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Form		

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2016 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
X	Addre	BLUE STAR FAMILIES, INC.			
	Name Chang	Doing business as	80-0	369895	
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	P.O. BOX 230637		202-	630-2583
	termi ated	, , , , ,		G Gross receipts \$	4,365,555.
	Amer	ENCINITAS, CA 92025		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.BLUESTARFAM.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2009	State of legal domicile: GA
Pa	art I				
ė	1	Briefly describe the organization's mission or most significant activities: TO C	ONNEC	Γ, ENGAGE, A	ND EMPOWER
Governance		MILITARY FAMILIES WITHIN THE GREATER COM			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		I I	
Š	3				13
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b) $% \left( 1-\frac{1}{2}\right) =0$			12
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			50
ivit	6	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, line 34		7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		3,494,273.	4,340,219.
eni	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		51.	336.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,000.	25,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,519,324.	4,365,555.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,319,818.	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	74.	4 4 8 8 4 8 4	0 110 054
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,177,271.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,497,089.	3,993,178.
	19	Revenue less expenses. Subtract line 18 from line 12		1,022,235.	372,377.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)		1,319,463.	1,802,677.
et A: nd E	21	Total liabilities (Part X, line 26)		46,244.	157,081.
ź,	22	Net assets or fund balances. Subtract line 21 from line 20		1,273,219.	1,645,596.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepare	r nas any knowledge.	

Sign Here	Signature of officer NOELEEN A. TILLMAN, CO Type or print name and title	0		Date			
	Print/Type preparer's name	Preparer's signature	Date				
Paid	RUSTAM J. DALAL	RUSTAM J. DALAL	06/19	/17 th p00272049			
Preparer	Firm's name DALAL & COMPANY			Firm's EIN 20-3915596			
Use Only	Firm's address 1500 KING STREET	, STE 301					
ALEXANDRIA, VA 22314-2730 Phone no.703-548-1055							
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No			
632001 11-	11-16 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form <b>990</b> (2016)			

UNIQUE CHALLENGES OF MILITARY SERVICE AND ASKING THE LARGER CIV.         UNIQUE CHALLENGES OF MILITARY SERVICE AND ASKING THE LARGER CIV.         POUT FORMATION TO HELP AS WELL, STRENGTHENING MILITARY TAMILIES FROM         Of the organization program services on Schedule 0.         I''es, 'describe these new services on Schedule 0.         I''es, 'describe these changes on Schedule 0.         Obde the organization organogram service accompletiments for each of its three largest program services, as measured by estimation of sector organization program service accompletiments for each organization program service accompletiments for each of its three largest program services, as measured by estimation of sector organization program service accompletiments for each of its move and allocations to others, the total experiment's its of each of sector organization program services accompletiments for each of sector organization program service accompletiments for each of its move and allocations to others, the total experiment's its of each of sector organization program services accompletiments for each of sector organization program services accompletion the sector of the sector of the sector of the sector organization program service accompletion to response or the sector of the sec	1	Briefly describe the organization's mission:
POPULATION TO HELP AS WELL, STRENGTHENING MILLTARY FAMILIES REG.         OF RANK, BRANCH OF SERVICE OR PHYSICAL LOCATION, AND LEADING MIL         2 Did the organization undertake any significant program services during the year which were not listed on the proform 900 or 900 crosses on Schedule 0.         3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		BLUE STAR FAMILIES IS COMMITTED TO CONNECTING ONE ANOTHER THROUGH THE
OF RANK, BRANCH OF SERVICE OR PHYSICAL LOCATION, AND LEADING MI.         2 Did the organization undertake any significant program services during the year which were not listed on the phor Form 980 or 980-627         If "Yes," describe these new services on Schedule 0.         D dth eorganization cases conducting, or make significant changes in how it conducts, any program services?		UNIQUE CHALLENGES OF MILITARY SERVICE AND ASKING THE LARGER CIVILIAN
<ul> <li>Did the organization undertake any significant program services during the year which were not listed on the prior FOM 980 or 980-E27. [If 'Ves,' describe these changes on Schedule O.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by early 'Ves,' describe these changes on Schedule O.</li> <li>Describe these changes on Schedule O.</li> <li>Describe these changes on Schedule O.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by early its 'Ves,' describe the organization's program service reported.</li> <li>(Code:</li></ul>		POPULATION TO HELP AS WELL, STRENGTHENING MILITARY FAMILIES REGARDLESS
<pre>proform 900 or 900-C27 If 'Yes,' describe these new services on Schedule 0. Do the organization program service accomplishments for each of its three largest program services, as measured by existing the organization service accomplishments for each of its three largest program services as measured by existing the organization's program service accomplishments for each of its three largest program services are required to report the amount of grants and allocations to others, the total exprevenue, fargent service accomplishments for each of its three largest program service accomplishments for each of its three largest program services are mount of grants and allocations to others, the total exprevenue, farge for a service accomplishments for each of its three largest program service accomplishments for each of its three largest program services and services and allocations to others, the total exprevenue, farge for a service accomplishments for each of its three largest program services and service</pre>		OF RANK, BRANCH OF SERVICE OR PHYSICAL LOCATION, AND LEADING MILITARY
<pre>prior Gom 300 or 900E27 If "Yes," describe these new services on Schedule 0. Do the organization program service scomplishments for each of its three largest program services, as measured by existing the organization spream service scomplishments for each of its three largest program service scomplishments for each of its three largest program service scomplishments for each of its three largest program service scomplishments for each of its three largest program service scomplishments for each of its three largest program services, as measured by existing the organization's parametric exponded.</pre>	2	Did the organization undertake any significant program services during the year which were not listed on the
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<pre>section S01(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.</pre> 4 [Code: ] [Contents ] [Conte	4	
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SURVEY IS THE PRINCIPAL VEHICLE THROUGH WHICH THESE ISSUES ARE IDENTIFIED. ACTIVE SERVICE MEMBERS, SPOUSES, VETERANS, AND FAMIL MEMBERS OF ACTIVE, RESERVE, AND NATIONAL GUARD PARTICIPATE IN TH SURVEY.         Id       Other program services (Describe in Schedule O.) (Expenses \$ 307,630. including grants of \$ ) (Revenue \$ ) Ide Total program service expenses ▶ 3,357,954.		
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MEMBERS OF ACTIVE, RESERVE, AND NATIONAL GUARD PARTICIPATE IN TI         SURVEY.         4d Other program services (Describe in Schedule O.) (Expenses \$ 307,630. including grants of \$ ) (Revenue \$ )         4e Total program service expenses ► 3,357,954.         32002 11-11-16		
SURVEY.         4d Other program services (Describe in Schedule O.) (Expenses \$ 307,630. including grants of \$ ) (Revenue \$ )         4e Total program service expenses ► 3,357,954.         32002 11-11-16         2		
4d       Other program services (Describe in Schedule O.) (Expenses \$ 307,630. including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ► 3,357,954.         32002 11-11-16       2		
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(Expenses \$ 307,630. including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 3,357,954.         32002 11-11-16       2		
(Expenses \$ 307,630.including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 3,357,954.         32002 11-11-16       2		
32002 11-11-16 <b>2</b>	1d	Other program services (Describe in Schedule O.)
32002 11-11-16 <b>2</b>		(Expenses \$ 307,630 · including grants of \$ ) (Revenue \$ )
2002 11-11-16 2	le	Total program service expenses ► 3,357,954.
2		Form <b>990</b> (2
_	32002	
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Page **2** 

 Form 990 (2016)
 BLUE
 STAR
 FAMILIES,
 INC.

 Part III
 Statement of Program Service Accomplishments

Form 990 (2016)

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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,			
	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 "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		x
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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 22
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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,"			v
	complete Schedule G. Part III	19		X

Form **990** (2016)

632003 11-11-16

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Form	990	(2016)	

BLUE STAR FAMILIES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ь	any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	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	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		37	
a	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a	Х	v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	х	
20	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c 29	X	
29 30	Did the organization receive more than \$25,000 in hor-cash contributions <i>in res, complete Schedule in</i>	29	21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
07	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	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) BLUE STAR FAMILIES, INC. 80-0369	895	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	vu		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		x
Ь		10		
	It "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		<u> </u>
' g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of qualined intellectual property, and the organization life room boos as required	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	Sponsoring organization have excess business holdings at any time during the year?	0		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	55		
a	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 <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
d	Is the organization licensed to issue qualified health plans in more than one state?	138		
L.	<b>Note.</b> 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			
	Enter the amount of reserves on hand 13c	140		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
0	in res, has it lieu a roinn / 20 to report these payments ( in ivo, provide an explanation in Schedule O		000	(2016)

Form **990** (2016)

632005 11-11-16

Form 990 (2016)
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# BLUE STAR FAMILIES, INC.

