

# **Public Disclosure Copy**

## **Form 990**

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

B Check if applicable: C Name of organization: STARR COMMONWEALTH
D Employer identification number: 38-1359593
E Telephone number: 517-629-5591
G Gross receipts \$: 11,022,737.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.STARR.ORG
K Form of organization:
L Year of formation: 1913
M State of legal domicile: MI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer PAULA DOLSON, CHIEF FINANCIAL OFFICER
Date
Paid: Preparer's name DAVID LOWENTHAL, Preparer's signature DAVID LOWENTHAL, Date 02/25/26, PTIN P00378651
Preparer Use Only: Firm's name PLANTE & MORAN, PLLC, Firm's EIN 33-1498605, Firm's address 750 TRADE CENTRE WAY, STE. 300, PORTAGE, MI 49002, Phone no. (269) 567-4500

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: STARR COMMONWEALTH'S MISSION IS TO LEAD WITH COURAGE TO CREATE POSITIVE EXPERIENCES SO THAT ALL CHILDREN, FAMILIES, AND COMMUNITIES FLOURISH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,413,699. including grants of \$ ) (Revenue \$ 531,399. )

PROFESSIONAL LEARNING DURING THE 2024-2025 FISCAL YEAR, 3,053 UNIQUE PROFESSIONALS ENGAGED WITH STARR'S PROFESSIONAL LEARNING PROGRAMMING, SERVICES, OR RESOURCES. 2,049 PROFESSIONALS IN THE U.S. AND GLOBALLY RECEIVED TRAINING ON THE TOPICS OF TRAUMA, RESILIENCE, POSITIVE YOUTH DEVELOPMENT, MINDFULNESS, AND INDIGENOUS WISDOM. THROUGH STARR TRAININGS AND CONSULTATIONS, HELPING PROFESSIONALS LEARNED EFFECTIVE TOOLS FOR IMPLEMENTING TRAUMA-INFORMED, RESILIENCE-FOCUSED CARE, INCLUDING WAYS TO FOSTER CONNECTIONS WITH THE YOUTH THEY SERVE. STARR CERTIFIED 1,275 PROFESSIONALS AS SPECIALISTS, COACHES, AND/OR TRAINERS IN TRAUMA-INFORMED, RESILIENCE-FOCUSED CARE. IN A SAMPLE OF HELPING PROFESSIONALS WHO PARTICIPATED IN FOUNDATIONAL SPECIALIST CERTIFICATION

4b (Code: ) (Expenses \$ 2,183,760. including grants of \$ 9,918. ) (Revenue \$ 520,958. )

COMMUNITY-BASED DURING THE 2024-2025 FISCAL YEAR, 402 UNIQUE CLIENTS WERE SERVED THROUGH DIRECT SERVICE PROGRAMS: 259 CLIENTS IN OUR STARR BEHAVIORAL HEALTH SERVICES OUTPATIENT AND HOLISTIC SERVICES PROGRAM, 107 YOUTH IN OUR STUDENT RESILIENCE & EMPOWERMENT CENTER, AND 35 CLIENTS IN OUR F.O.C.U.S. FORWARD PROGRAM (54 CLIENTS/YOUTH RECEIVED SERVICES FROM MORE THAN ONE PROGRAM). STARR'S BEHAVIORAL HEALTH PROGRAM OFFERS INDIVIDUAL AND FAMILY THERAPY, ACADEMIC SUPPORT, GROUP THERAPY, SCHOOL-BASED BEHAVIORAL HEALTH SERVICES, TRAUMA ASSESSMENTS AND INTERVENTIONS, OCCUPATIONAL THERAPY, AND CASE MANAGEMENT. CLIENTS ATTENDED 4,139 APPOINTMENTS, OF WHICH 172 WERE OCCUPATIONAL THERAPY EVALUATIONS OR SESSIONS. THE AVERAGE CLIENT AGE WAS 15 YEARS (RANGE: 2

4c (Code: ) (Expenses \$ 1,118,100. including grants of \$ 24,058. ) (Revenue \$ 200,811. )

SCHOOL-BASED STARR PROGRAMMING ALSO INCLUDES THE STUDENT RESILIENCE & EMPOWERMENT CENTER (SREC). SREC IS A COUNTY-WIDE, SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM THAT PROVIDES MIDDLE SCHOOL STUDENTS WITH ACCESS TO SOCIAL, EMOTIONAL, AND MENTAL HEALTH SUPPORTS THAT CAN LEAD TO IMPROVED HEALTH AND WELL-BEING. THIS IMMERSIVE, HALF-DAY PROGRAM BUILDS ON EXISTING COLLABORATIONS BETWEEN STARR AND LOCAL SCHOOLS, WHICH TOGETHER WITH THE LOCAL YMCA AND COUNTY PUBLIC MENTAL HEALTH PROVIDER BRING A BEHAVIORAL HEALTH TREATMENT MODEL INTO THE SCHOOL DAY. DURING THE 2024-2025 FISCAL YEAR, THE SREC PROGRAM SERVED A TOTAL OF 107 UNIQUE STUDENTS: 84 STUDENTS DURING THE 2024-2025 ACADEMIC YEAR, 33 STUDENTS DURING THE SUMMER SREC PROGRAM, AND 12 STUDENTS DURING THE START OF THE 2025-2026

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,715,559.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part 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

