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EXTENSION TO 1/16/09

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

**2008**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2008, or tax year beginning

, and ending

G Check all that apply: ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name changeUse the IRS  
label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

Name of foundation

PRIOR FAMILY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

P O BOX 12030

Room/suite

City or town, state, and ZIP code

ST THOMAS

VI

00801-5030

A Employer identification number

20-6975076

B Telephone number (see page 10 of the instructions)

(340) 775-1555 EXT 245

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐H Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 12,083,040

J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)

|                                                                                    | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received (attach schedule)                   | 0                                  |                           |                         |                                                             |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                               | 66                                 | 66                        |                         |                                                             |
| 4 Dividends and interest from securities                                           | 309,125                            | 309,125                   |                         |                                                             |
| 5 a Gross rents                                                                    |                                    | 0                         |                         |                                                             |
| b Net rental income or (loss)                                                      | 0                                  |                           |                         |                                                             |
| 6 a Net gain or (loss) from sale of assets not on line 10                          | 0                                  |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a                                      | 0                                  |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                   |                                    | 0                         |                         |                                                             |
| 8 Net short-term capital gain                                                      |                                    |                           | 0                       |                                                             |
| 9 Income modifications                                                             |                                    |                           |                         |                                                             |
| 10 a Gross sales less returns and allowances                                       | 0                                  |                           |                         |                                                             |
| b Less: Cost of goods sold                                                         | 0                                  |                           |                         |                                                             |
| c Gross profit or (loss) (attach schedule)                                         | 0                                  |                           |                         |                                                             |
| 11 Other income (attach schedule)                                                  | 0                                  | 0                         | 0                       |                                                             |
| 12 Total. Add lines 1 through 11                                                   | 309,191                            | 309,191                   | 0                       |                                                             |
| 13 Compensation of officers, directors, trustees, etc.                             | 0                                  |                           |                         |                                                             |
| 14 Other employee salaries and wages                                               |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                |                                    |                           |                         |                                                             |
| 16 a Legal fees (attach schedule)                                                  | 10,299                             | 0                         | 0                       | 0                                                           |
| b Accounting fees (attach schedule)                                                | 7,500                              | 0                         | 0                       | 0                                                           |
| c Other professional fees (attach schedule)                                        | 0                                  | 0                         | 0                       | 0                                                           |
| 17 Interest                                                                        | 129                                | 129                       |                         |                                                             |
| 18 Taxes (attach schedule) (see page 14 of the instructions)                       | 0                                  | 0                         | 0                       | 0                                                           |
| 19 Depreciation (attach schedule) and depletion                                    | 0                                  | 0                         | 0                       |                                                             |
| 20 Occupancy                                                                       |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                               |                                    |                           |                         |                                                             |
| 22 Printing and publications                                                       |                                    |                           |                         |                                                             |
| 23 Other expenses (attach schedule)                                                | 237                                | 237                       | 0                       | 0                                                           |
| 24 Total operating and administrative expenses. Add lines 13 through 23            | 18,165                             | 366                       | 0                       | 0                                                           |
| 25 Contributions, gifts, grants paid                                               | 429,050                            |                           |                         | 429,050                                                     |
| 26 Total expenses and disbursements. Add lines 24 and 25                           | 447,215                            | 366                       | 0                       | 429,050                                                     |
| 27 Subtract line 26 from line 12:                                                  |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                | -138,024                           |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                   |                                    | 308,825                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                     |                                    |                           | 0                       |                                                             |

SCANNED JAN 12 2011  
Revenue

Operating and Administrative Expenses

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2008)

(HTA)