X

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

1a						
<b>1</b> a			1 7		Yes	
	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1 0			
b	Enter the number of voting members included in line 1a, above, who are independent		12	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					ŧ.
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, or trustees, or key employees to a management company or other person? $\ldots$			3		+
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	s filed?	4		╀
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		$\perp$
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint c	one or			
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockhol	lders, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					T
а	The governing body?			8a	Х	Τ
	Each committee with authority to act on behalf of the governing body?			8b	Х	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I					-
			,		Yes	Τ
0a	Did the organization have local chapters, branches, or affiliates?			10a	X	t
				100		$^{+}$
D	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?10					
1-						╉
					Х	╉
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10	x	ł
				12a		╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	+
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	X	+
3	Did the organization have a written whistleblower policy?			13	X	∔
4	Did the organization have a written document retention and destruction policy?			14	Х	1
5	Did the process for determining compensation of the following persons include a review and appro-	val by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	Τ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					T
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement wi	th a			
	taxable entity during the year?			16a		Τ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		-			
	exempt status with respect to such arrangements?			16b		T
ec	tion C. Disclosure			100		-
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA,	<u>CO.C</u>	P.DC.FL.GA	.HT	. TT	<u> </u>
7	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					-
	for public inspection. Indicate how you made these available. Check all that apply.	-1 (06010		avallar	ne -	
	TO PUDIIC INSPECTION. INVICATE NOW YOU MADE THESE AVAILABLE. CHECK AIL THAT APPLY.	in in Sohi	adula ()			
			edule O)	-1 <i>C</i>	-1-1	
8	X Own website Another's website X Upon request Other (explai		interact a diam			
8	X       Own website       Another's website       X       Upon request       Other (explain the properties)         Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		interest policy, an	d finan	Ciai	
8 9	X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	onflict of		d finan	Ciai	
8 9	X Own website Another's website X Upon request Other (explaid Describe in Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	onflict of		d tinan	Ciai	
8	XOwn websiteAnother's websiteXUpon requestOther (explainDescribe in Schedule O whether (and if so, how) the organization made its governing documents, cstatements available to the public during the tax year.State the name, address, and telephone number of the person who possesses the organization's bTHE ORGANIZATION - $202-630-2583$	onflict of		d tinan		
8 9	XOwn websiteAnother's websiteXUpon requestOther (explainDescribe in Schedule O whether (and if so, how) the organization made its governing documents, cstatements available to the public during the tax year.State the name, address, and telephone number of the person who possesses the organization's bTHE ORGANIZATION - 202-630-2583P.O. BOX 230637, ENCINITAS, CA 92023	onflict of				
19 20	XOwn websiteAnother's websiteXUpon requestOther (explainDescribe in Schedule O whether (and if so, how) the organization made its governing documents, cstatements available to the public during the tax year.State the name, address, and telephone number of the person who possesses the organization's bTHE ORGANIZATION - $202-630-2583$	onflict of			1 <b>990</b>	) (;

Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	Employees,	Highest Compensated	
	Employees, and Independe	ent Contracto	ors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Incurs per week (ist any hours for related organizations below line)Incurs per week (ist any below line)Incurs per the compensation from the organization (W-2/1099-MISC)compensation from related organization (W-2/1099-MISC)compensation from related organization (W-2/1099-MISC)and from related organization (W-2/1099-MISC)and from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from related organization (W-2/1099-MISC)and from from from from (W-2/1099-MISC)and from from from from (W-2/1099-MISC)and from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from from f	(F) stimated
hours per weekbox, unless person is both an officer and a director/trustee)compensation from 	
(iist any hours for related organizations below line)ist any hours for related organizations below line)ist any related organization ist any below line)ist any related below ine)ist any related below ine)ist any related below ine)ist any related ist any below ine)ist any related ist any below ist any below ine)ist any related ist any below ine)ist any related ist any below ist any below ine)ist any related ist any below ist any ist any <br< td=""><td>mount of other</td></br<>	mount of other
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(7) DIANE LINEN POWELL     1.00       DIRECTOR     X	•
DIRECTOR X 0. 0.	0.
	0
	0.
(8) CRAIG NEWMARK     1.00       DIRECTOR     X	٥
	0.
(9) NADA STIRRATT     1.00       DIRECTOR     X	0.
(10) TODD FINGER 1.00	0.
DIRECTOR X 0. 0.	0.
Jinderson         Jinderson         Original         Origina         Original         Original	
DIRECTOR X 0. 0.	0.
(12) MARY MURPHY 1.00	
DIRECTOR X 0. 0.	Ο.
(13) LES BROWNLEE 1.00	
DIRECTOR X 0. 0.	Ο.
(14) NOELEEN TILLMAN 40.00	
COO, CORPORATE SECRETARY X 145,313. 0.	0.

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Form 990 (2016)

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2016.03050 BLUE STAR FAMILIES, INC.

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Form 990 (2016) BLUE STAR FAMILIES,											80-0	369	895	Pa	age <b>8</b>
Part VII         Section A. Officers, Directors, Trustees, Key Em           (A)         (B)           Name and title         Average           hours per         Name						Pos heck	C) ition more erson		ne	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	<b>(E)</b> Reportable compensation		<b>(F)</b> Estimated amount of	
	week (list any hours for related organization below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om the anizati d relate anizatio	e ion ed		
				1_											
				-											
				+											
				1_											
	-														
				-											
										293,125. 0.		0.			0.
		sheets to Part V c)								293,125.		0.			
			not limited to t	those	e liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportab	le			2
compens	ation from the or													Yes	No
	•	ny <b>former</b> officer, Schedule J for s					•	•		highest compensated e			3		x
4 For any ir	ndividual listed or	n line 1a, is the su	um of reporta	ble c	omp	ensa	atior	n and	ot	her compensation from			Ű		
	-	-								for such individual ed organization or indiv	dual for services		4		<u> </u>
rendered		on? If "Yes," com					-						5		Х
			mpensated in	ndep	ende	ent c	onti	racto	rs t	hat received more than	\$100,000 of con	npens	ation f	rom	
the organ	ization. Report c	ompensation for (A)	the calendar	year	endi	ng v	vith	or wi	thir I	n the organization's tax y <b>(B)</b>	year.		(0	2)	
<u>20001100</u>		me and business	address							Description of s	ervices	С	ompei		n
	SOLUTION 26TH ST	', NEW YO	RK, NY	10	001	1				PROGRAM DEVE	LOPMENT		15	0,0	00.
									-						
2 Total pure	abor of independ	ont contractors (	including but	not !	imite	d to	the	eo lic		A abovo) who received m	oro than				
	-	n from the organi	-	not I	mite	ินเป		se iis 1	1.eC	above) who received m					
													Form	<b>990</b> (2	2016)

632008 11-11-16

			/	STAR FAM	ILIES, I	NC.		80-0369	895 Page 9
Pa	rt V	/11							
			Check if Schedule O cont	tains a response	or note to any lir		(B)	(C)	
						( <b>A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ts, An			Fundraising events						
Gif			Related organizations						
Sins,			Government grants (contribut						
utic		f	All other contributions, gifts, gran		340,219.				
trib Otb		~	similar amounts not included abo Noncash contributions included in lines		598,100.				
Con			Total. Add lines 1a-1f			4,340,219.			
					Business Code				
é	2	а							
e rvic		b							
anu Se		с							
ran Seve		d							
Program Service Revenue		е							
٩			All other program service reve						
			Total. Add lines 2a-2f						
	3		Investment income (including other similar amounts)			336.			336.
	4		Income from investment of ta			550.			550.
	- 5		Royalties			25,000.			25,000.
	Ū			(i) Real	(ii) Personal	- ,			
	6	а	Gross rents						
		b	Less: rental expenses						
		с	Rental income or (loss)						
					🕨				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
		~	and sales expenses						
			Net gain or (loss)		►				
ð			Gross income from fundraisin						
Other Revenue			including \$	•					
leve			contributions reported on line						
er F			Part IV, line 18	а					
Oth			Less: direct expenses						
-			Net income or (loss) from fund		<b>&gt;</b>				
	9	а	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gar						
			Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale		►				
			Miscellaneous Revenu	le	Business Code				
	11	а							
		b							
		C							
		d	All other revenue						
	12	e	Total. Add lines 11a-11d Total revenue. See instructions.			4,365,555.	0.	0.	25,336.
63200		-11			····· P*	,,	<b>J I</b>		Form <b>990</b> (2016)

Part IX Statement of Functional Expenses

BLUE STAR FAMILIES, INC.