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 9 (reachability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies), 11a (Form 990 distribution), 12a-c (conflict of interest), 13 (whistleblower), 14 (document retention), 15 (compensation), 16a (joint ventures), 16b (policy for joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 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.
20 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**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH CAREY PRESIDENT AND CHIEF EXECUTIVE OFFICE	40.00 0.00			X				330,687.	0.	28,892.
(2) DEREK ALLEN EXECUTIVE VICE PRESIDENT AND CHIEF O	40.00 0.00			X				195,043.	0.	16,610.
(3) CAE SOMA CHIEF CLINICAL OFFICER - PART YEAR	40.00 0.00			X				204,381.	0.	6,652.
(4) PAULA DOLSON CHIEF FINANCIAL OFFICER	40.00 0.00			X				155,305.	0.	18,577.
(5) ROBERT VANSUMEREN CHIEF LEGAL COUNSEL AND COMPLIANCE O	40.00 0.00			X				131,868.	0.	5,273.
(6) STACEY LEVIN VICE PRESIDENT OF OPERATIONS AND IMP	40.00 0.00					X		112,540.	0.	10,538.
(7) GREG STRAND VICE PRESIDENT OF ADVANCEMENT	40.00 0.00					X		102,498.	0.	16,774.
(8) RANDY NEUMANN CHAIR	1.00 0.00	X		X				0.	0.	0.
(9) LISA MILLER PAST CHAIR	1.00 0.00	X		X				0.	0.	0.
(10) SIMON BISSON VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) SEAN SILVER TREASURER	1.00 0.00	X		X				0.	0.	0.
(12) GEORGE GOODMAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(13) SCOTT DAVIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) ERIK STEWART TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) KARA VAN DAM TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							1,232,322.	0.	103,316.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,232,322.	0.	103,316.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ELITE CONSTRUCTION, 5630 SOUTH FIRST STREET, KALAMAZOO, MI 49007	CONSTRUCTION	3,200,752.
AMERICAN EXPRESS PO BOX 60189, CITY OF INDUSTRY, CA 91716	CREDIT CARD SERVICES	245,327.
DUN & BRADSTREET PO BOX 931197, ATLANTA, GA 31193	MARKETING	219,996.
CERTASITE - CFP HOLDING COMPANY, LLC PO BOX 772443, DETROIT, MI 48277	MAINTENANCE	216,452.
DAMRON BROTHERS ASPHALT, INC. 7295 TOWER ROAD, BATTLE CREEK, MI 49014	CONSTRUCTION	215,098.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	31,512.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	576,606.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	723,200.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		1,331,318.			
Program Service Revenue	<b>2 a</b>	AGENCY FEES & TRAINING	<b>Business Code</b>				
			611110	1,181,999.	1,181,999.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		1,181,999.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		1,410,050.		66,522.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....				1343528.	
	<b>5</b>	Royalties .....		497,023.		497,023.	
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
				2,688,091.			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	2,688,091.			
	<b>d</b>	Net rental income or (loss) .....		2,688,091.		2688091.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other				
				3,692,412.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	2,385,477.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	1,306,935.			
<b>d</b>	Net gain or (loss) .....		1,306,935.		1306935.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 31,512. of contributions reported on line 1c). See Part IV, line 18 .....						
			3,285.				
		<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>	16,862.				
<b>c</b>	Net income or (loss) from fundraising events .....		-13,577.		-13,577.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
		<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
			215,364.				
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>	144,606.				
<b>c</b>	Net income or (loss) from sales of inventory .....		70,758.	70,758.			
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>				
			900099	3,195.		3,195.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		3,195.				
<b>12</b>	<b>Total revenue.</b> See instructions .....		8,475,792.	1,252,757.	66,522.	5825195.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	33,976.	33,976.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,051,514.	219,027.	741,289.	91,198.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	3,886,569.	2,561,949.	1,039,992.	284,628.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,223.	70,696.	29,254.	9,273.
9 Other employee benefits .....	523,330.	302,962.	176,036.	44,332.
10 Payroll taxes .....	352,472.	208,485.	118,996.	24,991.
11 Fees for services (nonemployees):				
a Management .....	160,549.	75,560.	84,989.	
b Legal .....	10,159.	125.	3,176.	6,858.
c Accounting .....	108,615.		108,615.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	273,360.		273,360.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,214,443.	639,878.	478,467.	96,098.
12 Advertising and promotion .....	113,376.	83,564.	15,784.	14,028.
13 Office expenses .....	110,813.	12,708.	96,466.	1,639.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	1,202,918.	738,628.	457,876.	6,414.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	83,984.	25,322.	41,591.	17,071.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,086,058.	486,600.	599,458.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>LOCAL TRANSPORTATION</b>	81,868.	28,334.	45,103.	8,431.
b <b>DUES</b>	37,193.	520.	36,168.	505.
c <b>FOOD AND SUPPLIES</b>	35,275.	16,119.	19,129.	27.
d <b>OUTSIDE PRINTING</b>	26,176.	3,785.	9,064.	13,327.
e All other expenses .....	290,955.	207,321.	79,074.	4,560.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,792,826.	5,715,559.	4,453,887.	623,380.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,771,453.	<b>1</b>	4,312,142.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	332,981.	<b>3</b>	275,006.
	<b>4</b> Accounts receivable, net .....	142,454.	<b>4</b>	193,883.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	162,532.	<b>7</b>	138,288.
	<b>8</b> Inventories for sale or use .....	201,686.	<b>8</b>	238,822.
	<b>9</b> Prepaid expenses and deferred charges .....	299,595.	<b>9</b>	318,898.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 33,577,172.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 24,284,130.		
	<b>11</b> Investments - publicly traded securities .....	9,843,610.	<b>10c</b>	9,293,042.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	70,716,831.	<b>11</b>	74,256,936.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,431,006.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	89,902,148.	<b>15</b>	2,519,117.	
		<b>16</b>	91,546,134.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,640,357.	<b>17</b>	1,175,149.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	243,931.	<b>19</b>	139,206.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	134,435.	<b>25</b>	60,937.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,018,723.	<b>26</b>	1,375,292.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	37,812,030.	<b>27</b>	38,064,427.
	<b>28</b> Net assets with donor restrictions .....	50,071,395.	<b>28</b>	52,106,415.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	87,883,425.	<b>32</b>	90,170,842.
	<b>33</b> Total liabilities and net assets/fund balances .....	89,902,148.	<b>33</b>	91,546,134.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,475,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,792,826.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,317,034.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,883,425.
5	Net unrealized gains (losses) on investments	5	4,468,309.
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	136,142.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,170,842.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2755869.	1043399.	3700069.	1380247.	1331318.	10210902.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2755869.	1043399.	3700069.	1380247.	1331318.	10210902.
<b>5</b> 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) .....						1613080.
<b>6 Public support.</b> Subtract line 5 from line 4.						8597822.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2755869.	1043399.	3700069.	1380247.	1331318.	10210902.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1615123.	2896294.	3584431.	4041413.	4528642.	16665903.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	5,065.	18,455.	29,877.	15,973.	59,969.	129,339.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	9,581.	22,942.	36,303.	41,553.	6,480.	116,859.
<b>11 Total support.</b> Add lines 7 through 10						27123003.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	24,633,115.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	31.70 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	40.61 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS INCOME**

