DLN: 93493264007082 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011

Open to Public Inspection

A Fo	r the 20	011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011			
B Ch	eck if app	olicable BLUE STAR FAMILIES INC	D Emplo	yer ide	ntification number
Add	dress chai	nge		36989	
— Na	me chang	Doing Business As le	E Teleph	one nu	mber
Ini	ial return	Number and street (or P O box if mail is not delivered to street address) Room/suite	(914)	271-2	2748
Те	mınated	PO BOX 322	G Gross r	eceipts	\$ 1,277,124
_ Am	ended re		-		
☐ _{Ap}	olication p	FALLS CHURCH, VA 22040 pending			
		F Name and address of principal officer MARK SMITH PO BOX 322 FALLS CHURCH, VA 22040	H(a) Is this a group affiliates? H(b) Are all affiliates	include	ΓYes Γ No
I Ta	x-exemp	t status	H(c) Group exempt		
J W	ebsite:	► WWW BLUESTARFAM ORG			
K For	m of orga	nization 🔽 Corporation Trust Association Other ►	L Year of formation 20	009 M	State of legal domicile GA
Pa	rt I	Summary			
Governance		riefly describe the organization's mission or most significant activities D. CONNECT, ENGAGE, AND EMPOWER MILITARY FAMILIES WITHIN THE (
Š	2 CI	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its	net as	ssets
	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	12
Activities &	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	11
Ě		otal number of individuals employed in calendar year 2011 (Part V, line 2a) .		5	1
ਤੂ	6 To	otal number of volunteers (estimate if necessary)		6	125
4	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b No	et unrelated business taxable income from Form 990-T, line 34	1	7b	0
			Prior Year		Current Year
a)		Contributions and grants (Part VIII, line 1h)	393,		
Revenue		Program service revenue (Part VIII, line 2g)		0	0
₽ĕ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	-761
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		401	179
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	393,	986	1,251,840
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		0	133,520
Ť	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ਨੂੰ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶62,588			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	330,	875	857,599
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	330,	875	991,119
	19	Revenue less expenses Subtract line 18 from line 12	63,	111	260,721
Net Assets or Fund Balances			Beginning of Curre Year	nt	End of Year
See.	20	Total assets (Part X, line 16)	255,	571	531,262
절	21	Total liabilities (Part X, line 26)	12,	828	27,798
žΞ	22	Net assets or fund balances Subtract line 21 from line 20	242,	743	503,464
Pa	t II	Signature Block			
		es of perjury, I declare that I have examined this return, including acco			

knowledge.

Sign	Signature of officer							
Here	MARK SHITH EXECUTIVE DIRECTOR							
	Type or print name and title							
Paid	Preparer's signature ANDREW LEVINE	Date						
Preparer's Use Only	Firm's name (or yours RAICH ENDE MALTER & CO LLP self-employed),							
200 Omy	address, and ZIP + 4 T 1375 BROADWAY							
	NEW YORK, NY 10018							