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•	<u> </u>	•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 125	100 200		
_	trustees, and key employees	293,125.	199,326.	58,625.	35,174
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,436,820.	1,168,925.	133,960.	133,935
7	Other salaries and wages	<u>,4</u> 30,020.	1,100,943.	,900.	100,900
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	13,719.	10,851.	1,527.	1,341
9 0	Other employee benefits	132,660.	105,783.	13,851.	13,026
0 1	Payroll taxes Fees for services (non-employees):	152,000.	103,703.		10,020
a b	Management	1,913.		1,913.	
	Legal Accounting	68,188.		68,188.	
		,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	796,881.	735,538.	46,757.	14,586
2	Advertising and promotion	5,442.	4,038.	1,404.	
3	Office expenses	164,656.	132,947.	17,941.	13,768
4	Information technology	71,513.	68,140.	1,796.	1,577
5	Royalties				
6	Occupancy	6,948.	4,588.	2,360.	
7	Travel	169,926.	125,102.	30,580.	14,244
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	176,624.	160,435.	15,282.	907
0	Interest				
1	Payments to affiliates		<u> </u>		
2	Depreciation, depletion, and amortization	32,183.	25,454.	3,583.	3,146
3	Insurance	4,058.	118.	3,940.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) BOOKS ON BASES	600,537.	600,537.		
a h	GIFTS AND DONATIONS	17,985.	16,172.	843.	970
u o		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	±v,±/2•	0-10-	57
с с					
d A	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	3,993,178.	3,357,954.	402,550.	232,674
<u>э</u> 6	Joint costs. Complete this line only if the organization		2,22,19920		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here				

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10 2016.03050 BLUE STAR FAMILIES, INC.

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1,273,219. 1,319,463.

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	IL A	Bulunee eneer					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			637,100.	1	1,087,978.
	2	Savings and temporary cash investments			560,364.	2	560,701.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			35,000.	4	77,787.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			20,922.	9	41,082.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>121,501.</u> 86,372.			
	b	Less: accumulated depreciation	66,012.	10c	35,129.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	65.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,319,463.	16	1,802,677.
	17	Accounts payable and accrued expenses	46,244.	17	157,081.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		······ _		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
-iat		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines					
		Schedule D			46,244.	25	157,081.
	26	Total liabilities. Add lines 17 through 25			40,244.	26	157,001.
		Organizations that follow SFAS 117 (ASC 958		ck nere 📂 🕰 and			
Cee	27	complete lines 27 through 29, and lines 33 an			215,845.	27	944,690.
alan	27 28	Unrestricted net assets Temporarily restricted net assets	1,057,374.	27	700,906.		
ΪB	20				1,00,10,10	20	,00,5001
un		Organizations that do not follow SFAS 117 (A		B) check here ►		23	
г		and complete lines 30 through 34.	50 50				
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ř	33	Total net assets or fund balances			1,273,219.	33	1,645,596.
		· · · · · · · · · · · · · · · · · · ·					· · ·

Total liabilities and net assets/fund balances

Total net assets or fund balances

BLUE STAR FAMILIES, INC.

80-0369895 Page 11

1,802,677.

Form 990 (2016)

Form 990 (2016) Part X Balance Sheet

Form	BLUE STAR FAMILIES, INC.	80-036	9895	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities         Investment expenses         Prior period adjustments         Other changes in net assets or fund balances (explain in Schedule O)	1 2 3	4,36! 3,99:	3,1 2,3	78. 77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,64!	5 5	96.
Pa	column (B)) rt XII Financial Statements and Reporting			,,,,,	
	Check if Schedule O contains a response or note to any line in this Part XII			·····	X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a	Yes	No X
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Image: Separate basis       Image: Consolidated basis       Image: Both consolidated and separate basis         Image: Separate basis       Image: Consolidated basis       Image: Both consolidated and separate basis         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the separate basis	e basis, e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
3a	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	2016)

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SCHEDULE A
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(Form	990 or	990-EZ
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# 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.

2016	
Open to Public	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	rm990.	Inspection
	Employer	identification number

Name of the organization	
	BLUE
David Decease for	Durk Lin O

				STAR FAMI						0-0369895		
Pa	rt I		Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions				
The	orga	aniz	ation is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1		1	A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).				
2		4	A school described in <b>sect</b> i	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		4	A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).				
4		] /	A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)	iii). Enter	the hospital's name,		
		C	city, and state:									
5		] /	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
			section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		] /	A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	Х	] /	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		5	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		] /	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Parl	t II.)						
9		] /	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	Inction with a l	and-grant	college		
		c	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the colleg	je or		
		ι	university:									
10		] /	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membersl	nip fees, a	and gross receipts from		
		2	activities related to its exen	npt functions - subjee	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of i	ts suppor	t from gross investment		
		i	ncome and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the org	anization	after June 30, 1975.		
		5	See <b>section 509(a)(2).</b> (Cor	mplete Part III.)								
11		] /	An organization organized a	and operated exclusi	ively to test for public sa	ifety. See <b>s</b>	section 50	)9(a)(4).				
12		] /	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	rry out the	e purposes of one or		
		r	nore publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See <b>section 5</b>	<b>09(a)(3).</b> (	Check the box in		
		I	ines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and	12g.			
а			Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	/ giving		
			the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustee	es of the s	supporting		
			organization. You must o	complete Part IV, Se	ections A and B.							
b			Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving		
			control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manag	ge the sup	oported		
			organization(s). You mus	t complete Part IV,	Sections A and C.							
с			Type III functionally inte	grated. A supporting	g organization operated	in connec ⁻	tion with, a	and functionall	y integrat	ed with,		
			its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ections A,	D, and E.				
d			Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ed organ	ization(s)		
			that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and	an attent	iveness		
	_		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е			Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	a Type I, Type I	I, Type III			
			functionally integrated, or	r Type III non-functio	nally integrated supporti	ing organiz	zation.					
			the number of supported of	• • • • • • • • • • • • • • • • • • • •								
g	Pro		de the following information			(iv) to the error	nization listed					
		(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see ins		(vi) Amount of other support (see instructions)		
			organization		above (see instructions))	Yes	No	support (see int	structions			
Tet	<u></u>											
Tota	ai									I		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

2016.03050 BLUE STAR FAMILIES, INC.

# Schedule A (Form 990 or 990-EZ) 2016 BLUE STAR FAMILIES, INC.

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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.)

