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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For	the 2021 calend	dar year, or tax year b	eginning 7/	01	, 2021, and endin	9 6/3	10		, 20 2022	
В	Checl	k if applicable:	С			, , ,				ification number	
		Address change	STARability F	oundation	Tna						
	-	Name change	5125 Castello	Dr.	Inc.		1		2516		
		3.	Naples, FL 34					E Teleph	one num	ber	
	Н	nitial return	Mapies, ri 34	103				(23	9) 5	94-9007	
		inal return/terminated					1	,			
		Amended return						G Gross	racaints	\$ 126	1,032.
		Application pending	F Name and address of pr	rincipal officer: 12.			H(a) Is this a				199
	1		Same As C Abo	1/6	nneth Gilma	111 I				1.0	
T	Tay	-exempt status:	X 501(c)(3) 501(c		:	47/ 1/41	H(b) Are alf s If "No," a	attach a list	. See ins	i? tructions.	s No
j					insert no.) 49	47(a)(1) or 527					
_			w.starability.	.org			H(c) Group ex		umber 🏲		
K		m of organization:	X Corporation Trust	Association	Other ►	L Year of formation	on: 1983	M:	State of le	egal domicile: F	L
Pa	art I	Summar	У								
	1	Briefly describ	pe the organization's m	nission or most s	significant activiti	es: To transfo	orm the	1ive	s of	individ	nale
Ф		with dis	abilities by p	roviding s	social, voc	rational and	educat	ional	CODE	ections	±4.
2		the commi	unity, while s	trengthen	ing awarene	ess and respe	ct for	indi	zi dua	1 261111	100
Ē					and tone	boo and respe	CC_ TOT_	_ <u> </u>	Tuug	TT aprili	Te2.
Š	2	Check this box	if the organiz	ration discontinu	ed its operations	or disposed of more		of its =			
පි	3		ing members of the go	overning body (f	Part VI line 1a)	or disposed of friore	# ulan 25%	o or its ri	FO	ets.	11
ංජ	4	Number of ind	ependent voting mem	bers of the gove	rning body (Part	VI line 1h)			3		11
<u>ë</u> .	5	Total number	of individuals employe	ed in calendar ve	ar 2021 (Part V	line 22)					11
≅	6	Total number	of volunteers (estimate	e if necessary)	: ai 2021 (i ai (v,	nile zaj	************		5		12
Activities & Governance	7a	Total unrelated	d business revenue fro	om Part VIII. col	umn (C) line 12	2000	35000000		6		125
		Net unrelated	business taxable incor	me from Form 9	antin (C), line 12	11	0.000000		7a		0.
-	_	, tet un diatou	DOSTITOSS (CANADIC TITO)	TIC TIOTH FOITH 9	30-1, Part I, line	Harris III sagaanin			7b		0.
	8	Contributions	and grante (Part VIII I	lina 1h)				or Year		Current \	
9	9	Program comit	and grants (Part VIII, I	ine m		((0.0))		379,4		3,567	7,546.
Revenue	1	buselmant in	ce revenue (Part VIII,	line 2g)	*****			124,0		209	9,699.
ě	10	offer and	come (Part VIII, colum	n (A), lines 3, 4,	, and 7d).	Stanooneessa · · · · · · · · · · ·		291,0	87.	-121	L,226.
-	11	Other revenue	(Part VIII, column (A)), lines 5, 6d, 8c	, 9c, 10c, and 11	e)		293,2	88.		5,953.
_	12	Total revenue	 add lines 8 through 	11 (must equal	Part VIII, columi	1 (A), line 12)	2,	087,8	80.		1,972.
	13	Grants and sin	nilar amounts paid (Pa	art IX, column (A	A), lines 1-3)						
	14	Benefits paid t	o or for members (Pa	rt IX, column (A), line 4)						
	15	Salaries, other	compensation, emplo	vee benefits (Pa	art IX. column (A) lines 5-10)		884,1	22	1 215	5,197.
Expenses	16a		ındraising fees (Part I)					004,1	23.	1,21	1,191.
ë											
X			ng expenses (Part IX,			258,144.	22 1011				PLAN.
	17	Other expense	s (Part IX, column (A)	i, lines 11a-11d,	11f-24e)			548,2	95.	757	,812.
	18	Total expenses	s. Add lines 13-17 (mu	ıst equal Part IX	, column (A), lin	e 25)		432,4			3,009.
	19	Revenue less e	expenses. Subtract lin	e 18 from line 1	2						
5 g								655,4			963.
Salanc	20	Total assets (F	art X, line 16)				Beginning			End of Y	
Bai	21	Total liabilities	(Part X, line 26)	· · · · · · · · · · · · · · · · · · ·	100000000000000000000000000000000000000	EEEC+ EP++++0++00+000	Ζ,	948,0			,586.
Net As Fund B	22							9,9	39.	34	,552.
			und balances. Subtrac	line 21 from lir	ne 20		2,	938,0	71.	4,677	,034.
	rt II	Signature				,,		_			
Under	r penalti	ies of perjury, I declar	e that I have examined this ret r (other than officer) is based	rn, including accompa	anying selectules and st	tements, and to the best of	my knowledge	and belief,	it is true,	orrect, and	
		lead of property	(one than onice) is base	on all illiomation of	which piers ex (15)	YER'S CO	DV.			1	
		D			P	enarod p					
Sig		Signature	of officer		ROGED	S WOOD HI	Date				
Hei	re	Kenn	eth Gilman	ST	ADMAN	S WOOD HI	Treasu	ror	- 1		
		Type or p	rint name and title	33	AKMAN 8	GUSTASON	- Casa	ICI	-1		
		Print/Type pre	parer's name	Preparer	15 Tamiar	S WOOD HII GUSTASON ni Trail®N Su Florida 3410	CPA S	and:	. 6	TIN	
Pai	Ч	Sean M	Nolan, CPA	1550,000	Mania	III Train'N Su	ite 117	leck [if		
	u :pare			a mana o	rapies,	riorida 3410	756	-employe	d P	00837447	
lle.	:pare e On	Firm's name	Rogers Wood	ı mııı Sta	rman & Gus	Florida 34.10	3				
U 31	J JII	Firm's address	2010 Idin Lon		orth Suite	110	Fi	m's EIN	59-	1362099	
			Naples, FL	34103				one no.		262-10	40
May	the II	RS discuss this	return with the prepar	er shown above	? See instruction	ns	eres un illi		1	X Yes	No
	_										