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

Par	Statement of Program Check if Schedule O contains	Service Accomplishments sa response to any question in this	Part III	
1	Briefly describe the organization's i	mission		
WITH DEPI GOV THE AND	MISSION OF BLUE STAR FAMILIES HIN THE GREATER COMMUNITY T LOYING UNITS AS WELL AS PROVI ERNMENT, NATIONAL ORGANIZA UNIQUE CHALLENGES OF MILITA CONTRIBUTIONS OF MILITARY F IVITIES THAT FAMILIES THEMSEL	HÉ ORGANIZATION OFFERS SUP DES A CONNECTION BETWEEN A TIONS, AND LOCAL CIVILIAN CO RY LIFE THE ORGANIZATIONAL AMILIES, AND TO PROMOTE HEA	PORT PROGRAMS ESPECIALLY T AMERICA'S MILITARY FAMILIES A DMMUNITIES TO FOSTER A BETT GOAL IS TO INCREASE AWAREN ALTHIER FAMILIES AND COMMUN	O THE FAMILIES OF AND THOSE IN OUR ER UNDERSTANDING OF ESS ABOUT THE NEEDS
2	Did the organization undertake any the prior Form 990 or 990-EZ? . If "Yes," describe these new service		the year which were not listed on	┌ Yes ┌ No
_			h h	
3	Did the organization cease conducti services?		now it conducts, any program	┌ Yes ┌ No
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	n service accomplishments for each 01(c)(4) organizations and section	4947(a)(1) trusts are required to re	port the amount of
	(Code) (Expenses	s\$ 417,462 including grant	ts of \$) (Revenue \$)
	ISSUES THAT AFFECT THE MILITARY FAMIL LOCAL LEVELS ABOUT THE FINDINGS AND LIFESTYLE SURVEY IS THE PRINCIPLE VEH SERVICE MEMBERS, SPOUSES, VETERANS WORKED WITH THE CREATIVE COALITION PSA SERIES FEATURING A NUMBER OF FAIR 2011 BSF ALSO FILMED A SECOND SUICIL BSF ALSO CONDUCTED PLANNING FOR THE CONFERENCE CENTER NEAR JACKSONVILLE	LY COMMUNITY, USING THE INFORMATION TO WORK COLLABORATIVELY TO FIND INNO ICLE THROUGH WHICH THESE ISSUES ARE AND FAMILY MEMBERS OF ACTIVE, RESERY, TRAGEDY ASSISTANCE PROGRAM FOR SUMILIAR CELEBRITIES TITLED "I DON'T KNOVES SERIES FEATURING COUNTRY MUSIC AFE 2ND WHITE OAK CONFERENCE ON MILIT.	CT & EMPOWER MILITARY FAMILIES CONDUTO INFORM MILITARY AND CIVILIAN LEADED VATIVE AND EFFECTIVE SOLUTIONS THE A IDENTIFIED CURRENTLY OVER 4,200 RESPORT OF AND NATIONAL GUARD PARTICIPATED IN RVIVORS (TAPS) AND HEALTH NET TO PRODUW WHAT IT'S LIKE" WHICH PREMIERED AT A RETISTS TITLED "THIS COUNTRY CARES" WHICH FAMILY AND VETERANS ISSUES THAT WE COMMUNITY BLUEPRINT INITIATIVE WHICH ENCE HELD IN 2010	RS AT THE NATIONAL, STATE AND NNUAL BSF MILITARY FAMILY PONDENTS, INCLUDING ACTIVE THE SURVEY ADDITIONALLY, BSF UCE A SUICIDE PREVENTION VIDEON WASHINGTON GALA EVENT IN ICH WILL BE RELEASED IN 2012 OAS HELD AT THE WHITE OAK
	(6-1-	274 204	\(\(\text{D}\) \(\text{D}\)	,
4b	WHICH DISTRIBUTED OVER 34,000 BOOKS PARTNERSHIP WITH THE NATIONAL ENDO FROM MEMORIAL DAY THROUGH LABOR D. A BLUE STAR MUSEUM OPERATION HONO	DELIVERS INNOVATIVE PROGRAMS THAT AR 5 IN 2011 TO MILITARY IMPACTED SCHOOL WMENT OF THE ARTS, WHICH OFFERS FRE AY IN 2011, 1,526 MUSEUMS PARTICIPATE R CARD, A BSF PROGRAM LAUNCHED IN TH	es of \$) (Revenue \$ ES GEARED FOR THE MILITARY COMMUNITY SOURCE AND LIBRARIES AROUND THE COUNTRY, A ES ADMISSION TO MILITARY FAMILIES TO PA ED IN THE PROGRAM WITH OVER 350,000 M ES SPRING OF 2011, PARTNERING WITH TH E, RECEIVED OVER 14 MILLION HOURS OF S	AND BLUE STAR MUSEUMS - A RTICIPATING MUSEUMS AND RUNS IILITARY FAMILY MEMBERS VISITIN E RED CROSS, SERVICE NATION,
	(Code) (Function	40.260) (Davis use A	,
4 c	(Code) (Expenses MEMBERSHIP AND CHAPTERS - BSE MISSI		s of \$) ID IN THE COMMUNITIES WHERE
	THEY LIVE BSF DOES THIS THROUGH A CI DIRECTORS, REACH OUT TO LOCAL AND S	HAPTER NETWORK THAT INCLUDED 25 CH	APTERS AT YEARS END THESE CHAPTERS, I UNITY LEADERS TO SPREAD THE WORD ABO	ED BY VOLUNTEER CHAPTER
	Other program services (Describe	a in Schadula O)		
-ru	(Expenses \$	in Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expenses►\$, (φ	,