Calendar year (or fiscal year beginning in) ►       (e) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         1 Gifts, gams, contributions, and gams, ')       1, 527, 844       2, 114, 797.       1, 885, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         2 Tax revenues levied for the organization without charge       1, 527, 844.       2, 114, 797.       1, 885, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         3 The value of services or facilities       1, 527, 844.       2, 114, 797.       1, 885, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) wholuded on line 1 that exceeds 29.5 (the anount shown on line 11, column (f)       13, 362, 165.         6 Public support, subsect liss from line 4       1, 527, 644.       2, 114, 797.       1, 985, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         7 Amounts from line 4       1, 527, 644.       2, 114, 797.       1, 985, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         7 Section B. Total Support       1, 527, 644.       2, 114, 797.       1, 985, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         8 Gross income from interest, dividands, payments received on securits basa, rent	See	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         2 Tax revenues levide for the organ- ization's benefit and atthere pad to or expended on its behalt       1       1       1,885,032.       3,494,273.       4,340,219.       13,362,165.         3 The value of services or facilities furnished by a governmental unit to the organization without charge governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11.       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         5 Public support. Some to the store inck       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         6 Public support. Some to the store inck       1,527,844.       2,114,797.       1,885,032.       3,694,273.       4,340,219.       13,362,165.         6 Cross income from interest, dividends, payments received on securities local year beginning in )       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1,527,844.       2,114,797.       1,885,032.       3,694,273.       4,340,219.       13,362,165.         8 Ores income from interest, dividends, payments received on securities local receive in streak and recome and the	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
include any "unusual grants")       1,527,844       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         2 Tax revenues levied for the organization included on the organization is benefit and ether pad to or expended on its behalf       1       1,827,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         3 The value of services or facilities furnished by a governmental unit to the organization without charge and and and performed and performed and and performed and and performed and and performed	1	Gifts, grants, contributions, and						
2 Tar verveus levis for the organization without charge 1 3 The value of services or facilities through 1 4 Total. Addines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included and the second 3 6 Public support. Adding the second 3 6 Public support. Bit was the second 3 7 Amounts from line 4 6 Public support. Bit was the second 3 8 Cross from from interest through 3 9 Net income from interest by fact the organization is first, second, third, fourth, or fifth tax year as a section SOI(c)3 9 Net income from second 4 1 Start Support 1 1 Start Support Percentage for 2016 (the second (the		membership fees received. (Do not						
Image: construction is benefit and either paid to or expended on its behalf       Image: construction is behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge is the organization without charge is the organization is behalf       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.       Image: construction is constructed and its inclusion of total contributions included on line 1 that exceeds 2% of the amount shown on line 11.       Image: constructed and its inclusion of total contributions included on line 1 that exceeds 2% of the amount shown on line 11.       Image: constructed and its inclusion of total contributions included on line 1 that exceeds 2% of the amount shown on line 11.       Image: constructed and its inclusion of total contributions included on line 1 that exceeds 2% of the amount shown on line 11.       Image: constructed and its inclusions included on line 11.       Image: constructed and its inclusions included on line 11.       Image: constructed and its inclusions included on line 11.       Image: constructed and its inclusions included on line 11.       Image: constructed and its inclusions included on line constructed and its inclusions included on line constructed and income from include gala income from include gala or loss from the reade or aptial ansets (Ciphalin in Part VI).       Image: constructed and its inclusions included and or loss from the sale of captial ansets (Ciphalin in Part VI).       Image: constructed and its inclusions in		include any "unusual grants.")	1,527,844.	2,114,797.	1,885,032.	3,494,273.	4,340,219.	13,362,165.
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities fumished by a governmental unit to the organization without charge T total. Add lines 1 through 3       1,527,644. 2,114,797. 1,685,032. 3,494,273. 4,340,219. 13,362,165.         5 The portion of total contributions by each person (other than a governmental unit or public) supported organization, included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1,527,644. 2,114,797. 1,685,032. 3,494,273. 4,340,219. 13,362,165.         6 Public support.       5       13,362,165.         5 Section B. Total Support       13,362,165.         6 Autors from line 4       13,362,165.         6 Autors from line 4       13,362,165.         6 Gross income from line 4       1,327,844. 2,114,797. 1,685,032. 3,494,273. 4,340,219. 13,362,165.         7 Amounts from line 4       1,527,844. 2,114,797. 1,685,032. 3,494,273. 4,340,219. 13,362,165.         8 Gross income from line 4       1,527,844. 2,114,797. 1,685,032. 3,494,273. 4,340,219. 13,362,165.         9 Net income from similar sources and income from similar sources and income from similar sources and income from similar sources activities, whether on on the business is regularly carried on or loss from the sale of captal assets (Explain in Part VI).       13,462,838.         12 Gross receipts from related activities, etc. (see instructors)       12         13 First five yars. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       99.25 %		ization's benefit and either paid to						
function       function <t< td=""><td></td><td>or expended on its behalf</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		or expended on its behalf						
the organization without charge       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,239.       13,362,165.         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)       13,362,165.         6 Public support.       13,362,165.         Section B. Total Support       13,362,165.         Calendar year (or fiscal year beginning in)>       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         8 Gross income from line 4       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         9 Net income from similar sources and income from similar sources atcivities, whether or not the business is regulary carried on or loss from the sale of capital assets (Explain in Part V)       131.       151.       50,004.       25,051.       25,336.       100,673.         17 Total support.       13.462,838.       131.       151.       50,004.       25,051.       25,336.       100,673.         18 Policis wyport Add lines 7 through 10       13.462,838.       13       13.462,838.       13 <td< td=""><td>3</td><td>The value of services or facilities</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	3	The value of services or facilities						
4       Total. Add lines 1 through 3       1,527,844       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         5       The portion of total contributions by each preson (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)       13,362,165.       13,362,165.         6       Public support. Subtract the 5 from ine 4       13,362,165.         6       Public support. Subtract the 5 from ine 4       13,362,165.         7       Amounts from line 4       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total 1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         8       Gross income from interest, divideds, spayments received on securities loans, rents, royalties and income from similar sources atotivities, whether or not the business is regularly camilar sources atotivities, whether or not the business is regularly camilar sources atotivities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI).       13,462,838.       12         11       Total support. Add lines 7 through 10.       14       99.25.%       99.25.%         14       Public support precentage for 2016 (line 6, coumn (f) divided by line 11, coumn (f))       14       99.25.%         15       Public support precentage for 2016. (line 6, coumn (f) divided		furnished by a governmental unit to						
5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 32% of the amount shown on line 11, column (f)       13, 362, 165.         6       Public support: subtract tes 5 tom line 4.       13, 362, 165.         Section B. Total Support         Calendar year (or fiscal year beginning in) (a) (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         1       7. Amounts from line 4       1, 527, 844.       2, 114, 797.       1, 885, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         8       Gross income from linterest, dividends, payments received on securities loans, rents, royaties and income from similar sources.       131.       151.       50, 004.       25, 051.       25, 336.       100, 673.         9       Net income. Do not include gain or loss from the sale of capital assets (Explain in Part V).       13, 462, 838.       12       13, 462, 838.         12       Toss receipts from related activities, etc. (see instructions)       12       13, 462, 838.       13         13       First five gares. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       13       99.2.5 %       15       99.2.2 %       15       99.2.2 %       15       99.2.2 %<		the organization without charge $\dots$						
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)	4	Total. Add lines 1 through 3	1,527,844.	2,114,797.	1,885,032.	3,494,273.	4,340,219.	13,362,165.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       13,362,165.         6 Public support. Subject the 5 hom line 4.       13,362,165.         7 Amounts from line 4       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1,527,844       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources       131.       151.       50,004.       25,051.       25,336.       100,673.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part N).       13,462,838.       12         11 Total support, Add lines 7 through 10       13,462,838.       12       13       13,462,838.         12 Gross receipts from related activities, etc. (see instructions)       12       13       13,462,838.         13 First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       99.2.7 %         14 Public support percentage for 2015 Schedule A, Part II, line 14.       15       99.2.7 %       15       99.2.7 %	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, columm (f)       13,362,165.         6 Public support. Subtract line 5 tom line 4.       13,362,165.         8 Cross income from line 4.       1,527,844.         7 Amounts from line 4.       1,527,844.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from unelated business activities, whether or not the business is regularly carried on or loas from the sale of capital assets (Explain in Part VI).       131.         10 Other income. Do not include gain or loas from the sale of capital assets (Explain in Part VI).       13,462,838.         11 Total support. Add lines 7 through 10       13,462,838.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         9 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.2.2.7 % 15         16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a 10% - facts-and-circumstances test - 2016. If the organization did not check the box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organi		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 1, column (f)       13,362,165.         6 Public support. Subract line 5 from line 4.       13,362,165.         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       131.       151.       50,004.       25,051.       25,336.       100,673.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       131,462,838.       131.       151.       50,004.       25,051.       25,336.       100,673.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       13,462,838.       12       13,462,838.         12       Tist five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >		governmental unit or publicly						
amount shown on line 11, column (f) 6 Public support: Subvactive 5 from line 1 Calendar year (of fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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 assest (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 (line 6, column (f) divided by line 11, column (f)) 15 3 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization and if the organization mests the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization and if the organization mests 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 did not check a box on line 13, 61, 61, 60, 717a, and line 14 is 10% or more, and if the organization mests 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 org		supported organization) included						
column (i)       13,362,165.         6 Public support. Subtract time 5 from line 4.       13,362,165.         Section B. Total Support       (d) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1,527,844.       2,114,797.       1,865,032.       3,494,273.       4,340,219.       13,362,165.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources.       131.       151.       50,004.       25,051.       25,336.       100,673.         9 Net income from interests, dividing your construction of the business is regularly carried on to closs from the sale of capital assets (Explain in Part VI.)       131,462,838.       131,462,838.         11 Total support. Add lines 7 through 10       13,462,838.       12       13,462,838.         12       Total support recentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         15 Public support percentage for 2016 (line 6, column (f) divided by line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17       10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13 or 16a, and line 14 is 33 1/3% o		on line 1 that exceeds 2% of the						
6       Public support. Bubtractines 6 trom line 4.       13,362,165.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7       Amounts from line 4       1,527,844.       2,114,797.       1,885,032.       3,494,273.       4,340,219.       13,362,165.         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources       131.       151.       50,004.       25,051.       25,336.       100,673.         9       Net income from unrelated business activities, whether or not the business is regularly carried on in tor loss from the sale of capital assets (Explain in Part VI)       13,462,838.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       14       99.27.96         Section C. Computation of Public Support Percentage       14       99.27.96         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.27.96         15       J31/3% support test -		amount shown on line 11,						
Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1, 527, 844.       2, 114, 797.       1, 885, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from similar sources       131.       151.       50, 004.       25, 051.       25, 336.       100, 673.         9 Net income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       13, 462, 838.       12       13, 462, 838.         12 Gross receipts from related activities, etc. (see instructions)       12       13, 462, 838.       14       99.25 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %       99.27 %         15 Public support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a 10% -facts-and-circumstances* test, -2015. If the organization dualifies as a publicly support 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 dualifies as a publicly supported organization meets the "facts-and-circumstances" test, the organization dual not check a box on line 13, 16a, or 16b, and li		column (f)						
Calendar year (or fiscal year beginning in)       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       1, 527, 844.       2, 114, 797.       1, 885, 032.       3, 494, 273.       4, 340, 219.       13, 362, 165.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       131.       151.       50, 004.       25, 051.       25, 336.       100, 673.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       131.       151.       50, 004.       25, 051.       25, 336.       100, 673.         10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).       12       13, 462, 838.       12         12 Gross receipts from related activities, etc. (see instructions)       12       13, 462, 838.       14       99.25 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %       15       99.27 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, chec	6	Public support. Subtract line 5 from line 4.						13,362,165.
7 Amounts from line 4 1,527,844 2,114,797 1,885,032 3,494,273 4,340,219 13,362,165   8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources 131. 151. 50,004. 25,051. 25,336. 100,673.   9 Net income from unrelated business activities, whether or not the business is regularly carried on in olds from the rots include gain or loss from the sale of capital assets (Explain in Part VI.) 131. 151. 50,004. 25,051. 25,336. 100,673.   10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 12 13,462,838.   12 Gross receipts from related activities, etc. (see instructions) 12   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here   Section C. Computation of Public Support Percentage   14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))   15 99.27 %   16 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17 10% -facts-and-circumstances test - 2016. If the organization did not check the box on line 13, en 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization   17 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, fag, or 16b, on 17a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported	See	ction B. Total Support						
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       131.       151.       50,004.       25,051.       25,336.       100,673.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       13,462,838.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 % 15         15       Public support percentage for 2015 Schedule A, Part II, line 14       15       99.27 %         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 15 is 31 /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2016. 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 did no	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
dividends, payments received on securities loans, rents, royalties and income from similar sources       131.       151.       50,004.       25,051.       25,336.       100,673.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       1       113.462,838.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       13         24 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 % 15         15 Public support percentage for 2015 Schedule A, Part II, line 14       13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a 10% - facts-and-circumstances test - 2016. If the organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, and if the organization qualifies as a publicly supported organization       13         17a 10% - facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 17a, 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 did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circ	7	Amounts from line 4	1,527,844.	2,114,797.	1,885,032.	3,494,273.	4,340,219.	13,362,165.
securities loans, rents, royalties and income from similar sources	8	Gross income from interest,						
and income from similar sources       131.       151.       50,004.       25,051.       25,336.       100,673.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       100       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       11       13.462,838.         12 Gross receipts from related activities, etc. (see instructions)       12       13.462,838.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       99.25 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         15 Public support percentage for 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, not line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, not line 13 in Ra, not 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		dividends, payments received on						
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activities, whether or not the business is regularly carried on		and income from similar sources $\dots$	131.	151.	50,004.	25,051.	25,336.	100,673.
business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       13,462,838.         11 Total support. Add lines 7 through 10       13,462,838.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         24 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         15 Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. 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 qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2016. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization more, and if the organization meets the "facts-and-circumstances" test. The organi	9	Net income from unrelated business						
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       11       Total support. Add lines 7 through 10       13,462,838.         11       Total support. Add lines 7 through 10       11,462,838.       12         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       99.25 %         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.27 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a 10% -facts-and-circumstances test - 2016. 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 qualifies as a publicly supported organization       13         10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization       10		activities, whether or not the						
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11 Total support. Add lines 7 through 10 13,462,838.   12 Gross receipts from related activities, etc. (see instructions) 12   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here Image: section C. Computation of Public Support Percentage   14 99.25 %   15 99.27 %   16a 33 1/3% support percentage from 2015 Schedule A, Part II, line 14 15   16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2016. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-an		or loss from the sale of capital						
12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         15       Public support percentage from 2015 Schedule A, Part II, line 14       15       99.27 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization       Image: Column 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test		assets (Explain in Part VI.)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         15 Public support percentage from 2015 Schedule A, Part II, line 14       15       99.27 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       IX         17a 10% -facts-and-circumstances test - 2016. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization         core and if the organization meets the "facts-and-circumstances" test, check this bo	11	Total support. Add lines 7 through 10						13,462,838.
organization, check this box and stop here       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       Image: I	12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
Section C. Computation of Public Support Percentage         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25 %         15       Public support percentage from 2015 Schedule A, Part II, line 14       15       99.27 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶ 🗶         b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶ 🗶         17a 10% -facts-and-circumstances test - 2016. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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	13	First five years. If the Form 990 is for	the organization's	s first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.25       %         15       Public support percentage from 2015 Schedule A, Part II, line 14       15       99.27       %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Column (f) Colu	_			<u></u>				
<ul> <li>15 Public support percentage from 2015 Schedule A, Part II, line 14</li> <li>15 99.27 %</li> <li>16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2016. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>							· · · ·	
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<ul> <li>b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>		and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b>	<b>ere.</b> Explain in Pa	rt VI how the organ	ization
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			-		• • • •			
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not cl	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
		more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and <b>s</b>	<b>stop here.</b> Explair	in Part VI how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶∐
Schedule A (Form 990 or 990-E7) 2016	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b			

