		g 333 MAMARONECK ROAD #187, WHITE PLAINS,		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: WWW.STARFISHCHARITY.ORG	527	1 ′	list. See instructions
	/ebsit		1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2003 N	1 State of legal domicile: NY
Ра		Summary	OTTER	CULTIDATEM	DDIIANED OD
9	1	Briefly describe the organization's mission or most significant activities: TO PR	OVIDE	CHILDREN O	RPHANED OK
Activities & Governance		VULNERABLE BY AIDS/HIV WITH SUPPORT AND R			
ē		Check this box if the organization discontinued its operations or dispose		1 1	
ջ				3	15
× ×		Number of independent voting members of the governing body (Part VI, line 1b) $$			14
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
Ĭ		Total number of volunteers (estimate if necessary)			0
Act		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
e l	8	Contributions and grants (Part VIII, line 1h)		519,671.	527,211.
eur	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	3,910.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-125,238.	-139,131.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		394,433.	391,990.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		114,635.	132,721.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ရွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		134,676.	112,305.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
ğ	b ·	Total fundraising expenses (Part IX, column (D), line 25) 57,88	9.		
ώ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,374.	89,734.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		279,685.	334,760.
	19	Revenue less expenses. Subtract line 18 from line 12		114,748.	57,230.
or ces			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		486,500.	543,730.
t As	21	Total liabilities (Part X, line 26)		0.	0.
Ele Ele	22	Net assets or fund balances. Subtract line 21 from line 20		486,500.	543,730.
Pa	rt II	Signature Block			
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	e	CANDICE BEHRENS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN
Paid		WILLIAM W WILSON WILLIAM W WILSON	r C	07/29/24 if self-employed	ed ₽00633954
Prep	arer	Firm's name VAN BRUNT, DUBIAGO & COMPANY, LLC	!	Firm's EIN *	*-***1630
Use	Only	Firm's address 1100 SUMMER STREET			
		STAMFORD, CT 06905-5534		Phone no. 20	3 359-0700
May	the IF	RS discuss this return with the preparer shown above? See instructions			Yes No

Pa	Charlet Calababile Countries a recognized account			
1	Check if Schedule O contains a response or no Briefly describe the organization's mission:	te to any line in this Part III	<u></u>	
•	TO PROVIDE CHILDREN ORPHANE	D OR VULNERABL	E BY AIDS/HIV WITH S	UPPORT
	AND RELIEF NECESSARY TO BEC		*	
2	Did the organization undertake any significant program	m services during the year wh	nich 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 signif	icant changes in how it cond	ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accompli	shments for each of its three	largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are requ	ired to report the amount of g	grants and allocations to others, the tota	l expenses, and
	revenue, if any, for each program service reported.		120 701	
4a	(Code:) (Expenses \$ 182,271	including grants of \$	132,721.) (Revenue \$)
	PROVIDE FUNDING FOR STARFIS	SH SOUTH AFRICA		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code) (Expenses \$	Including grants of \$) (Hevenue \$,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
→u	(Expenses \$ including grants	of \$) (Revenue \$)
4e		82,271.) (Horolido 4	,
	, ,			Form 990 (2023)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ů		
-	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? <i>If</i> "Yes," <i>complete</i>			
	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			
	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	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	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			
	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			
	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?			37
	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
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	,,		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

332003 12-21-23

Dart IV	Checklist of Required Schedules (continued)
raitiv	Oneckiist of nequired Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			_V
04 -	Schedule J	23		X
24 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			₩
00	Schedule L, Part I	25b		X
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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	34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
-	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ ₃₂	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ıa	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		- 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

Form 990 (2023) STARFISH GREATHEARTS FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b							
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 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 in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
С	, , , , , , , , , , , , , , , , , , , ,									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v					
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		a.							
-	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		21					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76							
С	to file Form 8282?	•	7с		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e							
f										
g										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	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	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:	 								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	440								
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a								
Б	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	u							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	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	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		Х					
	excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
17	If "Yes," complete Form 4720, Schedule O. Section F01/oV21) arganizations. Did the trust, or any disqualified or other person angage in any se	tivition								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		17							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		.,							
	100, Complete Form Cook.		-		(0000)					