art IV	Checklis	t of	Required	Schedules

	Checking of Redail of Solication			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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 $IV \bigcirc I$	9		No
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 $\sqrt{2}$	10		Νo
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, line10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O Contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140
	Tabouthousehousefforms W 2C molecular land 15 Faton C effect anniholds	-		
В	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC	165	
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?]		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year ⁷	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See hist decions for himing requirements for Form FB F 30 22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
е	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7h		
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12-		122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
đ	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand	-		
•	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		No
8	or persons other than the governing body?			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
				1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 BAY BUSINESS GROUP

180 SOUTH WASHINGTON STREET FALLS CHURCH, VA 22046

(703) 533-0888

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

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, and current key employees 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, or 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 organiz	zation nor any re	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) LAURA DEMPSEY CHAIRMAN	5 00	х		х				0	0	0
(2) KATE HOWARD SECRETARY	5 00	х		Х				0	0	0
(3) SCOTT ALLEN TREASURER	1 00	х		Х				0	0	0
(4) KATHY ROTH-DOUQUET PRESIDENT	20 00	Х		Х				28,000	0	0
(5) CONNIE MILSTEIN DIRECTOR	1 00	х						0	0	0
(6) SSGT RET CHARLES J EGGLESTON DIRECTOR	1 00	Х						0	0	0
(7) SHERRI GOODMAN DIRECTOR	1 00	х						0	0	0
(8) SUE HOPPIN DIRECTOR	1 00	Х						0	0	0
(9) LINDA P HUDSON DIRECTOR	1 00	х						0	0	0
(10) STEVE HILTON DIRECTOR	1 00	х						0	0	0
(11) LES BROWNLEE DIRECTOR	1 00	х						0	0	0
(12) SHEILA CASEY DIRECTOR	1 00	х						0	0	0
(13) MARK D SMITH VICE PRESIDENT	40 00	х		Х				96,000	0	0