914-19

7

| Part II Balance Sheets      |                                                                                                                                                    | Beginning of year<br>(a) Book Value | End of year    |                       |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|-----------------------|
|                             |                                                                                                                                                    |                                     | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1 Cash—non-interest-bearing . . . . .                                                                                                              |                                     |                |                       |
|                             | 2 Savings and temporary cash investments . . . . .                                                                                                 | 1,605,064                           | 1,462,540      | 1,462,540             |
|                             | 3 Accounts receivable ▶ . . . . . 0                                                                                                                |                                     |                |                       |
|                             | Less: allowance for doubtful accounts ▶ . . . . . 0                                                                                                | 0                                   | 0              | 0                     |
|                             | 4 Pledges receivable ▶ . . . . . 0                                                                                                                 |                                     |                |                       |
|                             | Less: allowance for doubtful accounts ▶ . . . . . 0                                                                                                | 0                                   | 0              | 0                     |
|                             | 5 Grants receivable . . . . .                                                                                                                      |                                     |                |                       |
|                             | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . . | 0                                   | 500            | 500                   |
|                             | 7 Other notes and loans receivable (attach schedule) ▶ . . . . . 0                                                                                 |                                     |                |                       |
|                             | Less: allowance for doubtful accounts ▶ . . . . . 0                                                                                                | 0                                   | 0              | 0                     |
|                             | 8 Inventories for sale or use . . . . .                                                                                                            |                                     |                |                       |
|                             | 9 Prepaid expenses and deferred charges . . . . .                                                                                                  |                                     |                |                       |
|                             | 10 a Investments—U S and state government obligations (attach schedule)                                                                            | 0                                   | 0              | 0                     |
|                             | b Investments—corporate stock (attach schedule) . . . . .                                                                                          | 9,206,000                           | 9,206,000      | 10,620,000            |
|                             | c Investments—corporate bonds (attach schedule) . . . . .                                                                                          | 0                                   | 0              | 0                     |
| Liabilities                 | 11 Investments—land, buildings, and equipment basis ▶ . . . . . 0                                                                                  |                                     |                |                       |
|                             | Less: accumulated depreciation (attach schedule) ▶ . . . . . 0                                                                                     | 0                                   | 0              | 0                     |
|                             | 12 Investments—mortgage loans . . . . .                                                                                                            |                                     |                |                       |
|                             | 13 Investments—other (attach schedule) . . . . .                                                                                                   | 0                                   | 0              | 0                     |
|                             | 14 Land, buildings, and equipment: basis ▶ . . . . . 0                                                                                             |                                     |                |                       |
|                             | Less: accumulated depreciation (attach schedule) ▶ . . . . . 0                                                                                     | 0                                   | 0              | 0                     |
|                             | 15 Other assets (describe ▶ . . . . .)                                                                                                             | 0                                   | 0              | 0                     |
|                             | 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .                                           | 10,811,064                          | 10,669,040     | 12,083,040            |
|                             | 17 Accounts payable and accrued expenses . . . . .                                                                                                 |                                     |                |                       |
|                             | 18 Grants payable . . . . .                                                                                                                        |                                     |                |                       |
|                             | 19 Deferred revenue . . . . .                                                                                                                      |                                     |                |                       |
|                             | 20 Loans from officers, directors, trustees, and other disqualified persons . . . . .                                                              | 1,943                               | 1,943          |                       |
|                             | 21 Mortgages and other notes payable (attach schedule) . . . . .                                                                                   | 0                                   | 0              |                       |
|                             | 22 Other liabilities (describe ▶ . . . . .)                                                                                                        | 0                                   | 0              |                       |
|                             | 23 Total liabilities (add lines 17 through 22) . . . . .                                                                                           | 1,943                               | 1,943          |                       |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>                      |                                     |                |                       |
|                             | 24 Unrestricted . . . . .                                                                                                                          |                                     |                |                       |
|                             | 25 Temporarily restricted . . . . .                                                                                                                |                                     |                |                       |
|                             | 26 Permanently restricted . . . . .                                                                                                                |                                     |                |                       |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>                        |                                     |                |                       |
|                             | 27 Capital stock, trust principal, or current funds . . . . .                                                                                      | 10,809,121                          | 10,667,097     |                       |
|                             | 28 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .                                                                        |                                     |                |                       |
|                             | 29 Retained earnings, accumulated income, endowment, or other funds . . . . .                                                                      |                                     |                |                       |
|                             | 30 Total net assets or fund balances (see page 17 of the instructions) . . . . .                                                                   | 10,809,121                          | 10,667,097     |                       |
|                             | 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .                                                      | 10,811,064                          | 10,669,040     |                       |