Form	1 990 (2021) STARability Foundation, Inc. Till Statement of Program Service Accomplishments	59-251616	52 Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	To transform the lives of individuals with disabilities by prov	iding gogial	
	vocational and educational connections to the community, while	Tarid sociar	<u></u>
	awareness and respect for individual abilities.	strengthenin	g
	dwdreness and respect for individual abilities.		
2	Did the organization undertake any significant program services during the year which were not listed o	on the prior	
	Form 990 or 990-EZ?	in the brion	V
	If "Yes," describe these new services on Schedule O.		Yes X No
			📼
	Did the organization cease conducting, or make significant changes in how it conducts, any program se If "Yes," describe these changes on Schedule O.	ervices?	Yes X No
-	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue if any for each program are required to report the amount of grants and allocation	vices, as measured	by expenses.
	and revenue, if any, for each program service reported.	is to others, the tot	ai experises,
		(Revenue \$	209,699.)
	See_Schedule_0		
		. 	
			·
			·
		· 	
		· -	
4 b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
_			
4 c ((Code:) (Expenses \$ including grants of \$) (Revenue \$)
		-	
-			
-			
-			
-			
-			
-			
4 d (Other program services (Describe on Schedule O.)		
	Expenses \$ including grants of \$) (Revenue \$)
4 e 7	Total program service expenses ► 1,471,484.		

1	Is the organization described in section E01(a)(2) or 4047(a)(1) (allow that a residue to 10 and 10		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	! Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If 'Yes,' complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6		6		Х
7		7		Х
8		8		Х
9		9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
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.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b	11	Х
	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	11 c		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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12	a 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? 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		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	14b		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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
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Form 990 (2021) STARability Foundation, Inc. Part IV Checklist of Required Schedules (continued)

22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	la Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 1
	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		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b		Х
26	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			D. I
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
i	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Schedule N, Part II	32		Х
	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
	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
	Told the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
_	Check if Schedule O contains a response or note to any line in this Part V.			Ш
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		y V	E4
	Did the organization comply with backup withholding rules for reportable normants to you have and you will be			
	(gambing) withings to prize withers?	1 c	Х	
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Form 990 (2021) STARability Foundation, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendary set ending with or within the year covered by this return. 1 bit if a least one is reported on line 2s, did the organization file all required featured iemployment tax returns?. 2 bit Note: If the sum of lines 1s and 2s is greater than 250, you may be required to effe. See instructions. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization year. As the year if the lines is powed are solutioned as Scheke/0 4 a At any time during the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial account in a foreign country year. Bas a band account, secreties about, or other authority over, a financial account in a foreign country year. Bas a band account, secreties account, or other financial accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5 a Was the organization aparty to a prohibited tax shelter transaction? 5 a Was the organization aparty to a prohibited tax shelter transaction? 5 a Was the organization and gross precipits that are normally greater than \$100,000, and did the organization between of tax deductible or schematical excentibutions? 5 a Was the organization and gross precipits that are normally greater than \$100,000, and did the organization between that deductible or schematical contributions and party for goods and services provided to the payor. 5 a Was the organization schematic proteins that are precipited to the poor organization schematic proteins and account organization schematic proteins and payment in access of \$75 made party as a contribution and party for goods and services provided to the payor. 5 b If Yes, did the organization network provided to the poor organization				Yes	No						
b If at least one is reported on line 2a, dut the organization lise all required federal employment fax returns? Note: If the sum of lines 1a and 2a is greater than 250, your may be required to e-life. See instructions. 3 a Did the organization lawse unrelated business gross income of \$1,000 or more during the year? 5 a Did the organization lawse unrelated business gross income of \$1,000 or more during the year? 6 a At any time during the colerator year, did the organization have an interest in, or a signature or other authority over, a signature or other functional occount). 5 a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization offer fire from 8866-17. 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization offer one shelt of the during the tax year? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization offer offer organization of the organization of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization offer offer organization include with every solicitation an express statement that such contributions or gifts were orbitated deductible. 6 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were orbitated deductible. 7 b If Yes, did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X orbitation of the properties	2	a 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 12	HE								
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 a Did the organization have unrelated business gross incrine of \$1,000 or more during the year? 3 b 1 *** 15** 15** 16** 16** 16** 15** 15*		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Di Firet, has it files a farm \$31 Firet has and 11% for box \$2,000 are uniterest 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; over, a bit firet, and the organization have an interest in, or a signature or other authority over, a bit firet, and the organization are processed as a bank account, or other financial accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization in a party to a prohibited tax shelter transaction? 5 a Was the organization in the organization file Form 8886-17. 6 a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the organization organizat		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		201							
b If "Yes, live at filed a Ferm 980-T for this year" If "the foliar & provides are extension or Schedule O. 4 a At any time during the calendary year, did the organization have an inderest 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 accountly? See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization aparty to a prohibited tax shelter transaction? 5 b X b Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, 10 line 5 aor 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, 10 line 5 aor 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, 10 line 5 aor 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, 10 line 5 aor 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, 10 line 5 aor 5 b, did the organization that the report of tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided of the payorarization excess that any receive deductible? 7 a X 7 b If Yes, indicate the number of Forms 8282 filed during the value of the goods or services provided? 7 a X 7 d If Yes, indicate the number of Forms 8282 filed during the year 9 b If the organization diversion received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 b If Yes, indicate the number of Forms 8282 filed during the year 9 p	3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
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 (when a a bank account, securities account) or other financial accounts of the first operation of the property of the prop		b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	_		_						
b If Yes, 'enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b If Yes, 'to line 5 a or 5b, did the organization file Form 8886-T7. 5 c 5 a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax decibel contributions? 5 c 5 a Doss the organization include with ever prot tax decurble as charitable contributions? 5 c 5 a Doss the organization include with ever post tax decibel contributions? 5 c 6 a Doss the organization include with ever post tax decibel contributions? 6 a If Yes, 'indicate the number of Forms 8895 and services provided to the payor? 7 a Dost the organization self, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8829; 6 d If Yes, indicate the number of Forms 8282 filed during the year. 7 d Dost the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 7 h Sponsoring organization maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds, Did a donor advised funds, Did bid the sponsoring organization maintaining donor advised funds, Did a donor adv	4	a 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)?			Х						
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			751						
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans											
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	а	Is the organization licensed to issue qualified health plans in more than one state?	13 a								
c Enter the amount of reserves on hand. 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.											
14a Did the organization receive any payments for indoor tanning services during the tax year?		which the organization is licensed to issue qualified health plans									
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	С	Enter the amount of reserves on hand									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14b								
excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N.	15		X						
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
		activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		25.0						