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

									T	1			
(A) Name and Title		(B) Average hours per week (describe	Average hours more than one box, compensation per unless person is both week an officer and a describe director/trustee) 2/1099-MISC)							(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensatio from the organization a related	
		for related organizations in Schedule O)	for related organizations in Schedule Schedule				reiat organiza						
											+		
					_						+		
											+		
											+		
											+		
											+		
											+		
											_		
											_		
1b	Sub-Total				•	•		P					
С	Total from continuation sheets	to Part VII, Sec	tion A	• •	•	•		 -	124 000		0		(
d	Total (add lines 1b and 1c) . Total number of individuals (incl	udına but not lın	utod to	thos	• • lic	· tod	• •	\ wbc	124,000	. n	٥		
2	\$100,000 of reportable compen					teu	above) WIIC	received more tha	111			
												Yes	No
3	Did the organization list any for				e, k	ey e	mploy	ee, c	or highest compens	ated employee		1.55	
	on line 1a? If "Yes," complete Sch					•	•	•		• • •	3		No
4	For any individual listed on line : organization and related organiz												
	individual			•	•	•		•			4		No
5	Did any person listed on line 1a services rendered to the organiz									or individual for	5		NI a
	services rendered to the organization? If "Yes," complete Schedule I for such person							э		No			
Se	ection B. Independent Con			•									
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio											
	Nar	(A) ne and business add	dress						Desc	(B) ription of services		(C Comper	
											#		
					_				 		_+		
											7		
2	Total number of independent cont	ractors (ıncludır	ng but n	ot lır	nıted	l to 1	those	liste	d above) who recen	ved more than	+		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	444	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ts ts	1a	Federated campaigns 1a					
and and	b	Membership dues 1b					
50€							
ર્જુ 🖺	С	Fundraising events 1c					
동등	d	Related organizations 1d					
°,E	e	Government grants (contributions) 1e					
<u>등</u> %	f	All other contributions, gifts, grants, and 1f	1,252,422		i		i
重量	-	sımılar amounts not ıncluded above					
温ま	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$ 260,469		4 252 422			
<u>ं</u> ल	h	Total. Add lines 1a-1f	•	1,252,422			
œ.			Business Code				
E.	2a						
% 92	ь						
Ф П	С						
2							
Š	d						
Ē	е						
Program Serwce Revenue	f	All other program service revenue					
<u>δ</u>	g	L Total. Add lines 2a-2f	b				
	3	Investment income (including dividends					
		and other similar amounts)	· -	17	17		
	4	Income from investment of tax-exempt bond pr	<u> </u>				
				179	179		
	5	Royalties		1,7	1,3		
	6-	(i) Real	(II) Personal				
	6a	Gross rents Less rental					
	b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount 24,506	(, 55.				
		from sales of assets other					
		than inventory					
	b	Less cost or 25,284 other basis and					
		sales expenses					
	С	Gain or (loss) -778					
	d	Net gain or (loss)		-778	-778		
	8a	Gross income from fundraising					
Other Revenue		events (not including					
₹		\$ of contributions reported on line 1c)					
é l		See Part IV, line 18					
-		a					
‡	b	Less direct expenses b					
Ò	С	Net income or (loss) from fundraising e	vents 🟲 📗				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	h	a Local direct expenses					
	b	Less direct expenses b Net income or (loss) from gaming activities.	utuas 📴				
	C	1	ities				
	10a	Gross sales of inventory, less returns and allowances					
		a					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inver	ntory 🟲				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c						
	_	All other revenue					
	d	All other revenue					
	е	Total. Add lines 11a-11d	· · · · •				
	12	Total revenue. See Instructions					
			•	1,251,840	-582	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	124,000	82,467	19,633	21,900
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,520	6,043	1,793	1,684
11	Fees for services (non-employees)				
а	Management				
b	Legal	25,275		25,275	
C	Accounting	22,548		22,548	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	547,450	510,686	4,139	32,625
12	Advertising and promotion	19,577	19,577		
13	Office expenses	15,812	15,333	413	66
14	Information technology	5,296	1,801	3,495	
15	Royalties				
16	Occupancy	3,500	3,500		
17	Travel	75,980	63,200	6,814	5,966
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,678	6,678		_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,237		3,237	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BOOKS ON BASES	102,207	102,207		
b	POSTAGE	10,043	9,199	648	196
c	PRINTING AND COPYING	9,595	8,460	996	139
d	GIFTS AND DONATIONS	7,759	7,071	688	
e					
f	All other expenses	2,642	1,894	736	12
25	Total functional expenses. Add lines 1 through 24f	991,119	838,116	90,415	62,588
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		152,199	1	264,059
	2	Savings and temporary cash investments		0	2	99,548
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		98	4	6,427
	5	Receivables from current and former officers, directors, trustees, k highest compensated employees Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sect persons described in section $4958(c)(3)(B)$ Complete Part II of				
w		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
88	8	Inventories for sale or use			8	_
٩	9	Prepaid expenses and deferred charges		50,000	9	3,000
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a			
	ь	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		53,274	15	158,228
	16	Total assets. Add lines 1 through 15 (must equal line 34)		255,571	16	531,262
	17	Accounts payable and accrued expenses .		12,828	17	27,798
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ر. م	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ф		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X			25	
	26	Total liabilities. Add lines 17 through 25		12,828	26	27,798
		Organizations that follow SFAS 117, check here ▶ ┌ and complet	e lines 27	12,525	20	
υč	27	through 29, and lines 33 and 34. Unrestricted net assets		30,311	27	-42,714
<u>ප</u>				212,432	28	546,178
<u>~</u>	28	Temporarily restricted net assets		212,432		340,178
ĭ	29	Permanently restricted net assets			29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ► and c lines 30 through 34.	ompiete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund	5		32	
Š	33	Total net assets or fund balances		242,743	33	503,464
_	34	Total liabilities and net assets/fund balances		255 571	34	531 262

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.2	251,84
2	Total expenses (must equal Part IX, column (A), line 25)	2			91,11
3	Revenue less expenses Subtract line 2 from line 1	3		2	260,72
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	242,74
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5	503,46
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	٠ . ا	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b		