## Part III Analysis of Changes in Net Assets or Fund Balances

|                                                                                                                                                                      |   |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 10,809,121 |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | -138,024   |
| 3 Other increases not included in line 2 (itemize) ▶ . . . . .                                                                                                       | 3 | 0          |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 10,671,097 |
| 5 Decreases not included in line 2 (itemize) ▶ See attached statement . . . . .                                                                                      | 5 | 4,000      |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | 6 | 10,667,097 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|----------------------------------|
| <b>1a</b>                                                                                                                          |                                              |                                      |                                  |
| <b>b</b>                                                                                                                           |                                              |                                      |                                  |
| <b>c</b>                                                                                                                           |                                              |                                      |                                  |
| <b>d</b>                                                                                                                           |                                              |                                      |                                  |
| <b>e</b>                                                                                                                           |                                              |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <b>a</b>              | 0                                          | 0                                               | 0                                            |
| <b>b</b>              | 0                                          | 0                                               | 0                                            |
| <b>c</b>              | 0                                          | 0                                               | 0                                            |
| <b>d</b>              | 0                                          | 0                                               | 0                                            |
| <b>e</b>              | 0                                          | 0                                               | 0                                            |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (i) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (l) FMV as of 12/31/69                                                                      | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (l)<br>over col. (j), if any |                                                                                                 |
| <b>a</b>                                                                                    | 0                                    | 0                                               | 0                                                                                               |
| <b>b</b>                                                                                    | 0                                    | 0                                               | 0                                                                                               |
| <b>c</b>                                                                                    | 0                                    | 0                                               | 0                                                                                               |
| <b>d</b>                                                                                    | 0                                    | 0                                               | 0                                                                                               |
| <b>e</b>                                                                                    | 0                                    | 0                                               | 0                                                                                               |

|                                                                                                                                                                                                                                            |          |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }                                                                                                 | <b>2</b> | 0 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the<br>instructions). If (loss), enter -0- in Part I, line 8 . . . . . | <b>3</b> | 0 |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2007                                                                 | 542,338                                  | 13,895,719                                   | 0.039029                                                    |
| 2006                                                                 | 57,500                                   | 10,342,339                                   | 0.005560                                                    |
| 2005                                                                 |                                          |                                              | 0.000000                                                    |
| 2004                                                                 |                                          |                                              | 0.000000                                                    |
| 2003                                                                 |                                          |                                              | 0.000000                                                    |

|                                                                                                                                                                                                                                                     |          |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>2</b> Total of line 1, column (d) . . . . .                                                                                                                                                                                                      | <b>2</b> | 0.044589   |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years . . . . .                                                    | <b>3</b> | 0.022295   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2008 from Part X, line 5 . . . . .                                                                                                                                                     | <b>4</b> | 13,092,779 |
| <b>5</b> Multiply line 4 by line 3 . . . . .                                                                                                                                                                                                        | <b>5</b> | 291,904    |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .                                                                                                                                                                       | <b>6</b> | 3,088      |
| <b>7</b> Add lines 5 and 6 . . . . .                                                                                                                                                                                                                | <b>7</b> | 294,992    |
| <b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . .<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See<br>the Part VI instructions on page 18. | <b>8</b> | 429,050    |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

|                                                                                                                                                                                                                               |    |       |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|-------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling letter: _____ (attach copy of ruling letter if necessary—see instructions) |    | 1     | 3,088 |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                  |    |       |       |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                     |    |       |       |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                   |    | 2     | 0     |
| 3 Add lines 1 and 2                                                                                                                                                                                                           |    | 3     | 3,088 |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                 |    | 4     |       |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                     |    | 5     | 3,088 |
| 6 Credits/Payments:                                                                                                                                                                                                           |    |       |       |
| a 2008 estimated tax payments and 2007 overpayment credited to 2008                                                                                                                                                           | 6a | 2,818 |       |
| b Exempt foreign organizations—tax withheld at source                                                                                                                                                                         | 6b |       |       |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                         | 6c | 3,182 |       |
| d Backup withholding erroneously withheld                                                                                                                                                                                     | 6d |       |       |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                         | 7  | 6,000 |       |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> If Form 2220 is attached                                                                                                           | 8  | 0     |       |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                               | 9  | 0     |       |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                  | 10 | 2,912 |       |
| 11 Enter the amount of line 10 to be: Credited to 2009 estimated tax <input checked="" type="checkbox"/> 2,912 Refunded <input type="checkbox"/>                                                                              | 11 | 0     |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                                 |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | X  |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____                                                                                                                           |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____                                                                                                                                                                                |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                                          |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                             |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                          |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                       | N/A |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                     |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                     | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.                                                                                                                                                                                                                     | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> VI                                                                                                                                                                                             |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                            |     |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)?<br>If "Yes," complete Part XIV                                                                                     |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                                    |     | X  |