Form 990 (2021) STARability Foundation, Inc. 59-2516162 Page 6 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year......
If there are material differences in voting rights among members 11 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. 1 b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?.... 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done See. Schedule .0. 12 c X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X 15 a Χ 15 b If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... Х 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? . . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request X Other (explain on Schedule O) See Sch. O Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					(C)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			The same of the sa	director, or trustee	
(A) Name and title	Ave h	B) erage ours		sition (one to both dire	do n box, an o	ot ch unles officer trust	ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	w (lisi hou rei org; ti be do li	reek it any irs for lated aniza- ons elow otted ne)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Karen Govern	4	0_									
CEO	C						Х		109,230.	0.	0.
(2) Carrie Cooney	1										
Director	0	_	X						0.	0.	0.
(3) Jeff Maconaghy	1										
Director	0		X						0.	0.	0.
_(4) Melanie Miller	1										
Director	0		X						0.	0.	0.
(5) Holly Shapiro	1										
Director	0		Χ						0.	0.	0.
_(6) Anne_Fleming	1										
Director	0	_	Х						0.	0.	0.
(7) Jerry Schoenfeld, PhD	1										
Director	0		Х						0.	0.	0.
(8) Joe Smallwood	1	1									
Director	0		X						0.	0.	0.
_(9) Lisa Kahn	5										
Board Chair	0			2	X				0.	0.	0.
(10) Kenneth Gilman	2										
Treasurer	0				X				0.	0.	0.
(11) Kelly Moynihan	1										
Secretary	0			7	X				0.	0.	0.
(12) Laura Georgelos	1										
Vice Chair	0				X				0.	0.	0.
(13)											
(14)					1		1				
DAA											

Form 990 (2021) STARability Foundation	, Inc.	Var	. F.						59-251616	2	Pa	age 8
Part VII Section A. Officers, Directors, T		ney	/ Cr			ees,	an	ia Hignest Cor	npensated Emp	oloye	es (co	ntinued,
(A) Name and title	Average hours per week	offic	, unle cer ai	Pos check ess pe nd a d	erson direct	than is both or/trus	tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	Estimated of o		nount
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the	ensation organiza nd relate ganizatio	tion d
(15)												
(16)	 											
(17)	ļ <u>.</u>											
(18)												
(19)										_		
(20)												
(21)												
(22)												
(23)				T			1					
(24)							1					-
(25)							1					
1 b Subtotal	v.			_		-	_	109,230.	0.			0.
c Total from continuation sheets to Part VII, Secti							-	0.	0.			0.
d Total (add lines 1b and 1c)		. a a.	2.	222		, 1	•	109,230.	0.			0.
2 Total number of individuals (including but not lim from the organization ► 1	ited to tho	se list	ted a	abov	/e) v	vho r	ece	ived more than \$1	00,000 of reportable	e comp	ensati	on
3 Did the organization list any former officer, direct	tor, trustee	, kev	emi	olov	ee.	or hid	ihes	st compensated er	nplovee		Yes	No
on line Ta? If 'Yes,' complete Schedule J for suc	<i>h individua</i> reportable		nen			nd of	har	compensation fro		3		X
the organization and related organizations greate such individual.	er than \$15	0,000	!? <i>If</i> 	'Ye.	s,' c	ompl	ete 	Schedule J for		4		X
 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes Section B. Independent Contractors 	e compens s,' complete	ation Sche	fror edui	n an le J	iy ur for s	relat such	ted <i>per</i> :	organization or ind	dividual	5		X
Complete this table for your five highest compen- compensation from the organization. Report com	sated inder pensation	ende for the	nt c e ca	ontr	acto	rs th	at re	eceived more thar ing with or within t	n \$100,000 of the organization's ta	x year		
(A) Name and business add								(B) Description of			C) nsatio	1
							+					
				_								
Total number of independent contractors (includi \$100,000 of compensation from the organization	ng but not	limite	d to	tho	se li	sted	abo	ove) who received	more than			
ВАА	Т	EEA010	08L	09/22	2/21				-	Form	990 (2	2021)

Form 990 (2021) STARability Foundation, Inc. 59-2516162 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (B) Related or (A) Total revenue (C) Unrelated (D) Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Federated campaigns. 1 a Contributions, Gifts, Grants, **b** Membership dues 1 b 20,900. 1 c 2,740,120. d Related organizations. 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above ... 1 f 806,526. g Noncash contributions included in 1 g lines 1a-1f....... 53,806. h Total. Add lines 1a-1f..... 3,567,546 Program Service Revenue Business Code 2a Program Income 209,699. 209,699. f All other program service revenue.... g Total. Add lines 2a-2f..... 209,699 Investment income (including dividends, interest, and other similar amounts)..... -121,226-121,226. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss)..... (i) Securities (ii) Other 7 a Gross amount from

	other than inventory	7a						
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)			wagaayaya n 🕨				
Revenue		aising events 2 , 740 , 120 .						
æ	See Part IV, line 18		8a	515,752.				
Other	b Less: direct expense	es	8b	404,449.				
δ	c Net income or (loss)) from fundraisi	ng ever		111,303.			
	9 a Gross income from gamin See Part IV, line 19	ng activities.	9a					
	b Less: direct expense	es	9b					
	c Net income or (loss)) from gaming a	activitie	S				
	10 a Gross sales of inventory, I returns and allowances	less	10a	89,261.				
	b Less: cost of goods	sold	10Ь	144,611.	187 . 51	00 0 0 0	THE RESERVE	
	c Net income or (loss)) from sales of i	invento		-55 350	-55 350		

Miscellaneous

Revenue o d

12

d All other revenue..

e Total. Add lines 11a-11d

3,711,972

-55,350

Business Code

88,473.