Employer identification number

OMB No 1545-0047

MB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2011

Open to Public Inspection

BLUE STAR FAMILIES INC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızat col (ı) lıs your gove	Is the		(v) Did you notify the organization in col (i) of your support?		e on in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 382,333 393,281 1,252,422 2,028,036 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 382,333 393,281 1,252,422 2,028,036 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 343,160 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public Support. Subtract line 5 from 1,684,876 line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total (a) 2007 beginning in) 393,281 382,333 1,252,422 2,028,036 Amounts from line 4 Gross income from interest, dividends, payments received on 118 401 179 698 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part 10 IV) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 2,028,734 through 10) Gross receipts from related activities, etc (See instructions) 12 12 10,500 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2011. 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—2010. If the organization did not check the 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493264007082

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

	me of the organization ► Attach to Fo	orm 990. ► See separate instructions.	Empl	oyer identification	numbe	
	JE STAR FAMILIES INC			•		
Da	rt I Organizations Maintaining Donor Ad	dvised Eurods or Other Similar Eu		369895	omplot	to if the
Pε	organizations Maintaining Donor At		nus (or Accounts.	omplet	e ii tile
	<u> </u>	(a) Donor advised funds	(b) Funds and othe	raccou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		radvi		Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y othe	r purpose F	Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form	n 990, Part IV, lı	ne 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure)	ertified	i historic structure		э
		L		Held at the End	of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	by th	e organızatıon durı	ng	
	the taxable year ►					
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— ling of		- Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easeme	ents du	ırıng the year 🗠		
7	A mount of expenses incurred in monitoring, inspecting					
•	▶ \$		_	•		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	ion	Γ	Yes	┌ No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial :			es	
Par	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures, o	r Oth	ner Similar Ass	sets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h ın fuı			÷,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- -\$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA!		financ			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