2020 AMOUNT:	\$	9,581.
2021 AMOUNT:	\$	22,942.
2022 AMOUNT:	\$	36,303.
2023 AMOUNT:	\$	41,553.
2024 AMOUNT:	\$	6,480.

**FUNDRAISING EVENT REVENUE**

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**

DESCRIPTION:	GENERAL SUPPORT		
DATE:	03/13/23	AMOUNT:	2000000.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

STARR COMMONWEALTH

Employer identification number

38-1359593

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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \$

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

Name of organization  <b>STARR COMMONWEALTH</b>	Employer identification number  <b>38-1359593</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>33,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>50,408.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>52,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>STARR COMMONWEALTH</b>	Employer identification number  <b>38-1359593</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>576,607.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>STARR COMMONWEALTH</b>	Employer identification number  <b>38-1359593</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>STARR COMMONWEALTH</b>	Employer identification number  <b>38-1359593</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

STARR COMMONWEALTH

Employer identification number

38-1359593

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other EDUCATION OF STUDENTS
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,687,165.	43,589,251.	41,332,763.	46,976,299.	39,804,489.
b Contributions	53,500.	2,637,130.	57,750.	875.	202,525.
c Net investment earnings, gains, and losses	4,862,518.	6,342,685.	4,060,705.	-3,411,319.	8,947,519.
d Grants or scholarships	199,670.	184,697.	114,477.	112,978.	213,942.
e Other expenditures for facilities and programs	1,560,004.	1,697,204.	1,653,409.	1,941,050.	1,531,788.
f Administrative expenses	172,181.		94,080.	179,064.	232,504.
g End of year balance	53,671,328.	50,687,165.	43,589,251.	41,332,763.	46,976,299.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 13.9500 %
  - b Permanent endowment 68.0000 %
  - c Term endowment 18.0500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		585,482.		585,482.
b Buildings		15,953,375.	11,647,638.	4,305,737.
c Leasehold improvements		13,564,484.	9,713,828.	3,850,656.
d Equipment		1,903,177.	1,661,882.	241,295.
e Other		1,570,654.	1,260,782.	309,872.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,293,042.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ANNUITY OBLIGATION</b>	<b>60,937.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>60,937.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	13,026,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,468,309.	
b	Donated services and use of facilities	2b	87,109.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	106,740.	
e	Add lines 2a through 2d	2e		4,662,158.
3	Subtract line 2e from line 1	3		8,363,881.
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	273,379.	
b	Other (Describe in Part XIII.)	4b	-161,468.	
c	Add lines 4a and 4b	4c		111,911.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,475,792.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,738,622.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	87,109.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	132,066.	
e	Add lines 2a through 2d	2e		219,175.
3	Subtract line 2e from line 1	3		10,519,447.
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	273,379.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		273,379.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		10,792,826.

**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 III, LINE 4:**

THE ARTWORK HELD BY STARR IS USED FOR EDUCATIONAL PURPOSES FOR THE STUDENTS.

**PART V, LINE 4:**

STARR'S ENDOWMENT APPROPRIATES EARNINGS FOR USE IN CURRENT OPERATIONS. USING THE AVERAGE FAIR VALUE OF ENDOWED ASSETS OVER THE PRIOR 12 QUARTERS, A SPENDING RATE FORMULA DETERMINES THE AMOUNT. FOR FISCAL YEAR 2024-25, 5.0% OF THE 12 QUARTER AVERAGE OF ASSETS WAS APPROPRIATED TO OPERATIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

NET CHANGE IN FAIR VALUE OF ANNUITIES	136,142.
OTHER EXPENSES NETTED WITH REVENUE ON AUD FS	-29,402.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	106,740.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	-144,606.
FUNDRAISING EXPENSES	-16,862.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-161,468.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	144,606.
OTHER EXPENSES NETTED WITH REVENUE ON AUD FS	-29,402.
FUNDRAISING EXPENSES	16,862.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	132,066.