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) Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0. 0. 0. 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 0. 0. 0. 0. Other salaries and wages..... 1,064,289 865,127. 89,565. 109,597. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... 16,531 12,233. 2,480. 1.818. Other employee benefits..... 46,095. 38,916. 1,167. 6,012. 10 Payroll taxes 88,282 71,377 7,513. 9,392. 11 Fees for services (nonemployees): a Management 13,992 9,375 4,617. c Accounting..... 59,869. 43,106. 16,763. d Lobbying.... e Professional fundraising services. See Part IV, line 17 . . . f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.). 72,869. 32,596. 37,555 2,718. Advertising and promotion 32,462. 19,343. 397. 12,722. 13 Office expenses..... 50,958. 32,377. 14,868. 3,713. Information technology. 10,902. 5,992. 4,910. Royalties.... Occupancy.... 104,891. 89,706. 10,123. 5,062. 17 Travel..... 3,328. 2,863. 166. 299. Payments of travel or entertainment expenses for any federal, state, or local 19 Conferences, conventions, and meetings Interest Payments to affiliates..... 22 Depreciation, depletion, and amortization. 15,120 15,120. 66,212. 55,055. 8,368. 2,789. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a Program expenses 114,740. 114,740. b <u>Capital Campaign Expenses</u> 77,982. 38,991 38,991. c Bank & Credit Card Fees 48,852. 14,913 33,939. d Printing and Publications 24,652. 11,608 244 12,800. e All other expenses 60,983. 51,950. 6,806 2,227. 25 Total functional expenses. Add lines 1 through 24e . . . 1,973,009. 1,471,484. 243,381. 258,144. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to	any line i	in this Part X		00011-040808	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	tateserr.	• 515-5411-1111-111-11-11-11-11-11-11-11-11-11-	1,019,173.	1	2,826,913.
	2	Savings and temporary cash investments				2	, ,
	3	Pledges and grants receivable, net		*****************		3	
	4	Accounts receivable, net	555555650	111100000000000000000000000000000000000	4,178.	4	2,579.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, of contributo	director, r, or 35%		5	
	6	Loans and other receivables from other disqualified pe			L. L. Sterne	3	
	•	section 4958(f)(1)), and persons described in section 4	(R)		6		
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges			40.706	8	E4 000
As	1		1	2002271111110000	42,796.	9	51,296.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10-	107 001			
		D Less: accumulated depreciation		137,931.		10	
	11			109,372.	32,375.	10 c	28,559.
		Investments — publicly traded securities	8	000000000000000000000000000000000000000	1,680,057.	11	1,595,933.
	12	Investments — other securities. See Part IV, line 11.	200	305505556555	124,436.	12	107,005.
	13	Investments — program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			44,995.	15	99,301.
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)	<	2,948,010.	16	4,711,586.
	17	Accounts payable and accrued expenses.		7,989.	17	22,037.	
	18	Grants payable.		• • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue.			1,950.	19	12,515.
10	20	Tax-exempt bond liabilities				20	
ē	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to any current or former offickey employee, creator or founder, substantial contribut controlled entity or family member of any of these persons.	or or 35%		Transfer on	22	
_	23	Secured mortgages and notes payable to unrelated this				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp				25	
	26	Total liabilities. Add lines 17 through 25			9,939.	26	34,552.
S		Organizations that follow FASB ASC 958, check here	- X		- 17 E 12		34,332.
٥		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			2,880,303.	27	4,464,955.
0	28	Net assets with donor restrictions	818183	::::::::::::::::::::::::::::::::::::::	57,768.	28	212,079.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.	k here ►				
ō	29	Capital stock or trust principal, or current funds			29		
\$	30	Paid-in or capital surplus, or land, building, or equipme			30		
80	31	Retained earnings, endowment, accumulated income, of				31	
T .	32	Total net assets or fund balances			2,938,071.	32	4,677,034.
ž	33	Total liabilities and net assets/fund balances			2,948,010.	33	4,711,586.
3A/	4		TEEA0111L		2,510,010.		Form 990 (2021)

*

	150	2310102			age 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI.	ni - ynamen			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,7	11,	972.
2	Total expenses (must equal Part IX, column (A), line 25).	2			009.
3	Revenue less expenses. Subtract line 2 from line 1	3			963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			071.
5	Net unrealized gains (losses) on investments	5		007	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
D	column (B))	10	4,6	77,0)34.
Pal	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	#] # [#] # [#] # [#] #] #] #]	****		. П
				Yes	No
1	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 on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	404040400000000000000	2 a		X
	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	on a			
L					
L	Were the organization's financial statements audited by an independent accountant?	*******	2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			8 1	
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ngle	3 a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3 b		
BAA	TEEA0112L 09/22/21		Form	990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

varne	n ure	rorganization					Employer identi	ication number				
STA	Ral	oility Foundation,	Inc.				59-25161	.62				
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	omplete	e this p	art.) See instruct	tions.				
The o	rga	nization is not a private found	ation because it is: (F	For lines 1 through 12, o	check on	ly one b	ox.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	П	A school described in section	1 70(b)(1)(A)(ii). (Att	ach Schedule E (Form 9	990).)							
3	П	A hospital or a cooperative he	ospital service organi	zation described in sec	tion 170	(b)(1)(A)	(iii).					
4		A medical research organizat name, city, and state:	ion operated in conju	ınction with a hospital d	escribed	in secti	ion 170(b)(1)(A)(iii). E	inter the hospital's				
5		An organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a collemplete Part II.)	ge or university owned	or opera	ted by a	governmental unit de	escribed in				
6		A federal, state, or local gove	. ,	ntal unit described in se	ection 17	70(b)(1)(A)(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part II	.)							
9		An agricultural research organ or university or a non-land-gruniversity:			•		,					
10		university: An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organization organized an		•	ty. See	section !	509(a)(4).					
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b		Type II. A supporting organiza management of the supportin must complete Part IV, Section	ation supervised or co	ontrolled in connection value in the same persons the	with its s hat conti	supported rol or ma	d organization(s), by anage the supported	having control or				
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting orga	nization operated in cor	nection	with, an	d functionally integra	ted with, its supported				
d		Type III non-functionally inte functionally integrated. The or instructions). You must comp	grated.A supporting	organization operated in	n connec	tion with	n its supported organi and an attentiveness	ization(s) that is not requirement (see				
е	1 1	Check this box if the organiza integrated, or Type III non-fur	ation received a writte	en determination from th	ne IRS th							
f	En	ter the number of supported o					4					
g	Pro	ovide the following information	about the supported	organization(s).				***************************************				
	i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)							I					
(E)												
Fotal					0.8%	47.5						

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.)