te a b c F 4 Pr Pa 5 Du as Part I	ring the organization's accession and other ms (check all that apply) Public exhibition Scholarly research Preservation for future generations ovide a description of the organization's cort XIV Iring the year, did the organization solicities sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the organization an agent, trustee, custod cluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV	ollections and explain or receive donations to be maintained as ements. Compl nount on Form 99	d e ain how s of ar part c ete if 90, Pa	v the t, his of the the art X	Loan Othe y further torical organ	or exchar r er the or treasure ization's	ange progi ganization es or othe collection	rams 1's exe r sımı 1?	empt purpos lar	e in 		
b C c C 4 Propa 5 Du as Part I	Scholarly research Preservation for future generations ovide a description of the organization's cort XIV iring the year, did the organization solicit cosets to be sold to raise funds rather than to the second and Custodial Arrang Part IV, line 9, or reported an anothe organization an agent, trustee, custodial didded on Form 990, Part X?	or receive donations to be maintained as ements. Compl nount on Form 99	e s of ar part c ete if 90, Pa	t, his of the the art X	Othe y furthe torical organ	r er the or treasure ization's	ganizatior es or othe collectior	ı's exe rsımı ı?	lar	ΓY		
4 Propa Pa 5 Du as Part I	Preservation for future generations ovide a description of the organization's cort XIV Iring the year, did the organization solicit of sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the Description of the organization and agent, trustee, custod cluded on Form 990, Part X?	or receive donations to be maintained as ements. Compl nount on Form 99	s of ar part o ete if 90, Pa	t, his of the the art X	y furtho torical organ organ	er the or treasure ization's	es or othe collectior	rsımı 1 [?]	lar	ΓY		_
4 Propa S Duas Part I	ovide a description of the organization's cort XIV Iring the year, did the organization solicition sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the secretary and Custodial Arrang Part IV, line 9, or reported an anothe organization an agent, trustee, custodial didded on Form 990, Part X?	or receive donations to be maintained as ements. Compl nount on Form 99	s of ar part o ete if 90, Pa	t, his of the the art X	torical organ organ	treasure ızatıon's	es or othe collectior	rsımı 1 [?]	lar	ΓY		_
Part I	ovide a description of the organization's cort XIV Iring the year, did the organization solicition sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the secretary and Custodial Arrang Part IV, line 9, or reported an anothe organization an agent, trustee, custodial didded on Form 990, Part X?	or receive donations to be maintained as ements. Compl nount on Form 99	s of ar part o ete if 90, Pa	t, his of the the art X	torical organ organ	treasure ızatıon's	es or othe collectior	rsımı 1 [?]	lar	ΓY		_
Part I	Sets to be sold to raise funds rather than to the sold to raise funds rather than to the control of the sold that the organization an agent, trustee, custod cluded on Form 990, Part X?	o be maintained as ements. Compl nount on Form 99	part of ete if 90, Pa	the the art X	organ organ	ızatıon's	collection	۱?				_
1a Is	Part IV, line 9, or reported an an the organization an agent, trustee, custod cluded on Form 990, Part X?	ements. Compl nount on Form 99	ete ıf 90, Pa	the art X	organ				!! to Forms			
1a Is	Part IV, line 9, or reported an an the organization an agent, trustee, custod luded on Form 990, Part X?	nount on Form 99	90, Pa	art X		ization						No
ınc	the organization an agent, trustee, custod luded on Form 990, Part X?					21.	answere	u re	es to Form	1 990,		
b If	"Yes," explain the arrangement in Part XI\			for c			other ass	ets n	ot	ΓY	es	┌ No
		/ and complete the	follow	ıng t	able		_					
							-			Amoun	it	
	eginning balance						F	1c				
	dditions during the year						-	1d				
	stributions during the year							1e				
	nding balance						L	1f				
	d the organization include an amount on Fo		e 21?							ΓY	es	No
	"Yes," explain the arrangement in Part XIV				1 1157	". =			T) / 1 / 4/			
Part \	Endowment Funds. Complete	the organizatio (a)Current Year		wer Prior			orm 990, Years Back		hree Years Bac		our Ye	ears Back
1a Be	ginning of year balance	(a)current rear	(6)	i noi	rcai	(c) wo	TCG13 DGCK	1(4)	ince rears bac	(e)	our re	ars back
	ontributions							+				
	vestment earnings or losses							1				
	ants or scholarships							1		1		
e 0 t	ther expenditures for facilities											
	d programs							+				
	Iministrative expenses							+				
_	d of year balance							1				
	ovide the estimated percentage of the yea	r end balance held	as									
a Bo	ard designated or quasi-endowment 🕨											
b Pe	rmanent endowment 🕨											
	rm endowment 🕨											
	e there endowment funds not in the posses ganization by	ssion of the organiz	ation	that	are hel	d and ad	ministere	d for t	:he	Г	Yes	No
-	unrelated organizations								[3	a(i)	163	
	related organizations								<u> </u>	a(ii)		
b If	"Yes" to 3a(II), are the related organization	ns listed as require	d on S	chec	lule R?					3b		
4 De	scribe in Part XIV the intended uses of th	e organızatıon's en	dowme	ent fu	ınds							
Part V	Land, Buildings, and Equipme	nt. See Form 99	90, Pa	rt X	, lıne	10.						
	Description of property					or other estment)	(b) Cost or basis (ot		(c) Accumu depreciati		(d) Bo	ook value
1a Lan	d											
b Buil	dıngs		•									
c Lea	sehold improvements											
d Equ	ipment											
	er	<u></u>										
Total. A	dd lınes 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B)	, line	10(c).)						0

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
(1)Financial derivatives		Cost of end-o	-year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of end-o	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
(1) UNDISTRIBUTED BOOKS			158,228
			·
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)		158,228
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			158,228
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	K, line 25.		158,228
Other Liabilities. See Form 990, Part > (a) Description of Liability			158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.	.	158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part >	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.	.	158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.		158,228
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	K, line 25.	, , , F	158,228