332005 12-21-23

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			X						
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 1a 15									
	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 14									
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		Х						
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		X						
5										
6	Did the organization have members or stockholders?	6		X						
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	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
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	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c		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?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	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									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NY									
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)	s only) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	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, and	d finaı	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	CANDICE BEHRENS - 917 602-1299									
	333 MAMARONECK ROAD #187, WHITE PLAINS, NY 10605									

332006 12-21-23

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	COI	npe	nsat		director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	rson is both an irector/trustee)		compensation	compensation	amount of
	week		00. 4		T			from	from related	other
	(list any hours for	lirect				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	est co	-e	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) CANDICE BEHRENS	20.00									
EXECUTIVE DIRECTOR				Х				103,125.	0.	0.
(2) DANIEL MOORE	1.00							_	_	_
DIRECTOR				Х				0.	0.	0.
(3) JUSTINE MANNERING	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(4) HEATHER MUIR JOHNSON	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(5) MONICA VOLDSTAD	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) SEBASTIAN WALKER	1.00								_	_
DIRECTOR				Х				0.	0.	0.
(7) NICOLA ATHERSTONE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) THEODORE GILLMAN	2.00								_	_
GOVERNANCE		Х						0.	0.	0.
(9) BRETT CLARENCE	1.00							_	_	_
FINANCE COMMITTEE		Х						0.	0.	0.
(10) ANTONIO PIRAINO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BRADLEY FOSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ASANDA MAGAWU	2.00									
ADMINISTRATIVE		Х						0.	0.	0.
		1								
		1								
-										

Form 990 (2023) STARFISH	GREATH	EAF	RTS	3 E	TO:	JNI	DA'	TION	**_*	**2	548	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Positive Pos	ition more rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	1	Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		orga and	ensat m the nization relate nizatio	e on ed
1b Subtotal								103,125.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n								103,125.	000 of roportable	0.			0.
compensation from the organization	iot iiiTiited to ti	1056	IISLE	eu ai	DOVE	e) wi	10 11	eceived more than \$100	5,000 of reportable		- 1,	Yes	1 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	163	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from			4		Х
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commended by the section B. Independent Contractors	=				-						5		Х
Complete this table for your five highest countries the organization. Report compensation for										ipens	ation fro	om	
(A) Name and business	,		ONI		*****	0		(B) Description of s		С	(C) ompen		ı
2 Total number of independent contractors (i	ŭ	ot lii	mite	d to		se li:	stec	d above) who received n	nore than				

Form	า 99	0 (2023) STA	RFISH	GREA	THEARTS :	FOUNDATION		**-***2	548 Page 9
	rt V			venue						
			Check if Schedule O	contains a r	esponse	or note to any lin	e in this Part VIII			
-			Check if Schedule O	001114111041	оороноо	or rioto to arry iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
(O (O	_				.					30000013 012 014
nts Ints	1		Federated campaigns		1a					
يق ك			Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events		1c	337,053.				
ar		d	Related organizations		1d					
B,		е	Government grants (contr	ributions)	1e					
ioi			All other contributions, gifts,							
he			similar amounts not included		1f	190,158.				
ÖĒ		a	Noncash contributions included in	• • • •	1g \$,				
Š		_	Total. Add lines 1a-1f	_			527,211.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11				327,211.			
						Business Code				
ice	2	а								
e ⊆		b								
n S		С								
Program Service Revenue		d								
90 T		е			-					
Ā		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (include							
	Ĭ		other similar amounts)	•	-	· .	3,910.			3,910.
	4		Income from investment of			Г	0,220,			0,520.
	4									
	5		Royalties							
					Real	(ii) Personal				
	6		Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss) <u></u>						
	7	а	Gross amount from sales of	(i) Se	curities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ē			and sales expenses	7b						
Revenue		_	Gain or (loss)	7c						
ě				$\overline{}$						
	_		Net gain or (loss)							
Other	8	а	Gross income from fundraising	-						
0			including \$							
			contributions reported on	-						
			Part IV, line 18							
		b	Less: direct expenses		8b	139,131.				
		С	Net income or (loss) from	fundraising	events_	,	-139,131.			-139,131.
	9	а	Gross income from gamin	g activities.	See					
			Part IV, line 19		9a					
		b	Less: direct expenses							
			Net income or (loss) from		·····	·				
	10									
	10	a	Gross sales of inventory,							
		_	and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of inv	entory					
<u>s</u>						Business Code				
e e	11	а								
ant		b								
Miscellaneous Revenue		С								
<u>18</u>			All other revenue							
≥			Total Add lines 112-11d			•				