**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NIGHT OF STARRS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	34,797.		34,797.
	2	Less: Contributions	31,512.		31,512.
	3	Gross income (line 1 minus line 2)	3,285.		3,285.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	11,593.		11,593.
	8	Entertainment			
	9	Other direct expenses	5,269.		5,269.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			16,862.
11	Net income summary. Subtract line 10 from line 3, column (d)			-13,577.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**STARR COMMONWEALTH**

Employer identification number

**38-1359593**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

**3** Enter total number of other organizations listed in the line 1 table .....

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

**Schedule I (Form 990) (Rev. 12-2024)**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	8	26,399.	0.	N/A	N/A
ACTIVITIES	7	436.	0.	N/A	N/A
PERSONAL NEEDS (BAFS GIFT CARDS)	37	5,228.	0.	N/A	N/A
FINANCIAL ASSISTANCE	40	1,706.	0.	N/A	N/A
CLOTHING	2	0.	207.	N/A	N/A

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**THE ORGANIZATION KEEPS A SCHEDULE OF ALL EXPENSES AGAINST THE GRANTS.  
SCHOLARSHIPS ARE GIVEN BASED ON NEED THROUGH A FORMAL PROCESS FOR AWARDED SCHOLARSHIPS.**

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

STARR COMMONWEALTH

Employer identification number

38-1359593

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH CAREY PRESIDENT AND CHIEF EXECUTIVE OFFICE	(i)	286,365.	42,000.	2,322.	12,000.	16,892.	359,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEREK ALLEN EXECUTIVE VICE PRESIDENT AND CHIEF O	(i)	169,471.	25,200.	372.	7,807.	8,803.	211,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAE SOMA CHIEF CLINICAL OFFICER - PART YEAR	(i)	203,797.	0.	584.	6,652.	0.	211,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAULA DOLSON CHIEF FINANCIAL OFFICER	(i)	134,573.	20,300.	432.	6,299.	12,278.	173,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 4A:**

**SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED**

**PERSONS IN PART VII:**

**CAE SOMA: \$ 37,500**

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

STARR COMMONWEALTH

Employer identification number

38-1359593

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
CHILDREN, FAMILIES, AND COMMUNITIES FLOURISH. STARR OFFERS A FULL  
CONTINUUM OF COMMUNITY-BASED OUTPATIENT SERVICES INCLUDING TRAUMA  
ASSESSMENT AND INTERVENTION AND SPECIALIZED RESIDENTIAL TREATMENT  
PROGRAMS IN MICHIGAN. TRAINING AND COACHING PROGRAMS ARE OFFERED FOR  
EDUCATORS, SOCIAL WORKERS, COUNSELORS, MEDICAL PROFESSIONALS, AND  
OTHERS. ALL PROGRAMS AND SERVICES ARE ROOTED IN THE BELIEF THAT EVERY  
CHILD HAS STRENGTHS. TREATMENT SERVICES ENABLE EACH YOUNG PERSON TO  
IDENTIFY AND CULTIVATE THEIR STRENGTHS IN WAYS THAT ENCOURAGE THEM TO  
REACH THEIR FULL POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
TRAININGS, 97% (N = 708) RATED THE COURSE AS BENEFICIAL, VERY  
BENEFICIAL, OR EXTREMELY BENEFICIAL AND 96% (N = 734) AGREED OR  
STRONGLY AGREED THAT THE TRAINING WOULD BENEFIT HOW THEY WORK WITH  
YOUTH.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
TO 73 YEARS OLD). OUR BEHAVIORAL HEALTH PROGRAM PROVIDED 3,236  
IN-PERSON AND 903 TELEHEALTH (PHONE OR VIDEO) SESSIONS. OF BEHAVIORAL  
HEALTH CLIENTS SURVEYED DURING THE 2024-2025 FISCAL YEAR (N = 68), 94%  
INDICATED THEY WOULD RECOMMEND THE PROGRAM TO A FRIEND IN NEED OF  
SIMILAR HELP, 94% INDICATED THEY WOULD COME BACK TO THE PROGRAM IF THEY  
WERE TO SEEK HELP AGAIN, AND 92% INDICATED THAT OVERALL, THEY WERE  
SATISFIED WITH THE SERVICES THEY RECEIVED. F.O.C.U.S. FORWARD IS A  
COMMUNITY-BASED PROGRAM FOR OPPORTUNITY YOUTH (INDIVIDUALS BETWEEN THE  
AGES OF 16 AND 24). THE PROGRAM CONNECTS YOUTH WITH LOCALLY ESTABLISHED  
EDUCATIONAL AND SKILLED TRADES TRAINING, APPRENTICESHIPS, AND PATHWAYS  
TO GAINFUL EMPLOYMENT AND CAREERS. FROM A SAMPLE OF 34 OPPORTUNITY  
YOUTH, 100% AGREED OR STRONGLY AGREED THAT THEY WOULD RECOMMEND  
F.O.C.U.S. FORWARD IF A FRIEND WAS IN NEED OF SIMILAR HELP, 100%  
REPORTED THEY RECEIVED THE KIND OF SERVICES THEY WANTED, AND 94% AGREED  
OR STRONGLY AGREED THAT THE SERVICES THEY RECEIVED HELPED THEM TO DEAL  
MORE EFFECTIVELY WITH THEIR PROBLEMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
ACADEMIC YEAR (WITH 25 STUDENTS SERVED DURING MORE THAN ONE PROGRAM  
SESSION). STUDENTS WHO COMPLETED THE PROGRAM REPORTED INCREASED  
INDEPENDENCE AND GENEROSITY, INCREASED ENGAGEMENT IN SUPPORTIVE  
RELATIONSHIPS WITH ADULTS AND PEERS, AND IMPROVED DEMONSTRATION OF  
MASTERY AND GOAL-SETTING SKILLS. FROM A SAMPLE OF 68 STUDENTS WHO  
COMPLETED THE SREC PROGRAM, 96% WERE MOSTLY OR VERY SATISFIED WITH THE  
AMOUNT OF HELP THEY RECEIVED, 94% WOULD RETURN TO THE SREC PROGRAM IF  
THEY WERE TO SEEK HELP AGAIN, AND 94% RECEIVED THE KIND OF SERVICES  
THEY WANTED.