2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on Investments . 2a 3 Net unrealized gains on investments . 2a 4 Add lines 2a through 2d 5 Subtract line 2e from line 1 6 Add lines 2a through 2d 7 Amounts included on Form 990, Part VIII, line 12, but not on line 1 7 Amounts included on Form 990, Part VIII, line 12, but not on line 1 8 Investment expenses not included on Form 990, Part VIII, line 7b 9 Other (Describe in Part XIV) 9 Other (Des	to Financial Statements
3 2 2 3 2 2 4 Net unrealized gains (losses) on investments	1 1,251,840
4 Net unrealized gains (losses) on investments	2 991,119
5 Donated services and use of facilities 5	3 260,721
6 Investment expenses 6 7 7 Pror period adjustments 7 7 8 Other (Describe in Part XIV) 8 8 9 Total adjustments (net) Add lines 4 - 8 9 9 10 zecss or (deficit) for the year per financial statements Combine lines 3 and 9 10 2 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Amounts included on line 1 but not no Form 990, Part VIII, line 12 2a 1 1,2 a Net unrealized gains on investments 2a 2a 2a 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 <	4
6 Investment expenses 6 7 7 Pror period adjustments 7 7 8 Other (Describe in Part XIV) 8 8 9 Total adjustments (net) Add lines 4 - 8 9 9 10 zecss or (deficit) for the year per financial statements Combine lines 3 and 9 10 2 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Amounts included on line 1 but not no Form 990, Part VIII, line 12 2a 1 1,2 a Net unrealized gains on investments 2a 2a 2a 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 <	5
7	6
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 2 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	7
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Net unrealized gains on investments 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Recoveries of prior year grants 2 C Recoveries of prior year grants 3 1,22 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 4 C Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12) 6 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses 2 C C Other losses 2 C C Other losses 3 Subtract line 2 efrom line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII,	8
### Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) d Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b c Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements with Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:	9 10 260,721
1 Total revenue, gains, and other support per audited financial statements	
a Net unrealized gains on investments	1
b Donated services and use of facilities	
c Recoveries of prior year grants	2a
d Other (Describe in Part XIV)	2b
Add lines 2a through 2d 3	2c
3	2d
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	2e 0
Investment expenses not included on Form 990, Part VIII, line 7b . 4a	3 1,251,840
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4a
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	4b
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	4c 0
Total expenses and losses per audited financial statements	
statements	
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	991,119
a Donated services and use of facilities	
c Other losses	2a
d Other (Describe in Part XIV)	2b
Add lines 2a through 2d	2c
3 Subtract line 2e from line 1	2d
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	2e 0
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	3 991,119
b Other (Describe in Part XIV)	
	4a
c Add lines 4a and 4b	4b
	4c 0
	e 18) 5 991,119
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide an additional information	

Identifier	Return Reference	Explanation
		FIN 48 DISCLOSURE - THE ORGANIZATION BELIEVES
		THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
		POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE
		ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO
		THE FINANCIAL STATEMENTS

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DLN: 93493264007082

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Inspection

wame	or the	organi	zatio
BLUE ST	TAR FAI	MILIES IN	IC

Employer identification number

					80-0369895			
Pa	rt I Types of Property	1	T	,	T			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermır		
1	Art—Works of art		0					
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		206,685	FAIR MARKET VAL	.UE		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	Х	1	25,284	FAIR MARKET VAL	.UE		
LO	Securities—Closely held stock \blacksquare							
l 1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic							
L 4	structures							
L 5	Real estate—Residential .							
	Real estate—Commercial	Х	1	3.500	FAIR MARKET VAL	U E		
	Real estate—Other		_	5,555				
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	LEGAL							
25	Other►(<u>SERVICES</u>)	Х	1	25,000	FAIR MARKET VAL	.UE		
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
					4 20 11 1 :		Yes	No
sva	During the year, did the organiza							
	must hold for at least three year			,	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31 32-	Does the organization have a gif					31		No
s∠a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	t revenues i	ın column (c) for a type of p	roperty for which column (a) is checked,			
	december in Death II					1	I	

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493264007082

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization BLUE STAR FAMILIES INC

Employer identification number

80-0369895

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	BLUE STAR FAMILIES INC DID NOT HAVE ANY COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY IN 2011
	FORM 990, PART VI, SECTION B, LINE 12C	POSSIBLE CONFLICTS OF INTEREST ARE DISCUSSED AT REGULAR BOARD MEETINGS
	FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION AMOUNTS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Additional Data

Software ID: Software Version:

EIN: 80-0369895

Name: BLUE STAR FAMILIES INC

Form 990, Special Condition Description:

Special Condition Description