**Part VII-A Statements Regarding Activities (continued)**

|                                                                                          |                                                                                                                                                                                                                  |    |   |   |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|
| 11                                                                                       | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . . | 11 |   | X |
| 12                                                                                       | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .                                                                                  | 12 |   | X |
| 13                                                                                       | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .                                                                                    | 13 | X |   |
| Website address ▶ N/A                                                                    |                                                                                                                                                                                                                  |    |   |   |
| 14                                                                                       | The books are in care of ▶ GERTRUDE J. PRIOR, TRUSTEE Telephone no. ▶ 340.775-1555 EXT. 245                                                                                                                      |    |   |   |
| Located at ▶ 6450 ESTATE SMITH BAY ST THOMAS VI ZIP+4 ▶ 00802                            |                                                                                                                                                                                                                  |    |   |   |
| 15                                                                                       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/>                                                                                     |    |   |   |
| and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A |                                                                                                                                                                                                                  |    |   |   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                        |     |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                |     |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                    |     |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |     |     |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                 |     |     |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                               |     |     |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                    | 1b  | N/A |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? . . . . .                                                                                                                                                                                                                                                                                                         | 1c  | X   |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).                                                                                                                                                                                                                                                                                                                            |     |     |
| a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                           |     |     |
| If "Yes," list the years ▶ 20 . . . . . 20 . . . . . 20 . . . . . 20 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.) . . . . .                                                                                                                                                                          | 2b  | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 . . . . . 20 . . . . . 20 . . . . . 20 . . . . .                                                                                                                                                                                                                                                                                                                                    |     |     |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |     |     |
| b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.) . . . . . | 3b  | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .                                                                                                                                                                                                                                                                                                                                                                                | 4a  | X   |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? . . . . .                                                                                                                                                                                                                                                               | 4b  | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?If "Yes," attach the statement required by Regulations section 53.4945–5(d) ☐ Yes ☐ No**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If you answered "Yes" to 6b, also file Form 8870.☐ Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**5b** **6b** **7b**

N/A

X

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

| (a) Name and address                                      | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| GERTRUDE J PRIOR<br>P O BOX 12030 ST THOMAS VI 00801-5030 | TRUSTEE                                                   | 3.00                                      | 0                                                                     | 0                                     |
|                                                           |                                                           | .00                                       | 0                                                                     | 0                                     |
|                                                           |                                                           | .00                                       | 0                                                                     | 0                                     |
|                                                           |                                                           | .00                                       | 0                                                                     | 0                                     |

**2** Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           | .00              | 0                                                                     | 0                                     |
|                                                               |                                                           | .00              | 0                                                                     | 0                                     |
|                                                               |                                                           | .00              | 0                                                                     | 0                                     |
|                                                               |                                                           | .00              | 0                                                                     | 0                                     |
|                                                               |                                                           | .00              | 0                                                                     | 0                                     |

**Total** number of other employees paid over \$50,000

0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     | 0                |
|                                                             |                     | 0                |
|                                                             |                     | 0                |
|                                                             |                     | 0                |
|                                                             |                     | 0                |
|                                                             |                     | 0                |

Total number of others receiving over \$50,000 for professional services 0

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1                                                                                                                                                                                                                                                      |          |
| 2                                                                                                                                                                                                                                                      |          |
| 3                                                                                                                                                                                                                                                      |          |
| 4                                                                                                                                                                                                                                                      |          |

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
| 2                                                                                                                |        |
| All other program-related investments. See page 24 of the instructions                                           |        |
| 3                                                                                                                | 0      |
| <b>Total.</b> Add lines 1 through 3                                                                              | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

|   |                                                                                                                        |    |            |
|---|------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:            |    |            |
| a | Average monthly fair market value of securities                                                                        | 1a | 11,685,000 |
| b | Average of monthly cash balances                                                                                       | 1b | 1,606,661  |
| c | Fair market value of all other assets (see page 24 of the instructions)                                                | 1c | 500        |
| d | Total (add lines 1a, b, and c)                                                                                         | 1d | 13,292,161 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)              | 1e |            |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                                   | 2  |            |
| 3 | Subtract line 2 from line 1d                                                                                           | 3  | 13,292,161 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) | 4  | 199,382    |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                   | 5  | 13,092,779 |
| 6 | Minimum investment return. Enter 5% of line 5                                                                          | 6  | 654,639    |