FORM 990, PART VI, SECTION B, LINE 11B:  
A DRAFT COPY OF THIS FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CEO AND  
CFO. ALL BOARD MEMBERS RECEIVED NOTICE THAT THE DRAFT COPY WAS AVAILABLE  
FOR THEIR REVIEW ON THE STARR COMMONWEALTH WEBSITE. THE FINAL FORM 990 WAS  
MADE AVAILABLE TO ALL BOARD MEMBERS ON THE WEBSITE ALONG WITH NOTICE OF THE  
DATE THE RETURN WOULD BE FILED WITH THE IRS.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization <b>STARR COMMONWEALTH</b>	Employer identification number <b>38-1359593</b>
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## FORM 990, PART VI, SECTION B, LINE 12C:

STARR COMMONWEALTH HAS A CONFLICT OF INTEREST POLICY FOR THE PURPOSE OF PROTECTING STARR'S INTEREST WHEN IT IS CONSIDERING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A TRUSTEE OR OFFICER OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. THE ORGANIZATION'S FIRST STEP IN MONITORING IS TO REGULARLY INFORM KEY STAFF AND BOARD MEMBERS THAT STARR SEEKS TO AVOID REAL AND APPARENT CONFLICTS BY NOT ENGAGING IN TRANSACTIONS WITH THEM OR MEMBERS OF THEIR FAMILY. WHEN CIRCUMSTANCES DO ARISE THROUGH THE ANNUAL DISCLOSURE REQUIREMENTS OR OTHERWISE, THE MATTER IS REVIEWED BY THE CEO AND WHEN APPROPRIATE, BY A REPRESENTATIVE BODY OF THE BOARD OF TRUSTEES. DETERMINATION OF WHETHER A CONFLICT DOES IN FACT EXIST AND THE RESOLUTION OF IT IS ACCOMPLISHED UNDER THE GUIDELINES PROVIDED IN THE CONFLICT OF INTEREST POLICY.

## FORM 990, PART VI, SECTION B, LINE 15A:

A SUB COMMITTEE OF INDEPENDENT BOARD MEMBERS REVIEWS THE PRESIDENT/CEO COMPENSATION. THE COMPENSATION IS ESTABLISHED BASED PRINCIPALLY UPON REVIEW OF INDEPENDENT SURVEYS OF NON-PROFIT ORGANIZATIONS AND COMPARISON WITH RELEVANT INDUSTRY PEER ORGANIZATIONS. THE PRESIDENT/CEO DETERMINES COMPENSATION OF OTHER OFFICERS THROUGH REVIEW OF INDEPENDENT SURVEYS OF NON-PROFIT ORGANIZATIONS AND COMPARISON WITH RELEVANT INDUSTRY PEER ORGANIZATIONS. DECISIONS REGARDING COMPENSATION WILL BE DOCUMENTED IN THE BOARD MINUTES. THE REVIEW WAS MOST RECENTLY UNDERTAKEN IN FISCAL YEAR ENDED 2025.

## FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

## FORM 990, PART VI, SECTION C, LINE 19:

STARR HAS OPERATED AS A NON-PROFIT ORGANIZATION SINCE ITS FOUNDING IN 1913 AND WAS GRANTED TAX EXEMPT STATUS PRIOR TO JULY 15, 1987. HOWEVER, IT DOES NOT HAVE A COPY OF FORM 1023 OR OTHER DOCUMENTS THAT MAY HAVE BEEN USED TO APPLY FOR TAX-EXEMPT STATUS. STARR COMMONWEALTH'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

## OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	639,878.
MANAGEMENT AND GENERAL EXPENSES	478,467.
FUNDRAISING EXPENSES	96,098.
TOTAL EXPENSES	1,214,443.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,214,443.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET CHANGE IN VALUE OF INTERESTS IN PERPETUAL AND REMAINDER TRUSTS	136,142.
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## FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning OCT 1, 2024, and ending SEP 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 91,546,134, D Employer identification number 38-1359593, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked)

L The books are in care of PAULA DOLSON Telephone number 517-629-5591

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount: 59,969.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount: 12,593.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Columns include line number, description, and amount. Total tax amount: 12,593.

<b>Part III Tax and Payments</b> (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5	0.
6a	Payments: Preceding year's overpayment credited to the current year .....	6a	3,442.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868 .....	6c	3,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d	
e	Backup withholding (see instructions) .....	6e	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	6f	
g	Elective payment election amount from Form 3800 .....	6g	
h	Payment from Form 2439 .....	6h	
i	Credit from Form 4136 .....	6i	
j	Other (see instructions) .....	6j	
7	<b>Total payments.</b> Add lines 6a through 6j .....	7	6,442.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9	6,151.
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10	
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>	11	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
4	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID LOWENTHAL	DAVID LOWENTHAL	02/25/26		P00378651
	Firm's name	Firm's EIN			33-1498605
Firm's address				Phone no.	
PLANTE & MORAN, PLLC 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002				(269) 567-4500	

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PARTNERS VI, LP	N/A	10.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PARTNERS VII, L.P.	N/A	5.
TOTAL TO FORM 990-T, PART I, LINE 4		15.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
FOR TAX YEAR 2019  
FOR TAX YEAR 2020  
FOR TAX YEAR 2021  
FOR TAX YEAR 2022  
FOR TAX YEAR 2023

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

15

TOTAL CONTRIBUTIONS AVAILABLE

15

TAXABLE INCOME LIMITATION AS ADJUSTED

5,998

EXCESS CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

15

TOTAL CONTRIBUTION DEDUCTION

15

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2024**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>STARR COMMONWEALTH</b>	<b>B</b> Employer identification number <b>38-1359593</b>
<b>C</b> Unrelated business activity code (see instructions) <b>525990</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **K-1 INVESTMENTS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4a</b>	16,535.		16,535.
<b>c</b> Capital loss deduction for trusts	<b>4b</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b>	<b>4c</b>			
<b>6</b> Rent income (Part IV)	<b>5</b>	49,975.		49,975.
<b>7</b> Unrelated debt-financed income (Part V)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>7</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>9</b>			
<b>11</b> Advertising income (Part IX)	<b>10</b>			
<b>12</b> Other income (see instructions; attach statement) <b>STMT 4</b>	<b>11</b>	12.		12.
<b>13 Total.</b> Combine lines 3 through 12	<b>12</b>	66,522.		66,522.
	<b>13</b>			