Se	ction A. Public Support									
Cal beg	endar year (or fiscal year inning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	532,387.	1,193,185.	1,554,748.	1.770.739	4.003.534.	9,054,593.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	532,387.	1,193,185.	1,554,748.	1,770,739.	4.003.534.	9,054,593.			
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)					1,000,001.	0.			
6	Public support. Subtract line 5 from line 4						9,054,593.			
Sec	tion B. Total Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	532,387.	1,193,185.	1,554,748.	1,770,739.	4,003,534.	9,054,593.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,373.	55,695.	-5,499.	291,087.	-121,226.	248,430.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on.		00,050.	0, 133.	231,007.	121,220.	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.			41,495.	72,446.	89,261.	203,202.			
11	Total support. Add lines 7 through 10						9,506,225.			
12	Gross receipts from related activi	ties, etc. (see inst	ructions)	50000		12	0.			
	First 5 years. If the Form 990 is forganization, check this box and	stop here		hird, fourth, or fiftl	n tax year as a se	ction 501(c)(3)				
	tion C. Computation of Pul									
	Public support percentage for 202						95.25%			
15	Public support percentage from 2	020 Schedule A, F	Part II, line 14	• • • • • • • • • • • • • • • • • • • •		15	91.53%			
16a	33-1/3% support test—2021. If the and stop here. The organization of	e organization did qualifies as a publ	not check the box icly supported org	x on line 13, and I anization	ine 14 is 33-1/3%	or more, check th	nis box ► X			
b	33-1/3% support test—2020. If the and stop here. The organization of	organization did qualifies as a publ	not check a box o icly supported org	n line 13 or 16a, a ganization	and line 15 is 33-1	/3% or more, che	eck this box			
17a	10%-facts-and-circumstances tes or more, and if the organization on the organization meets the facts-a	neers the tacts, an	d-circi imetancae ti	act about this has	and elember 1	Transfer in Dark VII.	L			
	b 10%-facts-and-circumstances test–2020. 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									
	Private foundation. If the organization	ation did not check	k a box on line 13	, 16a, 16b, 17a, o	r 17b, check this I	oox and see instru	uctions ▶ 🗍			
BΔΔ										

Schedule A (Form 990) 2021 STARability Foundation, Inc.

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

(Complete and if you	1: 1 1 1 1 1	0 - 0 0 1 2 20 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Part II. If the organization
COMBREE OF IV IT VOLL	Becked the box on line it	U OT Part I or it the	Organization faile	d to auglify undo	Dort II lé bloc conceinstina
(miconda and box on mile in	o or rait ror in the	organization falle	u to duality under	- Fan II. II ine organizanon
E-11 1 116 1 14			•		. art are organization
Talls to duality under th	e tests listed below, pleas	aa aawaalata Daul II	\		
ians to duality billion it	ie lesis usieu delow. Diear	se comblete Part II	1		

26	ction A. Public Support						
Cale 1	and membership fees received. (Do not include	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	any 'unusùal grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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 7 a	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			* N 3 T 1			
	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511						
c	taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						11
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for organization, check this box and st	op nere		ird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
sec	tion C. Computation of Publ	lic Support Pe	ercentage				
15	Public support percentage for 2021	(line 8, column	(f), divided by line	13, column (f)).		15	olo
16	Public support percentage from 202	20 Schedule A, P	art III, line 15			16	96
sec	tion D. Computation of Inve	stment Incom	ie Percentage				
17	Investment income percentage for	2021 (line 10c, co	olumn (f), divided	by line 13, colum	nn (f))	17	90
18	Investment income percentage from	n 2020 Schedule	A, Part III, line 17	7		18	%
	33-1/3% support tests—2021. If the is not more than 33-1/3%, check th	iis box and stop i	nere. The organiza	ation qualifies as	a publicly supporte	ed organization	▶
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3%, c	organization did check this box and	not check a box of d stop here. The o	n line 14 or line organization qualit	19a, and line 16 is fies as a publicly s	more than 33-1/3 upported organiza	%, and
	Private foundation. If the organization	ion did not check	a box on line 14,	19a, or 19b, che	ck this box and se	e instructions	
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		2
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с	1.00	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below	10a		10-11
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.)	10b		100

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	2.1	
ı	b A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the according hady recorded at the according hady afficers acting in their afficial consoits, as recorded and		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			_
	7		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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
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 year (see instruction)	ons).		
	The organization satisfied the Activities Test. Complete line 2 below.			
			4	
(The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	uons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	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		
I	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain inPart VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1111
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
BAA			1 990)	2021

	instructions. All other Type III non-functionally integrated supporting organization			
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
_	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 inPart VI):		ALTERNATION OF THE PARTY OF THE	
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integroup (see instructions).	rated Ty	pe III supporting organ	nization

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Sup		ns (continued)	3-231	.0102 Fage
	ction D - Distributions	, yy	(00//////00///		Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		1	
2			izations,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	poorted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ in Part VI). See instructions.	nization is responsive (p	rovide details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ons	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
•	From 2020			The second	
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		THE RESERVE		
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Evenes from 2020				

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e Excess from 2021.....

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

STARability Foundation, Inc.

59-2516162

Page 8

Part VI

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

Part II, Line 10 - Other Income

Nature and Source	2021	2020	2019	2018	2017
Store sales income Total	\$ 89,261. \$ 89,261.	\$ 72,446. \$ \$ 72,446. \$	41,495. 41,495.	\$ 0.	\$ 0.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990for the latest information.