Schedule A (Form 990 or 990-EZ) 2016

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# Schedule A (Form 990 or 990-EZ) 2016 BLUE STAR FAMILIES, INC.

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.)

Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and						(1) 10101
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						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
I1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
check this box and <b>stop here</b>	-			•		
Section C. Computation of Pub	lic Support Pe	ercentage				
<b>15</b> Public support percentage for 2016					15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2	<b>016</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2016. If the					33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	►
b 33 1/3% support tests - 2015. If the	eorganization did i	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	%, and
line 18 is not more than 33 1/3% , ch	eck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organization						
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	-		15			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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# Schedule A (Form 990 or 990-EZ) 2016 BLUE STAR FAMILIES, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
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 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	ly intograte	d Type III supporting or	

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

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii) Distributshis
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u>b</u>	From 2012			
-	From 2013 From 2014			
	From 2015			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

17070619 136238 10321

Part VI	Supplemental Information. Provide the explanations required	d by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. A	b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, lso complete this part for any additional information.
	(See instructions.)	
632029 00 01	16	Schedule A (Form 990 or 990-EZ) 2016
632028 09-21-	2	0

80-0369895 Page 8

** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

80	_	n	3	6	9	8	9	5	
00		υ	J	υ	2	υ	2	J	

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# BLUE STAR FAMILIES, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(d)

Type of contribution

X

X

Employer identification number

80-0369895

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

(c)

(c)

185,000.

260,000.

BLUE STAR FAMILIES, INC. Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) Name, address, and ZIP + 4 No. **Total contributions** 1 \$ (a) (b) Name, address, and ZIP + 4 No. **Total contributions** 2 \$ (a) (b) No. Name, address, and ZIP + 4 **Total contributions** 3 \$ (a) (b) No. Name, address, and ZIP + 4 4 \$ (a) (b) No. Name, address, and ZIP + 4

Type of contribution X Person Payroll 311,700. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution Person Payroll 598,100. Noncash X (Complete Part II for noncash contributions.) (c) (d) Type of contribution **Total contributions** 5 X Person Payroll 146,080. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 105,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623452 10-18-16 22 17070619 136238 10321 2016.03050 BLUE STAR FAMILIES, INC. 10321__2

Name	of	organiza	tion
------	----	----------	------

80-0369895

BLUE STAR FAMILIES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
7		\$550,000.	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
8		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,775.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
10		\$332,580.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
11		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution

80-0369895

## BLUE STAR FAMILIES, INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	BOOKS		
		\$\$	12/31/16
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I		(,	
		—	
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	
23453 10-18-	-16 24		990, 990-EZ, or 990-PF)

	nization		Employer identification number
JUE S'	TAR FAMILIES, INC.		80-0369895
art III		tributions to organizations described in columns (a) through (a) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000 f
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.)
	Use duplicate copies of Part III if addition	nal space is needed.	
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
artl			
-   -			
_   ]			
		(e) Transfer of gift	
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
.			
-		[	
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		e) Transfer of gift	
L	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
.			
-			
-			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how rift is hold
artl	(b) Fulpose of gift		(d) Description of how gift is held
-			_
1			—
·			
· 			
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
-	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
No.	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held
No. 		and ZIP + 4	
No. om art I		and ZIP + 4	
No. mrt I		and ZIP + 4	
No. 		(c) Use of gift	
No. om art I		and ZIP + 4	
No. 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. 		(c) Use of gift	
No. 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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2016.03050 BLUE STAR FAMILIES, INC. 10321_2