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                    |    |         |
|----|----------------------------------------------------------------------------------------------------|----|---------|
| 1  | Minimum investment return from Part X, line 6                                                      | 1  | 654,639 |
| 2a | Tax on investment income for 2008 from Part VI, line 5                                             | 2a | 3,088   |
| b  | Income tax for 2008. (This does not include the tax from Part VI)                                  | 2b |         |
| c  | Add lines 2a and 2b                                                                                | 2c | 3,088   |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                              | 3  | 651,551 |
| 4  | Recoveries of amounts treated as qualifying distributions                                          | 4  |         |
| 5  | Add lines 3 and 4                                                                                  | 5  | 651,551 |
| 6  | Deduction from distributable amount (see page 25 of the instructions)                              | 6  |         |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 651,551 |

**Part XII Qualifying Distributions** (see page 25 of the instructions)

|   |                                                                                                                                                                     |    |         |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                          |    |         |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26                                                                                         | 1a | 429,050 |
| b | Program-related investments—total from Part IX-B                                                                                                                    | 1b | 0       |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                                           | 2  |         |
| 3 | Amounts set aside for specific charitable projects that satisfy the:                                                                                                |    |         |
| a | Suitability test (prior IRS approval required)                                                                                                                      | 3a |         |
| b | Cash distribution test (attach the required schedule)                                                                                                               | 3b |         |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                                          | 4  | 429,050 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5  | 3,088   |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                      | 6  | 425,962 |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

|                                                                                                                                                                                             | (a)<br>Corpus | (b)<br>Years prior to 2007 | (c)<br>2007 | (d)<br>2008 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2008 from Part XI, line 7 . . . . .                                                                                                                       |               |                            |             | 651,551     |
| <b>2</b> Undistributed Income, if any, as of the end of 2007.                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2007 only . . . . .                                                                                                                                               |               |                            | 378,493     |             |
| <b>b</b> Total for prior years. 20____, 20____, 20____ . . . . .                                                                                                                            |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2008.                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2003 . . . . .                                                                                                                                                                | NONE          |                            |             |             |
| <b>b</b> From 2004 . . . . .                                                                                                                                                                | NONE          |                            |             |             |
| <b>c</b> From 2005 . . . . .                                                                                                                                                                | NONE          |                            |             |             |
| <b>d</b> From 2006 . . . . .                                                                                                                                                                | NONE          |                            |             |             |
| <b>e</b> From 2007 . . . . .                                                                                                                                                                | NONE          |                            |             |             |
| <b>f</b> Total of lines 3a through e . . . . .                                                                                                                                              | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2008 from Part XII, line 4: ► \$ <u>429,050</u>                                                                                                       |               |                            |             |             |
| <b>a</b> Applied to 2007, but not more than line 2a . . . . .                                                                                                                               |               |                            | 378,493     |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions) . . . . .                                                                       |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . . . .                                                                               | 0             |                            |             |             |
| <b>d</b> Applied to 2008 distributable amount . . . . .                                                                                                                                     |               |                            |             | 50,557      |
| <b>e</b> Remaining amount distributed out of corpus . . . . .                                                                                                                               | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2008. (If an amount appears in column (d), the same amount must be shown in column (a) ) . . . . .                                       | 0             |                            |             | 0           |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                             |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .                                                                                                                        | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions . . . . .                                                                                            |               | 0                          |             |             |
| <b>e</b> Undistributed Income for 2007. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions . . . . .                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed Income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009 . . . . .                                                              |               |                            |             | 600,994     |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .                   |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .                                                               | 0             |                            |             |             |
| <b>9</b> Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a . . . . .                                                                                              | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2004 . . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>b</b> Excess from 2005 . . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>c</b> Excess from 2006 . . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>d</b> Excess from 2007 . . . . .                                                                                                                                                         | 0             |                            |             |             |
| <b>e</b> Excess from 2008 . . . . .                                                                                                                                                         | 0             |                            |             |             |

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year                                                                                                                                                    | Prior 3 years |          |          | (e) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
|                                                                                                                                                             | (a) 2008      | (b) 2007 | (c) 2006 | (d) 2005  |
| b 85% of line 2a . . . . .                                                                                                                                  | 0             | 0        | 0        | 0         |
| c Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             | 0             | 0        | 0        | 0         |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |               |          |          | 0         |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   | 0             | 0        | 0        | 0         |
| 3 Complete 3a, b, or c for the alternative test relied upon:                                                                                                |               |          |          |           |
| a "Assets" alternative test—enter:                                                                                                                          |               |          |          |           |
| (1) Value of all assets . . . . .                                                                                                                           |               |          |          | 0         |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .                                                                                     |               |          |          | 0         |
| b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                                | 0             | 0        | 0        | 0         |
| c "Support" alternative test—enter:                                                                                                                         |               |          |          |           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |               |          |          | 0         |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |               |          |          | 0         |
| (3) Largest amount of support from an exempt organization . . . . .                                                                                         |               |          |          | 0         |
| (4) Gross investment income . . . . .                                                                                                                       |               |          |          | 0         |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