OMB No. 1545-0047

2021

Employer identification number

STARability Foundation, Inc. 59-2516162 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

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

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

Schedule B (Form 990) (2021)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

STARability	Foundation,	Inc

59-2516162

	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Golisano Foundation		Person X
	7632 County Road 42	\$100,000.	Payroll
	Victor, NY 14564	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Steve and Mary Cassaday	-	Person X
	1482 Waterfront Rd	\$100 <u>,</u> 000.	Payroll Noncash
	Reston, VA 20194	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	John and Amy Quinn		Person X
	555 Admiralty Parade	\$122 <u>,</u> 000.	Payroll Noncash
	Naples, FL 34102	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	John Potocsnak		Person X
			Payroll
	127 Forest Edge Dr	\$ <u>1,105,000.</u>	Noncash
	Palos Park, IL 60464		Noncash (Complete Part II for noncash contributions.)
(a) No.			(Complete Part II for
(a) No.	Palos Park, IL 60464 (b) Name, address, and ZIP+4		(Complete Part II for noncash contributions.) (d) Type of contribution
No.	Palos Park, IL 60464 (b) Name, address, and ZIP + 4		(Complete Part II for noncash contributions.) (d) Type of contribution
No.	Palos Park, IL 60464 (b) Name, address, and ZIP+4 Candy Raven	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
No.	Palos Park, IL 60464 (b) Name, address, and ZIP+4 Candy Raven 9000 Southside Blvd	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
No.	Palos Park, IL 60464 (b) Name, address, and ZIP+4 Candy Raven 9000 Southside Blvd Jacksonville, FL 32256 (b)	(c) Total contributions \$ 75,000.	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash X X
5	Palos Park, IL 60464 Name, address, and ZIP+4 Candy Raven 9000 Southside Blvd Jacksonville, FL 32256 Name, address, and ZIP+4	(c) Total contributions \$ 75,000.	(Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
5	Palos Park, IL 60464 Name, address, and ZIP+4 Candy Raven 9000 Southside Blvd Jacksonville, FL 32256 Name, address, and ZIP+4 Paul and Kathleen Magnell	\$75,000. Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll

Employer identification number

STARability Foundation, Inc.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Brent and Jana Seaman 740 Banyan Blvd Naples, FL 34102	\$141,100.	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	Neil and Tracy Whitesell 779 Gulf Shore Blvd N Naples, FL 34102	\$ <u>76,710.</u>	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page 3

STARability Foundation, Inc.

Employer identification number 59-2516162

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		-	
		\$	
(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
		3	
		_ \$	
(a) No			
(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
		-	
		\$	
AA	TEEA0703L 10/06/21	Schedule	B (Form 990) (2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer Identification number

STARability Foundation, Inc.

				59-25	16162		
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other	er Similar Fui	nds or Accounts.			
	Complete if the organization answer	ered 'Yes' on Form 990	, Part IV, line	e 6.			
	T-1-1	(a) Donor advised for	unds	(b) Funds and	other acco	ounts	i
1	Total number at end of year						
2	Aggregate value of contributions to (during year).						
3	Aggregate value of grants from (during year).						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's property.	advisors in writing that the as anization's exclusive legal co	ssets held in don	or advised funds	Yes		No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of t	and donor advisors in writing he donor or donor advisor, c	that grant funds or for any other p	can be used only urpose conferring	-		1
D-	impermissible private benefit?				Yes		No
Pai				_			
1	Complete if the organization answe	red 'Yes' on Form 990	, Part IV, line	7.			
'	Purpose(s) of conservation easements held by the						
	Preservation of land for public use (for examp	le, recreation or education)		on of a historically imp		l area	Э
	Protection of natural habitat		Preservation	n of a certified historic	structure		
•	Preservation of open space						
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation	contribution in th	e form of a conservati	on easeme	ent or	n the
				Held at the	End of the	е Тах	Year
	Total number of conservation easements						
	Total acreage restricted by conservation easement						
C	: Number of conservation easements on a certified h	nistoric structure included in	(a)	2 c			
C	Number of conservation easements included in (c) structure listed in the National Register			2 d			
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguishe	ed, or terminated	by the organization d	uring the		
4	Number of states where property subject to conser	vation easement is located	-				
5	Does the organization have a written policy regardi	ing the periodic monitoring, i	nspection, handl	ing of violations,			
	and enforcement of the conservation easements it	holds?			Yes		No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violation	ons, and enforcin	g conservation easem	ents durin	g the	year
7	Amount of expenses incurred in monitoring, inspec	eting, handling of violations,	and enforcing co	nservation easements	during the	year	r
_							
	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •			Yes		No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	e organization's financial stat	ements that desc	cribes the organization	balance s 's account	heet, ing fo	, and or
ar	Organizations Maintaining Collection Complete if the organization answer	s of Art, Historical Trea ed 'Yes' on Form 990,	sures, or Othe Part IV, line	er Similar Assets. 8.			
1 a	If the organization elected, as permitted under FAS historical treasures, or other similar assets held for Part XIII the text of the footnote to its financial state	DUDIC AVAILATION Aducation	or roccorrob in f	ment and balance she urtherance of public se	et works o	f art, vide i	in
b	If the organization elected, as permitted under FAS historical treasures, or other similar assets held for following amounts relating to these items:	R ASC 958 to report in its r	avanua etataman	it and balance sheet w urtherance of public se	orks of art	t, vide t	the
	(i) Revenue included on Form 990, Part VIII, line 1	l	******				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, his amounts required to be reported under FASB ASC	storical treasures, or other si			the followi	ng	
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X		HERENY	▶\$		_	_