SCI	HEDULE D	Supplement	al Financial Stateme	nte		OMB No. 1545-0047
	1 990)	Complete if the org	anization answered "Yes" on Form	990.		2016
•	nent of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, Attach to Form 990.	or 12b.		Open to Public
	Revenue Service	Information about Schedule D (Formation)	rm 990) and its instructions is at w	ww.irs.gov/f	orm990.	Inspection
Name	e of the organizati		TNO		Emplo	over identification number
Par	t I Organiz	BLUE STAR FAMILIES ations Maintaining Donor Advise	-	inde or A	CCOUR	80-0369895
Fai		n answered "Yes" on Form 990, Part IV, lir			ccoun	ILS.Complete II the
	organizatio		(a) Donor advised funds	(	b) Funds	s and other accounts
1	Total number at e	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor	advised fun	ds	
		on's property, subject to the organization's				└── Yes └── No
6		on inform all grantees, donors, and donor a				
		ooses and not for the benefit of the donor o			•	
Par	impermissible priv	ate benefit? ation Easements. Complete if the org	apization answord "Vas" on Form			Yes No
1		servation easements held by the organizat	-	990, Fait IV,	lille 7.	
•		of land for public use (e.g., recreation or e	· _ · · · · · ·	a historically	importa	int land area
		f natural habitat			•	
		n of open space				
2		through 2d if the organization held a quali	fied conservation contribution in the	form of a co	onservati	on easement on the last
	day of the tax yea	r.			H	leld at the End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
		vation easements on a certified historic str			2c	
d		vation easements included in (c) acquired				
		nal Register			2d	
3		vation easements modified, transferred, re	leased, extinguished, or terminated l	by the organ	lization o	during the tax
4	year	where property subject to conservation ea	compart in located			
4 5		tion have a written policy regarding the pe				
U		orcement of the conservation easements i				Yes No
6	,	r hours devoted to monitoring, inspecting,				
		5, 1 5,	5 ,	,		5,
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing con	servation ea	sements	s during the year
	►\$					
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section	n 170(h)(4)(E	3)(i)	
		)(4)(B)(ii)?				
9		be how the organization reports conservat	•			
		ole, the text of the footnote to the organiza	tion's financial statements that desc	ribes the org	ganizatio	n's accounting for
Dar	conservation ease	ments. ations Maintaining Collections o	f Art Historical Treasures	or Other	Simila	r Accate
1 01		f the organization answered "Yes" on Form			Simila	A33613.
		elected, as permitted under SFAS 116 (AS		statement ar	nd halan	ce sheet works of art
14		s, or other similar assets held for public ex				
		tnote to its financial statements that descr				,, , ,
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue state	ement and b	alance s	heet works of art, historical
		r similar assets held for public exhibition, e				
	relating to these it	ems:				
		ded on Form 990, Part VIII, line 1				
		ed in Form 990, Part X				
2		received or held works of art, historical tre			provide	
		unts required to be reported under SFAS 1				
		on Form 990, Part VIII, line 1				
		Form 990, Part X		<u></u>		
		eduction Act Notice, see the Instruction	s for Form 990.		S	chedule D (Form 990) 2016
632051	08-29-16		26			

17070619 136238 10321 2016.03050 BLUE STAR FAMILIES, INC. 10321_2

Sche	dule D (Form 990) 2016 BLUE ST.	AR FAMILIE	S, I	NC.			8	80-03	69895	D Pa	age <b>2</b>
Pa	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures, c	or Othe	r Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi										s
	(check all that apply):										
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	ims					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how tl	hey further 1	the organizatio	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or othe	er similar	assets		_		-
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	'Yes" on l	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod		•						7		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			·				
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		1
	Did the organization include an amount on F						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i							aava baali	() [		haali
		(a) Current year	(b)⊦	Prior year	(c) Two year	S DACK (	a) Three y	ears dack	(e) Four	years	раск
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance	rent veer and belong	 								
2	Provide the estimated percentage of the curl			rg, column (	a)) neiù as.						
a b	Board designated or quasi-endowment ►.	%	_%								
	Temporarily restricted endowment	%									
С	· · · · · · · · · · · · · · · · · · ·										
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation th	at are hold a	and administa	rad for th	o organiz	otion			
Ja	by:	ssion of the organiz	ation th	at are neiu a			e organiz	ation	Г	Yes	No
	(i) unrelated organizations									103	
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								55	1	
	t VI Land, Buildings, and Equipm		Swinent								
	Complete if the organization answere		0. Part l'	V. line 11a. S	See Form 990	. Part X. I	ine 10.				
	Description of property	(a) Cost or o		r i	t or other		cumulate	d	(d) Book	value	 e
		basis (investr		. ,	(other)	• •	reciation		(,		
1a	Land			1							
	Buildings			1							
	Leasehold improvements			1							
	Equipment			1							
	Other			12	21,501.		86,37	72.	35	5,1	29.
	. Add lines 1a through 1e. (Column (d) must e		X, colui							5,1	
								Schedule	D (Form	990)	2016

632052 08-29-16

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Scho	dula	D.	(Form	000)	2016

632053 08-29-16

Sche	dule D (Form 990) 2016 BLUE STAR FAMILIES, INC.			80-	0369895 _{Pa}	
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,567,08	82.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	201,527.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	201,52	
3	Subtract line 2e from line 1			3	4,365,55	55.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,365,55	55.
Pa						
I U	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	rn.	
14	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				. –
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.		Retu	rn. 4,194,70	05.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.		1		05.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. <b>2</b> a		1		05.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. <b>2a</b> <b>2b</b>		1		05.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c		1		05.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	201,527.	1	4,194,70	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. <b>2a</b> <b>2b</b> <b>2c</b> <b>2d</b>	201,527.	1 2e	<u>4,194,70</u> 201,52	27.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a. <b>2a</b> <b>2b</b> <b>2c</b> <b>2d</b>	201,527.	1	4,194,70	27.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	201,527.	1 2e	<u>4,194,70</u> 201,52	27.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	201,527.	1 2e	<u>4,194,70</u> 201,52	27.
1 2 b c d 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 2d	201,527.	1 2e	<u>4,194,70</u> 201,52	27.
1 2 b c d 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a. 2a 2b 2c 2d 4a 4b	201,527.	1 2e 3 4c	4,194,70 201,52 3,993,17	27. 78. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 4a 4b	201,527.	1 2e 3	<u>4,194,70</u> 201,52	27. 78. 0.

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

PART X, LINE 2:

BSF	BEI	JEVE	S T	HAT	IT	HAS	APP	ROPR	IATE	SUPE	ORT	FOR	ANY	TAX	POS	ITIO	NS	TAKEI	٧,
AND	THE	EREFO	RE,	DOF	ES N	OT I	HAVE	ANY	UNC	ERTAI	IN TZ	AX P	OSITI	IONS	THA'	r ar:	ΕM	ATER]	LAL
тот	THE	FINA	NCI	AL S	STAT	EME	NTS.	AT	A MI	NIMUM	1, TH	HE D	ECEMI	BER	31,	2013	тн	ROUGH	ł
DECI	EMBE	ER 31	, 2	016	ТАХ	YE.	ARS	ARE	OPEN	FOR	EXAI	MINA	TION	BY I	FEDEI	RAL 2	AND	STAT	ſΈ
TAXING AUTHORITIES.																			