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)					
<b>2</b> Salaries and wages					
<b>3</b> Repairs and maintenance					
<b>4</b> Bad debts					
<b>5</b> Interest (attach statement). See instructions					
<b>6</b> Taxes and licenses					
<b>7</b> Depreciation (attach Form 4562). See instructions		7			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		8a		8b	
<b>9</b> Depletion					
<b>10</b> Contributions to deferred compensation plans					
<b>11</b> Employee benefit programs					
<b>12</b> Excess exempt expenses (Part VIII)					
<b>13</b> Excess readership costs (Part IX)					
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b>					5,538.
<b>15 Total deductions.</b> Add lines 1 through 14					5,538.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					60,984.
<b>17</b> Deduction for net operating loss. See instructions					0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16					60,984.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



## FORM 990-T (A)

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
TOWNSQUARE REAL ESTATE ALPHA FUND I, LP - FEDERA - ORDINARY BUSINESS INCOME	-3,501.
COMMONFUND CAPITAL PARTNERS VI, LP - ORDINARY BUSINESS INCOME (LOSS)	4,709.
COMMONFUND CAPITAL PARTNERS VI, LP - NET RENTAL REAL ESTATE INCOME	-3.
COMMONFUND CAPITAL PARTNERS VI, LP - INTEREST INCOME	193.
COMMONFUND CAPITAL PARTNERS VI, LP - DIVIDEND INCOME	273.
COMMONFUND CAPITAL PARTNERS VI, LP - ROYALTIES	55.
COMMONFUND CAPITAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (LOSS)	-19.
COMMONFUND CAPITAL PARTNERS VI, LP - GUARANTEED PAYMENTS	1.
COMMONFUND CAPITAL PARTNERS VI, LP - OTHER INCOME (LOSS)	-3,928.
STEPSTONE VC SECONDARIES FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-500.
BAIN CAPITAL SPECIAL SITUATIONS EUROPE - INTEREST INCOME	2,968.
BAIN CAPITAL SPECIAL SITUATIONS EUROPE - DIVIDEND INCOME	420.
BAIN CAPITAL SPECIAL SITUATIONS EUROPE - OTHER PORTFOLIO INCOME (LOSS)	2,786.
BAIN CAPITAL SPECIAL SITUATIONS EUROPE - OTHER INCOME (LOSS)	8,746.
COMMONFUND CAPITAL PARTNERS VII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	6,681.
COMMONFUND CAPITAL PARTNERS VII, L.P. - NET RENTAL REAL ESTATE INCOME	11,320.
COMMONFUND CAPITAL PARTNERS VII, L.P. - OTHER NET RENTAL INCOME (LOSS)	4.
COMMONFUND CAPITAL PARTNERS VII, L.P. - INTEREST INCOME	11,939.
COMMONFUND CAPITAL PARTNERS VII, L.P. - DIVIDEND INCOME	11,885.
COMMONFUND CAPITAL PARTNERS VII, L.P. - ROYALTIES	174.
COMMONFUND CAPITAL PARTNERS VII, L.P. - OTHER PORTFOLIO INCOME (LOSS)	38.
COMMONFUND CAPITAL PARTNERS VII, L.P. - GUARANTEED PAYMENTS	5.
COMMONFUND CAPITAL PARTNERS VII, L.P. - OTHER INCOME (LOSS)	-5,407.
IGP INVESTMENTS II (FUND) LP - DIVIDEND INCOME	1,136.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>49,975.</b>

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS VI, LP		11.
CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS VII, L.P.		1.
TOTAL TO SCHEDULE A, PART I, LINE 12		12.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL PARTNERS VI, LP		104.
OTHER DEDUCTIONS - PORTFOLIO FROM BAIN CAPITAL SPECIAL SITUATIONS EUROPE		4,997.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL PARTNERS VII, L.P.		437.
TOTAL TO SCHEDULE A, PART II, LINE 14		5,538.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2024**

Name <b>STARR COMMONWEALTH</b>	Employer identification number <b>38-1359593</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>131.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>131.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>16,197.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>207.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>16,404.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>131.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>16,404.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>16,535.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. 27

Name(s) shown on return

Identifying number

STARR COMMONWEALTH

38-1359593

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets

Table with 2 columns: Label (1a, 1b, 1c) and Value

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

Part II Ordinary Gains and Losses (see instructions)

Table with 2 columns: Description and Value

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the <b>smaller</b> of line 24 or 27b	27c	
28	<b>If section 1254 property:</b>		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the <b>smaller</b> of line 24 or 28a	28b	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2024**

Name <b>STARR COMMONWEALTH</b>	Employer identification number <b>38-1359593</b>
-----------------------------------	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>131.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>131.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>16,197.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>207.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>16,404.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>131.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>16,404.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>16,535.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**STARR COMMONWEALTH**

**38-1359593**

**1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

**1a**

**b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

**1b**

**c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	COMMONFUND CAPITAL PARTNERS VI, LP						104.
	COMMONFUND CAPITAL PARTNERS VII, L.P.						103.
<b>3</b>	Gain, if any, from Form 4684, line 39						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						<b>7</b> 207.
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						<b>9</b> 207.