•						
Schedule D (Form 990) 2021 STARabi	lity Found	dation, Ind	C.,	59-25	516162	Page 2
Part III Organizations Maintaining	Collections	of Art, Histor	ical Treasures, or O	ther Similar Assets	(continued)	
3 Using the organization's acquisition, acitems (check all that apply):	ccession, and	other records, ch	neck any of the following	that make significant	use of its collec	tion
a Public exhibition		d Loar	or exchange program			
b Scholarly research		e Othe	er			
c Preservation for future generations						
4 Provide a description of the organization Part XIII.	on's collections	and explain how	w they further the organi	zation's exempt purpo	se in	
5 During the year, did the organization s to be sold to raise funds rather than to	olicit or receive	e donations of ar	t, historical treasures, or	r other similar assets	Yes	No
Part IV Escrow and Custodial Arran line 9, or reported an amo	gements. Co	mplete if the o	organization answere	d 'Yes' on Form 99	0, Part IV,	NO
1a Is the organization an agent, trustee, on Form 990, Part X?	custodian or oth	ner intermediary	for contributions or othe	r assets not included	Yes	□No
b If 'Yes,' explain the arrangement in Pa	rt XIII and con	plete the followi	ng table:		les	Пио
		-	·		Amount	
c Beginning balance				1c		
d Additions during the year						
e Distributions during the year		**********	***************************************	1e		
f Ending balance						
2a Did the organization include an amoun	t on Form 990,	Part X, line 21,	for escrow or custodial a	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Pa	rt XIII. Check h	nere if the explar	ation has been provided	on Part XIII		
						_
Part V Endowment Funds. Comple	te if the orc	janization ans	swered 'Yes' on For	m 990, Part IV, lin	ie 10.	
(a	a) Current year	(b) Prior yea				rs back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	e current vear	end balance (line	e 1g. column (a)) held a	c·	_	
a Board designated or quasi-endowment		%	o 19, column (a)) nela a	3.		
b Permanent endowment ►	0/0					
c Term endowment ►	%					
The percentages on lines 2a, 2b, and 2	c should equal	100%.				
3a Are there endowment funds not in the porganization by:	ossession of t	he organization	that are held and admini	stered for the	Yes	No
(i) Unrelated organizations					3a(i)	NO
(ii) Related organizations				60 1304 1001	3a(ii)	-
b If 'Yes' on line 3a(ii), are the related or	ganizations list	ed as required o	n Schedule R?		3b	-
4 Describe in Part XIII the intended uses	of the organiza	ation's endowme	nt funds.	Seeses and the	30	11
Part VI Land, Buildings, and Equi						
Complete if the organization		'Yes' on Form	n 990. Part IV. line	11a See Form 990	0 Part X lin	e 10
Description of property		t or other basis	(b) Cost or other			
	(ir	nvestment)	basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land						
b Buildings						
c Leasehold improvements.	0000000					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements.				
d Equipment		137,931.	109,372.	28,559.
e Other		20173021	105/5/21	20,000.
Total. Add lines 1a through 1e. (Column (d) must ed	jual Form 990, Part X, co	lumn (B), line 10c.)		28,559.

BAA

Schedule D (Form 990) 2021

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered		Part IV, line 11b. See Form 990, Par	rt 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 ma	rket value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.		N/A	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990,	Part IV. line 11c. See Form 990. Part	t 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)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered	res' on Form 990, Pa	rt IV, line 11d. See Form 990, Part X, li	ne 15.
(a) De	scription	(b) E	Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B	3) line 15)	>	
Part X Other Liabilities.	,	000000000000000000000000000000000000000	
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 11	e or 11f. See Form 990. Part X. line 25.	
1. (a) Descr	iption of liability		ook value
(1) Federal income taxes			*
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	www	ulario un un un proposition de la composition della composition de	
	ingto to the committee of the		
ax positions under FASB ASC 740. Check here if the text of the footnote has l	note to the organization's finance	ial statements that reports the organization's liability for un-	certain

Part XI Reconciliation of Revenue per Audited Financial Statement		Return.	
Complete if the organization answered 'Yes' on Form 990), Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	3,711,972.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	. 2a		
b Donated services and use of facilities	. 2b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1			3,711,972.
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.	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b.	0.000.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,711,972.
Part XII Reconciliation of Expenses per Audited Financial Statemer			
Complete if the organization answered 'Yes' on Form 990			
1 Total expenses and losses per audited financial statements			1,973,009.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	[8 L	
b Prior year adjustments	. 2b		
c Other losses	2 c	1,850	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	1,973,009.
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.	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b.			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,973,009.
Part XIII Supplemental Information.			

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 - FASB ASC 740 Footnote

The Internal Revenue Service has determined that the Organization is exempt from income taxes under the provisions of Internal Revenue Code Section 501(c)(3). The Internal Revenue Code provides for taxation of unrelated business income under certain circumstances. The Organization reports no unrelated business taxable income; however, such status is subject to final determination upon examination of the related tax returns by the appropriate taxing authorities. Accordingly, no

provision for income taxes has been made in these financial statements.

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

The Organization is in compliance with the income tax standard regarding the recognition and measurement of uncertain tax positions. This guidance clarifies the accounting for uncertainty in income taxes recognized in an organization's financial statements. The tax returns for the fiscal years ending June 30, 2018 through June 30, 2021 are open to examination by the IRS.

TEEA3305L 08/30/21

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047 2021

Name of the organization Employer identification number STARability Foundation, Inc. 59-2516162 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations c Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name and address of individual (iii) Did fundraiser (vi) Amount paid to (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 STARability Foundation, Inc. 59-2516162 Page

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

ā		·	(a) Event #1 Gala Event (event type)	(b) Event #2 3K Run (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))		
Revenue	1	Gross receipts	3,173,082.	55,845.	26,945.	3,255,872.		
_	2	Less: Contributions	2,664,994.	48,181.	26,945.	2,740,120.		
_	3	Gross income (line 1 minus line 2)	508,088.	7,664.		515,752.		
	4	Cash prizes						
	5	Noncash prizes.						
nses	6	Rent/facility costs		300.		300.		
Direct Expenses	7	Food and beverages.	239,803.	279.	15,837.	255,919.		
irect	8	Entertainment	71,819.	4,400.		76,219.		
	9	Other direct expenses.	64,257.	7,534.	220.	72,011.		
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 from	m line 3, column (d)			404,449. 111,303.		
Par	t III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered 'Yes' on	Form 990, Part IV, I	line 19, or reported	more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
	1	Gross revenue						
ses	2	Cash prizes						
Exper	3	Noncash prizes.						
Direct Expenses	4	Rent/facility costs.						
	5	Other direct expenses.						
	6	Volunteer labor	Yes%	Yes % % % No	Yes%			
		Direct expense summary. Add lines 2 throu						
a b	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain:							
10 a d	Were	any of the organization's gaming licenses as,' explain:						

Sch	edule G (Form 990) 2021	STARability	Foundation, I	inc.	59-2516162	Page 3
11	Does the organization conduct	gaming activities with	nonmembers?		Yes	No
12		eneficiary or trustee of	a trust, or a member of	of a partnership or other entit	v formed to	∏ No
13	Indicate the percentage of gam					Пио
	a The organization's facility				122	%
	b An outside facility				134	
14	Enter the name and address of	the person who prepa	res the organization's	raming/special events books	and recorder	%
	Nome >					
	A -l-l					
	 a Does the organization have a c b If 'Yes,' enter the amount of ga of gaming revenue retained by c If 'Yes,' enter name and addres 	ming revenue received the third party > \$	by the organization	nization receives gaming reve \$ a	enue? Yes nd the amount	No
	Name •		-			· - ,
	Address					i
16	Gaming manager information:					
	Name •					·
	Gaming manager compensation					
	Description of services provided			- 		
	Director/officer	Employee	Indepe	ndent contractor		
17	Mandatory distributions:					
	Is the organization required und state gaming license?				Yes	No
t	Enter the amount of distributions	s required under state	aw to be distributed to	other exempt organizations of	or spent in the	
Da	organization's own exempt activ	ities during the tax yea	r • \$			
rai	and Part III, lines 9, information. See ins	9b, 10b, 15b, 15c tructions.	e explanations red , 16, and 17b, as	quired by Part I, line 2b applicable. Also provide	, columns (iii) and ∍ any additional	(v);