632054 08-29-16

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,		
Depa	tment of the Treasury	Attach to Form 990.		Open to				
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe				
Nan	e of the organizatio				tion number			
		BLUE STAR FAMILIES, INC.	80-0	)36989	5			
Ра	rt I Question	s Regarding Compensation						
	o				Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, j						
	Travel for com	panions Payments for business use of personal re- cation and gross-up payments I Health or social club dues or initiation fee						
		spending account  Personal services (such as, maid, chauffe						
			ur, chei)					
h	If any of the boyos	on line 1a are checked, did the organization follow a written policy regarding payment or						
D	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	tradicide, and office							
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	Independent of	compensation consultant Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а		e payment or change-of-control payment?				X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
С		ceive payment from, an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only postion 504/	N2) E01(a)(4) and E01(a)(20) amonimations must complete lines 5.0						
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. On Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
5	-							
	contingent on the r			5a		x		
a h	Any related organiz	ation?		5a 5b		X		
		pr 5b, describe in Part III.		56				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
•	contingent on the r							
а				6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
		nes 5 and 6? If "Yes," describe in Part III		7		Х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990)	) 2016		

632111 09-09-16

#### 80-0369895

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents		reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

SCHEDULE L	Т	ansactior	ıs V	Vith	Intere	sted	l Pe	rsons			10	ИВ No.	1545-0	)47
(Form 990 or 990-EZ) ► 0	Complete if the	-							26, 27	, 28a,		20	<b>1</b> 6	j
		28b, or 28c, o ► Atta			-EZ, Part V, 990 or Forn			<b>)b.</b>						-
Department of the Treasury Internal Revenue Service	Information ab	out Schedule L (For						www.irs.gov/f	orm99	0.		pen T spect		DIIC
Name of the organization									Em	ployer	r ident	ificati	ion nu	ımber
		R FAMILIE									698	95		
Part I Excess Bene	efit Transad	tions (section 5	01(c)(3	3), sect	ion 501(c)(4	), and 50	01(c)(2	9) organizatio	ns only	<i>y</i> ).				
		swered "Yes" on				5a or 25b	b, or F	orm 990-EZ, F	Part V,	line 40	Db.			
1 (a) Name of disqualified	person (b	) Relationship bet person and o			lified	(0	<b>c)</b> Des	cription of trar	nsactio	n				ected?
		person and o	guinz								Yes No			NO
												-		
												_		
				a na altan										
2 Enter the amount of tax section 4958	•	0	ũ.				Ũ	•		¢ م				
3 Enter the amount of tax,		2. above. reimburs								► \$				
					5						-			
Part II Loans to and	d/or From I	nterested Per	sons	5.										
	-	swered "Yes" on			, Part V, line	38a or I	Form 9	990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an amo (a) Name of	ount on Form 9 (b) Relationsh	90, Part X, line 5, 6 ip <b>(c)</b> Purpose		2. Dan to or		inal	(6)		(~)	10	<b>(h)</b> Ap	proved	(:) V	/ritten
interested person	with organizati		from the		<b>(e)</b> Orig principal a		(1)	(f) Balance due		) In ault?	by bo	ard or	d or	
				To From				Yes No		No	Yes		Yes	No
				1										
				1										
Total Part III Grants or As	esistanco B	enefiting Inte	rosto	d Do	reone	. ▶ \$								
		iswered "Yes" on				7								
(a) Name of interested		(b) Relationship		,	, í	ount of		(d) Type	of		(e	) Purp	ose o	f
		interested pers	son an			tance		assistan			•	assist		
							-+			-+				
				· -	000 0			<u> </u>			000			0.0040

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

Schedule L (Form 990 or 990-EZ) 2016

632131 10-24-16

Complete if the organization answered "Yes" on Form 990. Part IV. line 28a. 28b. or 28c

	165 011 0111 990, Fait IV, III e 20a, 2	00, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
SHEILA CASEY	CHAIR	48,300.	NEWSPAPER,		X

#### Part V Supplemental Information

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

## SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SHEILA CASEY

(D) DESCRIPTION OF TRANSACTION: NEWSPAPER, WHERE CHAIRMAN IS THE COO,

## PROVIDED FREE NEWSPAPER ADVERTISING TO ORGANIZATION.

Schedule L (Form 990 or 990-EZ) 2016

632132 10-24-16

SCHEDULE	Μ
(Earm 990)	

# **Noncash Contributions**

OMB No. 1545-0047

20

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

16

Name of the organization	
	ידידים

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.
 Inspection
 Employer identification number

	BLUE STAR FA	MILIES	, INC.		80	-0369	895	
Pa	t I Types of Property							
		<b>(a)</b> Check if applicable		<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash con	(d) of determin tribution a	0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		598,100.	FAIR MARK	ET VA	LUE	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other  ()							
26	Other ► ()							
27	Other  ( )							
28	Other ► ( )							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for a	contributions				
	for which the organization completed Form 82							
		,,		J			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	oorted in Part I. lines 1 throu	ah 28. that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period			•		30a		х
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •						
31	Does the organization have a gift acceptance	policy that re	eauires the review	of any nonstandard contribu	utions?	31		х
	Does the organization hire or use third parties	•	-	•				
	contributions?		-			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II				,			

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

Schedule M (Form 990) (2016)

632141 08-23-16

17070619 136238 10321

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

7070619 136238 10321	36 2016.03050 BLUE STAR FAMILIES, INC. 10321_2
632142 08-23-16	Schedule M (Form 990) (2016

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 16 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number 80-0369895 BLUE STAR FAMILIES, INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILY MEMBERS TOWARDS OPPORTUNITIES TO BUILD STRENGTH IN INDIVIDUALS, FAMILIES AND COMMUNITIES. WE ACCOMPLISH THIS THROUGH LOCAL CHAPTER-BASED COMMUNITY EVENTS AND BY SERVING AS A BRIDGE BETWEEN FAMILIES AND SUPPORT AND SERVICE ORGANIZATIONS THAT ARE STRIVING TO HELP MAKE MILITARY LIFE MORE SUSTAINABLE. THROUGH OUTREACH AND INVOLVEMENT WITH NATIONAL AND LOCAL ORGANIZATIONS, CIVILIAN COMMUNITIES AND GOVERNMENT ENTITIES, BLUE STAR FAMILIES WORKS HAND IN HAND TO SHARE THE PRIDE OF SERVICE, PROMOTE HEALTHIER FAMILIES, AID IN OUR MILITARY READINESS AND CONTRIBUTE TO OUR COUNTRY'S STRENGTH. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TECHNOLOGY ENGAGEMENT FOR MEMBERS: BLUE STAR FAMILIES USES STATE OF THE

ART OUTREACH AND INFORMATION CHANNELS TO CONNECT WITH MILITARY FAMILIES

AROUND THE WORLD. WE ENGAGE MILITARY FAMILIES THROUGH OUR ONLINE

RESOURCES, ON LINE WEBINARS, ON LINE MENTORING, VIRTUAL HANG-OUTS;

FACEBOOK LIVE AND STREAMING EVENTS AND A VARIETY OF OTHER TECHNOLOGY

CONNECTION POINTS. THIS ALLOWS MILITARY FAMILIES TOA CESS BLUE STAR

FAMILIES AND ITS RESORUCES ANY WHERE IN THE COUNTRY AND IN THE WORLD.

EXPENSES \$ 307,630. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND APPROVED FOR FILING BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C:

 BSF'S CONFLICT OF POLICY REQUIRES THAT MEMBERS OF THE BOARD OF DIRECTORS,

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211 08-25-16
 632211 08-25-16

37

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization BLUE STAR FAMILIES, INC.	Page 2 Employer identification number 80-0369895
MEMBERS OF ANY BOARD COMMITTEE, OFFICERS, KEY EMPLOYEES,	HIGHEST
COMPENSATED EMPLOYEES, AND OTHER PERSONS WITH SUBSTANTIAL	INFLUENCE
DISCLOSE FINANCIAL INTERESTS THAT COULD LEAD TO AN ACTUAL	OR APPARENT
CONFLICT OF INTEREST. A SIGNED DICLOSURE FORM IS USED TO	IMPLEMENT THE
POLICY'S ANNUAL DISCLOSURE REQUIREMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALL COMPENSATION AMOUNTS ARE REVIEWED AND APPROVED BY THE	BOARD OF
DIRECTORS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS,	NH , NJ , NM , NY , NC , ND
OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:PROGRAM SERVICE EXPENSES735,538.MANAGEMENT AND GENERAL EXPENSES46,757.FUNDRAISING EXPENSES14,586.TOTAL EXPENSES796,881.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A796,881.

FORM	1990, PAR'	T XII, L	INE 2C:								
THE	PROCEDURE	DID NOT	CHANGE F	ROM T	ΉE	PRIOR	YEAR	•			
632212 0	8-25-16							Schedu	le O (Forn	n 990 or 990-EZ) (	2016)
1707063	19 136238	10321	201	.6.030	050	38 BLUE	STAR	FAMILIES,	INC.	10321_	2

		•		<u>80</u> _02 <i>C</i>	30005
	FAMILIES, INC	. •		Employer iden 80-036	09090
2212 08-25-16	 		Coh/	edule O (Form 990	or 990_E7) /

#### 2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	CRM SOFTWARE	08/19/13	SL	5.00	ну	17	61,032.				61,032.	28,481.		12,206.	40,687.
2	WEBSITE	06/15/14	SL	3.00	ну	17	46,199.				46,199.	23,100.		15,400.	38,500.
3	WEBSITE	01/08/15	SL	3.00	ну	17	5,250.				5,250.	1,750.		1,750.	3,500.
4	WEBSITE	08/31/15	SL	3.00	ну	17	7,720.				7,720.	858.		2,573.	3,431.
5	WEBSITE	05/20/16	SL	3.00	ну	19A	1,300.				1,300.			254.	254.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						121,501.				121,501.	54,189.		32,183.	86,372.
	* GRAND TOTAL 990 PAGE 10 DEPR						121,501.				121,501.	54,189.		32,183.	86,372.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						120,201.			0.	120,201.	54,189.			86,118.
	ACQUISITIONS						1,300.			0.	1,300.	0.			254.
	DISPOSITIONS						٥.			0.	٥.	٥.			0.
	ENDING BALANCE						121,501.			0.	121,501.	54,189.			86,372.
	ENDING ACCUM DEPR											86,372.			
	ENDING BOOK VALUE											35,129.			