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):



<b>11</b>	Loss, if any, from line 7	<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
<b>13</b>	Gain, if any, from line 31	<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
<b>17</b>	Combine lines 10 through 16	<b>17</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the <b>smaller</b> of line 24 or 27b	27c	
28	<b>If section 1254 property:</b>		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the <b>smaller</b> of line 24 or 28a	28b	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **8865**

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

OMB No. 1545-1668

**2024**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

**38-1359593**

**STARR COMMONWEALTH**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **OCT 1**, 2024, and ending **SEP 30**, 2025

**C** Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**IGP INVESTMENTS II (FUND) LP**

**3 ARIK AINSTAIN STREET, BUILDING B, 9TH FL  
HERZLIYA, ISRAEL 4659071**

**2(a)** EIN (if any)

**98-1523528**

**2(b)** Reference ID number

**3** Country under whose laws organized

**ISRAEL**

<b>4</b> Date of organization	<b>5</b> Principal place of business <b>ISRAEL</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
-------------------------------	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**E-FILE**

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes  No

If "Yes," enter the total amount of the disallowed deductions \$

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes  No

**7** Were any special allocations made by the foreign partnership?

Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized?

**LTD PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes  No

**11** Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
  - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions  Yes  No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d** Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

\_\_\_\_\_  
Signature of general partner or limited liability company member

\_\_\_\_\_  
Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest      **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **STARR COMMONWEALTH** Filer's identifying number **38-1359593**

Name of foreign partnership **IGP INVESTMENTS II (FUND) LP** EIN (if any) **98-1523528** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			112,498.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			112,498.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.8740** % (b) After the transfer **.8740** %

**Supplemental Information Required To Be Reported** (see instructions):

**CASH TRANSFERS OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR.**

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

# Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

# 2024

Information furnished for the foreign partnership's tax year

Attachment Sequence No. **865**

beginning **JAN 1**, 2024, and ending **DEC 31**, 2024

Name of person filing this return

Filer's identification number

**38-1359593**

**STARR COMMONWEALTH**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es):

1  2  3  4

**B** Filer's tax year beginning **OCT 1**, 2024, and ending **SEP 30**, 2025

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**BAIN CAPITAL SPECIAL SITUATIONS EUROPE**

**200 CLARENDON STREET FL 41  
BOSTON, MA 02116-5016**

**2(a)** EIN (if any)

**98-1453823**

**2(b)** Reference ID number

**3** Country under whose laws organized

**IRELAND**

<b>4</b> Date of organization <b>09/29/2017</b>	<b>5</b> Principal place of business	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	--------------------------------------	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**E-FILE**

**3** Name and address of foreign partnership's agent in country of organization, if any

**BAIN CAPITAL SPECIAL SITUATIONS EUROP  
32 MOLESWORTH STREET  
DUBLIN 2, D02 Y512 IRELAND**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**BAIN CAPITAL CREDIT LP  
32 MOLESWORTH STREET  
DUBLIN 2, D02 Y512 IRELAND**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes  No

If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes  No

**7** Were any special allocations made by the foreign partnership?

Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized?

**CORPORATION**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?

Yes  No

**11** Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
  - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2024)



**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **STARR COMMONWEALTH** Filer's identifying number **38-1359593**

Name of foreign partnership **BAIN CAPITAL SPECIAL SITUATIONS E** EIN (if any) **98-1453823** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			100,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			100,000.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0718** % (b) After the transfer **.0774** %

**Supplemental Information Required To Be Reported** (see instructions):

**CASH TRANSFERS OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR.**

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 6

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
BAIN CAPITAL CREDIT AA FND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1437720		X
BAIN CAPITAL CREDIT FINN F	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1317226		X
BAIN CAPITAL CREDIT L FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1479374		X
BAIN CAPITAL CREDIT MM FUN	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1554082		X
BAIN CAPITAL CREDIT H FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1554038		X
BAIN CAPITAL CREDIT J FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1429831		X
BAIN CAPITAL DSS 2017 (IRE	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1350629		X
BAIN CAPITAL CREDIT BB FUN	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1441424		X
BAIN CAPITAL CREDIT CC FUN	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1459472		X
BAIN CAPITAL CREDIT EE FUN	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1458846		X
BAIN CAPITAL CREDIT FF FUN	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1459077		X
BAIN CAPITAL CREDIT GG FUN	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1463246		X
BAIN CAPITAL CREDIT S FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1463246		X
BAIN CAPITAL CREDIT S FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1429644		X
BAIN CAPITAL CREDIT Y FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1433812		X
BAIN CAPITAL CREDIT Z FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1437366		X
BAIN CAPITAL CREDIT V FUND	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1430214		X

## STARR COMMONWEALTH

38-1359593

LANTANA AGGREGATOR, L.P.	SOUTH CHURCH ST PO BOX 309	98-1484874	X
BAIN CAPITAL CREDIT W FUND	GRAND CAYMAN, CAYMAN ISLAN 32 MOLESWORT H STREET	98-1535399	X
BAIN CAPITAL CREDIT QQ FUN	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1542618	X
BAIN CAPITAL CREDIT OO FUN	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1542585	X
BAIN CAPITAL CREDIT GGG FU	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1603328	X
BAIN CAPITAL CREDIT NN FUN	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1542373	X
BCC BELGRAVIA MANSIONS EST	DUBLIN, IRELAND D02 Y512 SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
BCC COPERNICUS INVESTMENTS	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
BCC ESTEL AGGREGATOR, L.P.	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	98-1625012	X
BCC FRONTIER AGGREGATOR LP	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
BCC GALILEO AGGREGATOR LP	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	98-1616078	X
BCC GRAIN INT AGGREGATOR L	GRAND CAYMAN, CAYMAN ISLAN 32 MOLESWORT H STREET	98-1619566	X
BCC ICON AGGREGATOR LP	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1636963	X
BCC INVESTMENTS AGGREGATOR	DUBLIN, IRELAND D02 Y512 SOUTH CHURCH ST PO BOX 309	98-1583577	X
BCC MANCHESTER INVESTMENTS	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
BAIN CAPITAL CREDIT WW FND	GRAND CAYMAN, CAYMAN ISLAN 32 MOLESWORT H STREET	98-1549013	X
BCC OO FUND AGGREGATOR LP	DUBLIN, IRELAND D02 Y512 SOUTH CHURCH ST PO BOX 309	98-1548027	X
BCC ORBIT AGGREGATOR LP	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	98-1641938	X
BCC PINE AGGREGATOR LP	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
	GRAND CAYMAN, CAYMAN ISLAN		X