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

STARability F	oundation,	Inc
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Employer identification number 59-2516162

D.	will Tremon of Dunmark.				23101	.02		
Га	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of de h contribi) etermii ution a	ning amount
1	Art – Works of art							
2	Art — Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
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 ► (Engineering Svs)	X	3	52,028.	FMV			
26	Other (Consulting Sys)	X	1	1,058.	FMV			
27	Other (Legal Svs)	X	1	720.	FMV			
28	Other► ()							
29	Number of Forms 8283 received by the organization	during the t	ax year for contribution	ns for which the				
	organization completed Form 8283, Part V, Donee	Acknowledge	ment		29			
					3)	Yes	No
30a	During the year, did the organization receive by conit must hold for at least three years from the date of	r the initial co	ontribution, and which i	sn't required to be use	d			
	for exempt purposes for the entire holding period?.	· · · · · · · · · · · · · · · ·	********			30 a		Х
	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							Х
	If 'Yes,' describe in Part II.							
ა	If the organization didn't report an amount in column describe in Part II.	n (c) for a typ	pe of property for which	n column (a) is checke	d,			
AA	For Panerwork Reduction Act Notice, see the Instru	uctions for E	000					100

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.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990for the latest information.

STARability Foundation, Inc.

Employer identification number 59-2516162

Form 990, Part III, Line 4a - Program Service Accomplishments

STARability shines a light on ability, not disability. At STARability we support people with disabilities by providing life transforming opportunities that emphasize Teamwork and connection to the community to build Awareness and Respect for individual abilities. STARability fills a void that exists for people with intellectual and developmental disabilities who have aged out of the school system. STARability provides educational, social and recreational programs including life skills classes, cooking & nutrition classes, bowling, baseball and basketball leagues, book clubs, photography workshops, improv classes, visual art programs and monthly social events.

STARability advocates for employment options for people with disabilities in the community. In 2016, STARability launched the Trailblazer Academy, a full-time program which provides vocational training, employment readiness, life skills education, fitness and nutrition and art and personal enrichment opportunities. The goal of the Trailblazer Academy is to help prepare participants for employment and independent living. Over 20 vocational partners are providing on-site job training and skill development and the participants are active and engaged in the community at both the employers and other activity centers. Classroom instruction supplements the program in both employment readiness (resume writing, interview techniques) and reinforcement of academic skills.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is given to the finance committee to review prior to filing the return and it is given electronically to all board members.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are required to sign an annual conflict of interest statement.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The president and vice president solicit feedback from the other Board members about the CEO's performance and others as needed. The review includes performance measures as outlined in the Organization's strategic plan, as well as professional development goals as communicated by the Board to the CEO in writing. A meeting is held between the CEO and the Executive Board to discuss performance and compensation. Compensation is then approved by the full Board.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection Available upon request or on Guidestar.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are not available to the public.

2021 Federal Exempt On	ımmary	Page 1				
STARabili	STARability Foundation, Inc.					
REVENUE	2021	2020	Diff			
Contributions and grants. Program service revenue Investment income Other revenue	209,699 -121,226	1,379,486 124,019 291,087 293,288	2,188,060 85,680 -412,313 -237,335			
Total revenue	3,711,972	2,087,880	1,624,092			
EXPENSES Salaries, other compen., emp. benefits Other expenses	5 1,215,197 757,812	884,123 548,295	331,074 209,517			

1,973,009

1,738,963 4,711,586 34,552 4,677,034

1,432,418

655,462 2,948,010 9,939

2,938,071

540,591

1,083,501 1,763,576 24,613

1,738,963

Total expenses....

Revenue less expenses.
Total assets at end of year.
Total liabilities at end of year.
Net assets/fund balances at end of year.

NET ASSETS OR FUND BALANCES

0	^	04
Z	U	ΖΙ

General Information

Page 1

STARability Foundation, Inc.

59-2516162

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch M, Sch O

Carryovers to 2022

None

202 1	Federal V	Worksheets		Page
	STARability	Foundation, Inc.		59-251616
Computation of Cost of Goo	ods Sold (Form 990)			
1. Inventory at start 2. Purchases 3. Cost of labor 4. Additional 263A cos 5. Other costs 6. Total (Add lines 1 7. Inventory at end of 8. Cost of goods sold	of yearts			0. 0. 83,943. 0. 60,668. 144,611. 0.
Form 990, Part III, Line 4e Program Services Totals	Program Services Total	Form 990	Course	
Total Expenses Grants Revenue	1,471,484. 0. 209,699.	1,471,484. Part 0. Part	IX, Line 25, Col. IX, Lines 1-3, Col. VIII, Line 2, Col.	ol. B
Form 990, Part IX, Line 11g Other Fees For Services				
Computer Services Consulting Fees Payroll Processing	22, 28,	(B) Program Services 057. 17,646 651. 14,950 161. \$ 32,596	. 4,411. 4,983. 28,161.	(D) Fund- raising 2,718.
Form 990, Part IX, Line 24e Other Expenses				
=npolicos	(A)	(R)	(C)	(D)

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
Cleaning & Maintenance Dues & Memberships Equipment Lease Licenses & Permits	20,874. 2,511. 2,516. 665.	18,957. 1,641. 2,138. 239.	1,704. 569. 252. 426.	213. 301. 126.
Meetings Postage and Shipping Professional Development Subcontractors	6,257. 3,362. 5,169. 13,881.	3,754. 2,139. 4,704. 13,881.	2,190. 204. 362.	313. 1,019. 103.
Subscriptions Telephone & Internet	739. 5,009. Total \$ 60,983.	517. 3,980. 51,950.	207. 892. \$ 6,806.	15. 137. \$ 2,227.