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form	4562
	ment of the Treasury

Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

Attachment Sequence No. 179 Identifying number

ΖU

OMB No. 1545-0172

6

BLU	JE STAR FAMILIES, I				м 990 р			80-0369895
	rt I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have	e any lis	ted property,	complete Par		
	Maximum amount (see instructions)							500,000
	Fotal cost of section 179 property place							0 010 000
	Threshold cost of section 179 propert		2,010,000					
<b>4</b> F	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-					
-	Dollar limitation for tax year. Subtract line 4 from lin			-				
6	(a) Description of p	property	(b) C	ost (busin	ess use only)	(c) Electe	ed cost	
	isted property. Enter the amount fror							
	Total elected cost of section 179 prop							
	Fentative deduction. Enter the <b>smalle</b>							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the		-					
	Section 179 expense deduction. Add						12	
	Carryover of disallowed deduction to 2 : Don't use Part II or Part III below for				▶ 13			
	rt II Special Depreciation Allow			tinclude	listed proper	tv )		
	Special depreciation allowance for qua					,,		
	he tax year					U	14	
	Property subject to section 168(f)(1) e						····· + + + + + + + + + + + + + + + + +	
	Other depreciation (including ACRS)						16	
	rt III MACRS Depreciation (Don'							
		•	Section					
<b>17</b> N	MACRS deductions for assets placed	in service in tax ve	ears beginning befo	ore 2016	3		17	31,929
	f you are electing to group any assets placed in se							
	Section B - Assets	s Placed in Servic	e During 2016 Tax	x Year l	Jsing the Ger	eral Deprec	iation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investme only - see instruct	nt use	(d) Recovery period	(e) Conventior	n (f) Method	(g) Depreciation deduction
19a	3-year property		1,	300.	3 YRS.	HY	$\mathtt{SL}$	254.
b	5-year property							
с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	nesidential rental property	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
		/				MM	S/L	
	Section C - Assets	Placed in Service	During 2016 Tax	Year Us	sing the Alter	native Depre	<u> </u>	stem
20a	Class life	_					S/L	
b	12-year				12 yrs.		S/L	
C	40-year	/			40 yrs.	MM	S/L	
	rt IV Summary (See instructions.)							
	_isted property. Enter amount from lin						21	
	<b>Fotal.</b> Add amounts from line 12, lines	-						22 102
	Enter here and on the appropriate line				ions - see inst	r	22	32,183
	For assets shown above and placed in	-	-					
-	oortion of the basis attributable to sec 1 12-21-16 LHA For Paperwork Red							Form <b>4562</b> (2016
01025			,	aucuul				

40 2016.03050 BLUE STAR FAMILIES, INC.

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	m 4562 (2016)		E STAR											895	
Pa	<b>Listed Proper</b> recreation, or a		utomobiles, ce	ertain ot	her vehic	cles, c	ertain ai	rcraft, c	ertain com	puters,	and prop	perty use	ed for en	itertainm	ent,
	Note: For any	vehicle for wh	nich you are u	ising the	standar	rd mile	eage rate	e or ded	ucting leas	se exper	nse, com	nplete <b>or</b>	<b>ily</b> 24a, 2	24b, colu	imns
	(a) through (c)		all of Section on and Other						tions for li	mite for	n200000		mobilos	1	
24-	Do you have evidence to s	-			-		Yes		24b If "Y			-		Yes	
2-70	•	(b)	(c)			$\neg$	(e		(f)		(g)		(h)		<u>_</u> (i)
	<b>(a)</b> Type of property (list vehicles first)	Date placed in service	Business/ investment use percentag		<b>(d)</b> Cost or ther basis	1	Basis for de (business/ii use c	nvestment	Recovery period	Me	thod/ vention	Depre	eciation uction	Ele sectio	cted
25	Special depreciation all	owance for q	ualified listed	propert	y placed	in ser	vice dur	ing the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more that														
		: :	Q	6											
		: :		6											
		: :		6											
27	Property used 50% or le	ess in a quali		-					1	1		1			
		: :		6						S/L -				-	
		: :		6						S/L -				-	
	A del energia conte las estas areas	(1-) 1/ 05	-	6						S/L -				-	
	Add amounts in column												00		
29	Add amounts in column	1 (I), IINe 26. E			7, page B - Infor						<u></u>	<u></u>	. 29		
Cor	nplete this section for ve	phielos usod ł					-			or rolato	d parso	a If you	providor	1 vobielo	<u> </u>
	our employees, first ans														5
10 y	our employees, mat and				See ii yo	umee		option	ocompica	ing this t	50010111			5.	
				(	(a)		(b)		(c)	(	d)	(	e)	(1	F)
30	Total business/investment	miles driven du	uring the		hicle	۱ I	Vehicle	· · ·	/ehicle		hicle		hicle	Veh	
	year ( <b>don't</b> include commu	iting miles)													
	Total commuting miles														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32	2									-				
34	Was the vehicle availab	•		Yes	No	Yes	s No	Ye:	s No	Yes	No	Yes	No	Yes	N
	during off-duty hours?							_	_						
35	Was the vehicle used p														
	than 5% owner or relate							_							
36	Is another vehicle availa	•													
	use?				<u> </u>			<u> </u>	<u> </u>	I	<u> </u>				
			- Questions f		-					-					
	swer these questions to	determine if y	ou meet an e	xceptio	n to com	pletin	g Sectio	on B for v	/ehicles us	sed by e	mployee	es who a	ren't mo	ore than a	5%
	ners or related persons. Do you maintain a writte	n naliay atat	amont that ar	obibito			o of vob	ioloo ini		mmutine				Yes	
37	•		-		-				-	-					
38	employees? Do you maintain a writte													·	
	employees? See the ins		-	-							-				
	Do you treat all use of v														
	Do you provide more th													·	
	the use of the vehicles,		•												
	Do you meet the require														
	Note: If your answer to														
Pa	art VI Amortization														
	(a) Description o	f agata		(b)		(c	;)		(d)		(e)			(f)	
	Description o	I COSIS		amortization begins		Amorti amo			Code section		Amortiza period or pe		fc	mortization or this year	
42	Amortization of costs th	nat begins du	ring your 2010	6 tax ye	ar:										
				: :											
				: :											
	Amortization of costs th											43			
44	Total. Add amounts in o	column (f). Se	e the instruct	ions for	where to	o repo	ort					44			
6162	252 12-21-16												F	orm <b>456</b>	<b>2</b> (20
. –		10001		0.0.4	c		41								
)7	0619 136238	10321		201	6.030	050		E ST.	AR FAI	MILI	ES,	INC.		1032	1

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Entor filor's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er sidentinyi	ng number			
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or							
print	BLUE STAR FAMILIES, INC.		80-0369895						
File by the	Number, street, and room or suite no. If a P.O. box, s	Social co							
due date for filing your return. See	P.O. BOX 230637	SUCIAI SE	ocial security number (SSN)						
instructions									
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)						
Applicat	ion	Return	Application		Return				
Is For		Code	Is For	Code					
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990	)-BL	02	Form 1041-A	08					
Form 472	20 (individual)	03	Form 4720 (other than individual)	09					
Form 990	)-PF	04	Form 5227	10					
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 990	)-T (trust other than above) THE ORGANIZATI	06	Form 8870						
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>I refor</li> <li>for</li> </ul>	quest an automatic 6-month extension of time until         the organization named above. The extension is for the         X       calendar year 2016 or         tax year beginning	Group Exe and atta NOVEI organizati	emption Number (GEN) Ich a list with the names and EINs o MBER 15, 2017 , to file on's return for: d ending	f this is fo f all memb	r the whole g	nsion is for.			
2 If t	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n				
3a lft	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_			
noi	nrefundable credits. See instructions.			3a	\$	0.			
<b>b</b> If t	nis application is for Forms 990-PF, 990-T, 4720, or 6069								
est	imated tax payments made. Include any prior year over	3b	\$	0.					
c Ba	lance due. Subtract line 3b from line 3a. Include your pa			_					
by using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.			
instructio				3453-EO a					
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form <b>8</b>	868 (Rev. 1-2017)			

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