## STARR COMMONWEALTH

38-1359593

GLENAMUCK INT HOLDINGS LP	SOUTH CHURCH ST PO BOX 309	98-1619204	X
POINSETTIA INT HOLDINGS LP	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
BCC MARINA INTERNATIONAL,	GRAND CAYMAN, CAYMAN ISLAN SOUTH CHURCH ST PO BOX 309	98-1549950	X
FENNE JV PARTNERSHIP LP	GRAND CAYMAN, CAYMAN ISLAN 32 MOLESWORT H STREET	98-1601064	X
BAIN CAPITAL CREDIT LLL FU	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1673840	X
BAIN CAPITAL SPECIAL SITUA	DUBLIN, IRELAND D02 Y512 SOUTH CHURCH ST PO BOX 309	98-1516778	X
JCF BC MANCHESTER ACQ	GRAND CAYMAN, CAYMAN ISLAN 190 ELGIN AVENU E, GT	APPLIED FOR	X
BCC BISTROT INTERNATIONAL,	GRAND CAYMAN, IRELAND KY1- SOUTH CHURCH ST PO BOX 309	APPLIED FOR	X
FONDO BISTROT	GRAND CAYMAN, CAYMAN ISLAN VIA MAURIZIO GONZAGA 2 MILLAN, ITALY 20121	98-1719851	X
BCC TWIN INTERNATIONAL, L.	SOUTH CHURCH ST PO BOX 309	98-1670508	X
GORDON, LP	GRAND CAYMAN, CAYMAN ISLAN 32 MOLESWORT H STREET	APPLIED FOR	X
TWIN OFFICE SCI	DUBLIN, IRELAND D02 Y512 200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	APPLIED FOR	X
TWIN PARKING SCI	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	APPLIED FOR	X
TWIN HOTEL SCI	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	APPLIED FOR	X
BAIN CAPITAL CREDIT XX FND	32 MOLESWORT H STREET	APPLIED FOR	X
BAIN CAPITAL CREDIT CCC FU	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1596778	X
BAIN CAPITAL CREDIT CCC FU	DUBLIN, IRELAND D02 Y512 32 MOLESWORT H STREET	98-1590099	X
FRONTIER INVESTMENT HOLDIN	DUBLIN, IRELAND D02 Y512 1ST FLOOR, CAPE HOUSE, WFP	APPLIED FOR	X
FRONTIER ISSUER DESIGNATED	DUBLIN, IRELAND D15 2ND FLOOR, PALM ERSTON HOU	APPLIED FOR	X
BARADELLO LLC	DUBLIN, IRELAND D02 WD37 SOUTH CHURCH ST PO BOX 309	98-1650674	X
BAIN CAPITAL CREDIT NNN FU	GRAND CAYMAN, CAYMAN ISLAN 32 MOLESWORT H STREET	98-1650896	X
	DUBLIN, IRELAND D02 Y512		

GALILEO LIMITED PARTNERSHP	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	APPLIED FOR	X
BAIN CAPITAL DSS LOAN A LP	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	83-4580210	
BCC INT AGGREGATOR L LP	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	88-2029167	
BAIN CAPITAL CREDIT PPP FU	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1635054	X
BCC COMET INTERNATIONAL LP	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	98-1720610	X
BCC COMET AGGREGATOR, LLC	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	98-1678295	X
BAIN WHITE STAR JV1 LLC	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	APPLIED FOR	
BCC GALILEO 1A SCSP	4, RUE LOU HEMMER LUXEMBOURG, LUXEMBOURG L-1	APPLIED FOR	X
BCC GALILEO 2A SCSP	4, RUE LOU HEMMER LUXEMBOURG, LUXEMBOURG L-1	APPLIED FOR	X
CROMWELL ITALY VALUE ADD L	8, BOULEVARD ROYAL LUXEMBOURG, LUXEMBOURG L24	APPLIED FOR	X
BCC LINUS AGGREGATOR, LP	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	APPLIED FOR	X
BCC DANUBE AGGREGATOR, LP	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	APPLIED FOR	X
BCC SULECHOW (A), L.P.	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	APPLIED FOR	X
LAMBRUGO SP. Z O.O. S.P.K.	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	APPLIED FOR	X
BCC VALERY INTERNATIONAL,	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	98-1703184	X
HUNTINGTON CAYMAN, L.P.	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	98-0542620	X
BCC COMO AGGREGATOR, L.P.	SOUTH CHURCH ST PO BOX 309 GRAND CAYMAN, CAYMAN ISLAN	98-1615720	X
FENNE JV PARTNERSHIP, LP	32 MOLESWORT H STREET DUBLIN, IRELAND D02 Y512	98-1601064	X
BCC ALPHABET (A), L.P.	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	99-4032281	
NOVUM	VIA ALPE ADRIA 6 TAVAGNACCO UD, ITALY 33010	APPLIED FOR	X

STARR COMMONWEALTH

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CROMWELL ITALY VALUE ADD L	200 CLARENDON STREET FL 41 BOSTON, MA 02116-5016	APPLIED FOR	X
JOSONET ITG, S.L.U.	CALLE SERRANO, 41,4 PLANTA MADRID, SPAIN	98-1654562	X
BCC CASIMIR PROPCO S.P.Z.	PLAC MARSZALKA JOZEFA WARSAW, POLAND 00-078	APPLIED FOR	X
LEONIA S.P.Z.	PLAC MARSZALKA JOZEFA WARSAW, POLAND 00-078	APPLIED FOR	X