GERTRUDE J PRIOR P O BOX 12030 ST THOMAS VI 00801 340 775-1555 EXT 245

b The form in which applications should be submitted and information and materials they should include:

LETTERS DESCRIBING THE NATURE AND PURPOSE OF THE REQUEST ARE SUFFICIENT

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

NONE

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount         |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------------|
| <b>a</b> <i>Paid during the year</i>             |                                                                                                                    |                                      |                                     |                |
| COLLEGE OF THE HOLY CROSS                        |                                                                                                                    |                                      | ART EXHIBIT                         | 20,000         |
| 1 COLLEGE STREET WORCESTER MA 01610              |                                                                                                                    |                                      | ANNUAL FUND                         | 10,000         |
| COMMUNITY FOUNDATION OF THE VI                   |                                                                                                                    |                                      | GENERAL FUNDS                       | 1,000          |
| 30 DRONNINGENS GADE ST THOMAS VI 00802           |                                                                                                                    |                                      | HASSEL ISLAND RESTO                 | 30,000         |
| 826 NYC                                          |                                                                                                                    |                                      | DORMITORY CONSTRU                   | 20,000         |
| 872 FIFTH AVENUE BROOKLYN NY 11215               |                                                                                                                    |                                      | SCHOLARSHIP FUND                    | 5,000          |
| ST THOMAS HISTORICAL TRUST                       |                                                                                                                    |                                      | ANNUAL FUND                         | 1,000          |
| P O BOX 6707 ST THOMAS VI 00804                  |                                                                                                                    |                                      | RWANDA PROJECT                      | 5,000          |
| KNEISEL HALL CHAMBER MUSIC FESTIVAL              |                                                                                                                    |                                      | GENERAL FUND                        | 4,500          |
| P O BOX 648 BLUE HILL ME 04614                   |                                                                                                                    |                                      | ANIMAL CAMP                         | 100,000        |
| COMMUNITY FOUNDATION OF THE VI                   |                                                                                                                    |                                      | GENERAL FUND                        | 5,000          |
| 30 DRONNINGENS GADE ST THOMAS VI 00802           |                                                                                                                    |                                      | GENERAL FUND                        | 15,000         |
| HARTFORD SEMINARY                                |                                                                                                                    |                                      | ANNUAL FUND                         | 5,000          |
| 77 SHERMAN STREET HARTFORD CT 06105-2260         |                                                                                                                    |                                      | GENERAL FUND                        | 5,000          |
| COMMUNITY FOUNDATION OF THE VI                   |                                                                                                                    |                                      | FUNDRAISER EXPENSE                  | 3,000          |
| 30 DRONNINGENS GADE ST THOMAS VI 00802           |                                                                                                                    |                                      | GENERAL FUND                        | 500            |
| THE FORUM                                        |                                                                                                                    |                                      |                                     |                |
| P O BOX 12030 ST THOMAS VI 00801                 |                                                                                                                    |                                      |                                     |                |
| HUMANE SOCIETY OF ST THOMAS                      |                                                                                                                    |                                      |                                     |                |
| P O BOX 8150 ST THOMAS VI 00801                  |                                                                                                                    |                                      |                                     |                |
| UJCC OF HEWBREW CONG OF ST THOMAS                |                                                                                                                    |                                      |                                     |                |
| P O BOX 266 ST THOMAS VI 00804                   |                                                                                                                    |                                      |                                     |                |
| THE FORUM                                        |                                                                                                                    |                                      |                                     |                |
| P O BOX 12030 ST THOMAS VI 00801                 |                                                                                                                    |                                      |                                     |                |
| UNIVERSITY OF THE VIRGIN ISLANDS                 |                                                                                                                    |                                      |                                     |                |
| 2 JOHN BREER'S BAY ST THOMAS VI 0080             |                                                                                                                    |                                      |                                     |                |
| KIDSCOPE                                         |                                                                                                                    |                                      |                                     |                |
| 1826 KONGENS GADE SUITE 7 ST THOMAS VI 008       |                                                                                                                    |                                      |                                     |                |
| KNEISEL HALL CHAMBER MUSIC FESTIVAL              |                                                                                                                    |                                      |                                     |                |
| P O BOX 648 BLUE HILL ME 04614                   |                                                                                                                    |                                      |                                     |                |
| THE FORUM                                        |                                                                                                                    |                                      |                                     |                |
| P O BOX 12030 ST THOMAS VI 00801                 |                                                                                                                    |                                      |                                     |                |
| <b>Total</b>                                     |                                                                                                                    |                                      | <b>3a</b>                           | <b>429,050</b> |
| <b>b</b> <i>Approved for future payment</i>      |                                                                                                                    |                                      |                                     |                |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
|                                                  |                                                                                                                    |                                      |                                     | 0              |
| <b>Total</b>                                     |                                                                                                                    |                                      | <b>3b</b>                           | <b>0</b>       |