-135,221. Form **990** (2023)

391,990.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	132,721.	132,721.		
4	Benefits paid to or for members	102//210	132//214		
5	Compensation of current officers, directors,				
3	trustees, and key employees	103,125.	45,500.	19,500.	38,125
6	Compensation not included above to disqualified		20,000		00,120
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,180.	4,050.	1,736.	3,394
11	Fees for services (nonemployees):		-	-	· · · · · · · · · · · · · · · · · · ·
а		17,963.		17,963.	
b		125.		125.	
С		12,210.		12,210.	
d	Lobbying				
е	D () ()) O D N 17				
f	Investment management fees				
g	// / / L 100/ / L 05				
	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				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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.)	27 422		27 422	
а	COMPUTER EXPENSE	27,433.		27,433.	16 270
b	BANK CHARGES	16,370.		11 447	16,370
C	MADVEMINO	11,447.		11,447.	
d	MARKETING	4,186.		4,100.	
e		331 760	182,271.	94 600	57 000
25	Total functional expenses. Add lines 1 through 24e	334,760.	104,4/1.	94,600.	57,889
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (202)

Cash - non-interest-bearing			Check if Schedule O contains a response or note to any	/ line in this Part X			
Pedges and grants receivable, net					(A)		(B) End of year
2 Savings and temporary cash investments 2 3		1	Cash - non-interest-bearing		486,500.	1	543,730.
3 Pledges and grants receivable, net 3 4 4 5		2				2	
A Accounts receivable, net 4		3				3	
Stans and other receivables from 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 5		4				4	
Controlled entity or family member of any of these persons 5		5					
Controlled entity or family member of any of these persons 5			trustee, key employee, creator or founder, substantial c				
6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 6				· ·		5	
Under section 4958(f)(1), and persons described in section 4958(c)(3)(B)		6					
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 9						6	
8	Ŋ	7		_		7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total aliabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Corganizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained aarnings, endowment, accumulated income or other funds 31 Total net assets with donor applications, or current funds 31 Total interactions and complete lines 29 through 33. 32 Capital stock or trust principal, or current funds 33 Paid-in or capital surplus, or land, building, or equipment fund 34 Retained aarnings, endowment, accumulated income or other funds 34 Secured mortages and other payables and or surplement fund 34 Retained aarnings, endowment, accumulated income or other funds	set	_				8	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 10c 10c 11 Investments - publicly traded securities 11 11 11 12 11 12 11 13 14 14 15 15 15 15 15 16 16 16	As					9	
Dasis. Complete Part VI of Schedule D 10a 10b 10c 10c 11 10c 11 10c 12 11 12 12 11 13 10c 13 10c 14 14 15 15 16 16 16 16 16 16							
b Less: accumulated depreciation 10b 10c 11l Investments - publicly traded securities 11 11 12 13 11 12 13 11 13 12 13 13							
11 Investments - publicity traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 15		b				10c	
12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 486,500 • 16 543,730 • 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 17 18 Grants payable and accrued expenses 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to 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 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Other liabilities. Add lines 17 through 25 0 • 26 0 • 0 • 0 • 26 0 • 0 • 0 • 27 163,119 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •		l					
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parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 486,500. 32 543,730.							
of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 25 0 • 26 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0							
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Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 486,500. 32 543,730.		26			0.	26	0.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 486,500. 32 543,730.							
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	Bal					28	380,611.
	nd						
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	s or	29				29	
	sets						
	As						
	ě				486,500.		543,730.
	_				=		-

Ра	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		1,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2		
4	48	6,5	00.			
5						
6	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))				30.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				000		

SCHEDULE A

(Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

STARFISH GREATHEARTS FOUNDATION

Employer identification number **-**2548

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural 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: 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 taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	215,463.	346,564.	464,236.	519,671.	527,211.	2073145.
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	0.1.5	246 564	161 006	540 654	505 044	0000445
4	Total. Add lines 1 through 3	215,463.	346,564.	464,236.	519,671.	527,211.	2073145.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						492,496.
	Public support. Subtract line 5 from line 4.						1580649.
	ction B. Total Support	Γ			г	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2019 215, 463.	(b) 2020	(c) 2021 464, 236.	(d) 2022 519,671.	(e) 2023 527, 211.	(f) Total 2073145.
7	Amounts from line 4	215,463.	346,564.	464,236.	519,6/1.	547,411.	20/3145.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2073145.
	Total support. Add lines 7 through 10		,				20/3143.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	rst, secona, thira,	fourth, or fifth tax	year as a section t	501(c)(3)	
800	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2023 (oolumn (f)\		14	76.24 %
	Public support percentage for 2023 (Public support percentage from 2022					15	76.24 %
	33 1/3% support test - 2023. If the						,,,
104	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2022. If the						
		-					
17a	and stop here. The organization qualifies as a publicly supported organization						
17 0	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
N		ū				•	10/0 01
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-				
	Thrate loundation. If the organization	an alla fiot diffett a	557 OF III 6 10, 10	a, 100, 17a, 01 17k	o, or rook aris box a		Earm 000\ 2022

Schedule A (Form 990) 2023

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.)

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and				, ,		,
	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						
2	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	to an a small or a setting F40						
4	Tax revenues levied for the organ-						
4	•						
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's	first second third	fourth or fifth tax	voor as a soction	1 501(c)(3) organizat	ion
	check this box and stop here	•		ŕ	•		iori,
Sec	etion C. Computation of Publ		ercentage				
	Public support percentage for 2023 (column (f))		15	9/
	Public support percentage from 2022					16	9
	etion D. Computation of Investigation					10	/
			<u>~</u> _			17	9
	Investment income percentage for 20 Investment income percentage from 20					18	9
	33 1/3% support tests - 2023. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	nıs box and see i	nstructions	

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
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	3с		
	4-		
	4a		
	41		
	4b		
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	9c		
	10a		
	10b		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а	A perso	n who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		ow, the governing body of a supported organization?	11a		
b		member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		Part VI.	11c		
		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			
		ipported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		s, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	ed 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			
		ation(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,			
	supervis	sed, or controlled the supporting organization.	2		
Sect	ion 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 truste	ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mana	gement of the supporting organization was vested in the same persons that controlled or managed			
		oorted organization(s).	1		
Sect	ion 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			
		ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	_	anization maintained a close and continuous working relationship with the supported organization(s).	2		
		on of the relationship described on line 2, above, did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ed organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
		he box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) ne organization satisfied the Activities Test. Complete line 2 below.	•		
a b		ne organization satisfied the Activities rest. Complete line 2 below.			
C		ne organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ne)	
2		is Test. Answer lines 2a and 2b below.	oti a oti o	Yes	No
		stantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
		ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		upported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		se activities constituted substantially all of its activities.	2a		
		activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		nore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		ctivities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		organization eversise 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.

Schedule	e A (Form 990) 2023	STARFISH	GREATHEARTS	FOUNDAT	ON *	*-***2548	Page (
Part V	Type III Non-Funct	ionally Integrat	ted 509(a)(3) Supp	orting Organ	izations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						ictions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income					(A) Prior Year	(B) Current \	

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	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	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3			
4	Amounts paid to acquire exempt-use assets		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	he organization is responsive	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 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) Underdistribution Pre-2023	S	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
С	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>i</u>	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
d	Excess from 2022						

Schedule A (Form 990) 2023

e Excess from 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
- 3.2 41	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
INVESTEC USA	243,291.	201,828.
WELLSPRINGS FAMILY FOUNDATION	200,000.	158,537.
HEATHER MUIR JOHNSON	155,758.	114,295.
DAVID RAPPAPORT	59,299.	17,836.
Total Excess Contributions to Schedule A, Part II, Line 5		492,496.

Schedule B

(Form 990)

Schedule of Contributors

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

STARFISH GREATHEARTS FOUNDATION

Employer identification number

-*2548

Organization type (cne	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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					
21 115						
• •	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	eation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a contributor, du	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, du literary, or edu	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, contribut is checked, en purpose. Don'	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box of the total contributions that were received during the year for an exclusively religious, charitable, etc., tomplete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions totaling \$5,000 or more during the year\$					
	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , 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 certify					

that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

STARFISH GREATHEARTS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il 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, 22ND FLR NEW YORK, NY 10022	\$ 72,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JUSTINE MANNERING 24 RODNEY ROAD SCARSDALE, NY 10583	\$	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	\$15,467.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WELLSPRINGS FAMILY FOUNDATION 324 HEATH STREET CHESTNUT HILL, MA 02467	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DAVID RAPPAPORT 50 BRIDGE PARK DR, 20E BROOKLYN, NY 11201	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BRADLEY FOSTER 68 DAVIS AVENUE RYE, NY 10580	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

STARFISH GREATHEARTS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ai space is ficeucu.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARCO MASOTTI 1285 AVENUE NEW YORK, NY 10019	\$12,995.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ALISON LEITCH 333 MAMARONECK ROAD WHITE PLAINS, NY 10605	\$10,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DEBORAH DUGAN 229 WEST 60TH STREET NEW YORK, NY 10023	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JACQUELINE MCMANUS 8 BRIAR CLOSE ROAD LARCHMONT, NY 10538	\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JUDITH CHEVERE 100 11TH AVENUE NEW YORK, NY 10011	\$12,414.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	SHANLEIGH OADES 9 PHEASANT LANE WESTPORT, CT 06880	\$10,944.	Person X Payroll

Name of organization Employer identification number

STARFISH GREATHEARTS FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** **-***2548 STARFISH GREATHEARTS FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE F (Form 990)

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.

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	e of the organization Employer identification			lication number		
STARFISH GREATH	SH GREATHEARTS FOUNDATION **-**2548					18
			tside the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
.	" . 5					
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	tner assistance out	side the
	he following Parl	t Lline 3 table c	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
	in the region	independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
SOUTH AFRICA	0	0	PROGRAM SERVICES	CHILDREN &	HIV/AIDS	132,721
						1
3 a Subtotal	0	C				132,721
b Total from continuation	<u> </u>					132,721
sheets to Part I	0	0				0
c Totals (add lines 3a						
and 3b)	0	c				132,721

LHA 332071 11-29-23

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

Schedule F (Form 990) 2023

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) 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	132,721.	TRANSFER	0.		
			recognized as charities by the		<u> </u>			

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

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

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 the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 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 the 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 the Instructions for Form 5471) 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 the Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If 6

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Part V | Supplemental Information

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 (Form 990)

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.

entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

STARFIS	H GREATHEARTS FOUN	DAT	ION		* * - * * * 2	548
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	FEZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			NYC GALA			(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	337,053.			337,053.
	2	Less: Contributions	337,053.			337,053.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
		Other direct expenses	139,131.			139,131.
		Direct expense summary. Add lines 4 through				139,131. -139,131.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is		2000 Part IV line 10 or		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, 1 art 10, iiile 19, 01	reported more triain	
a)		,	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
ш.	1	Gross revenue				
	_					
ses	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	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>		
а	ls t	ter the state(s) in which the organization conducter the organization licensed to conduct gaming and No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

332082 09-13-23 Schedule G (Form 990) 2023

Scn	edule G (Form 990) 2023 SIARFISH GREATHEARIS FOUNDATION	· · · Z	340	Page 3
11	Does the organization conduct gaming activities with nonmembers?	'	Yes	└── 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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.00		,,,
17	Enter the hame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	Yes	□ No
	1 5000 the diganization have a contract with a time party from whom the diganization received garning revenue.	. —		
h	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
_				
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. └── `	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, Iir	ies 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	·			

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

SCHEDULE 0 (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

Schedule O (Form 990) 2023