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- | 1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>a</b>                                                                                                                                                                                                                                               | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                          |     |    |
| (1)                                                                                                                                                                                                                                                    | Cash                                                                                                                                                                                                                                                                                                                                                                                        |     | X  |
| (2)                                                                                                                                                                                                                                                    | Other assets                                                                                                                                                                                                                                                                                                                                                                                |     | X  |
| <b>b</b>                                                                                                                                                                                                                                               | Other transactions:                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| (1)                                                                                                                                                                                                                                                    | Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                      |     | X  |
| (2)                                                                                                                                                                                                                                                    | Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                |     | X  |
| (3)                                                                                                                                                                                                                                                    | Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                            |     | X  |
| (4)                                                                                                                                                                                                                                                    | Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                                  |     | X  |
| (5)                                                                                                                                                                                                                                                    | Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                    |     | X  |
| (6)                                                                                                                                                                                                                                                    | Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                          |     | X  |
| <b>c</b>                                                                                                                                                                                                                                               | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                            |     | X  |
| <b>d</b>                                                                                                                                                                                                                                               | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received |     |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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 or fiduciary) is based on all information of which preparer has any knowledge.

**Sign Here**

Gentile G. Prior  
Signature of officer or trustee

Date 12/20/10

TRUSTEE  
Title

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Henry Linger

Date \_\_\_\_\_

12/20/2010

Check if self-employed ☒

▶ ☒ X

Preparer's identifying  
number (see **Signature** on  
page 30 of the instructions)

Firm's name (or yours if self-employed), address, and ZIP code

HENRY SINGER CPA

20 VESEY STREET SUITE 401, NEW YORK, NY 10007

**FIN ▶**

Phone no 212 619-0185

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

ANTILLES SCHOOL

☐ Person☐ Business

Street

FRENCHMAN'S BAY

City

ST THOMAS

State

VI

Zip code

00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

THEATER CONSTRUCTION

Amount

50,000

Name

ANTILLES SCHOOL

☐ Person☐ Business

Street

FRENCHMAN'S BAY

City

ST THOMAS

State

VI

Zip code

00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

ANNUAL CAMPAIGN

Amount

1,500

Name

CAHS BAND BOOSTERS

☐ Person☐ Business

Street

CHARLOTTE AMALIE H S

City

ST THOMAS

State

VI

Zip code

00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

TRIP TO PLAY AT INAUGURATION

Amount

1,500

Name

PISTARCKLE THEATER

☐ Person☐ Business

Street

6672 ESTATE HARMONY

City

ST THOMAS

State

VI

Zip code

00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL FUNDS

Amount

500

Name

AMERICAN RED CROSS VI CHAPTER

☐ Person☐ Business

Street

NISKY CENTER SUITE 222

City

ST THOMAS

State

VI

Zip code

00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

BOARD GIFT

Amount

1,000

Name

COMMUNITY FOUNDATION OF THE VI

☐ Person☐ Business

Street

30 DRONNINGENS GADE

City

ST THOMAS

State

VI

Zip code

00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

VI CANCER PATIENTS

Amount

250

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

VI SAILING ASSOCIATION

☐ Person☐ Business

Street

City  
ST THOMASState  
VIZip code  
0080

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

MEMORIAL FOR CARLOS AGUILLAR

Amount

300

Name

CATHOLIC CHARITIES OF VIRGIN ISLANDS

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL FUND

Amount

5,000

Name

KNEISEL HALL CHAMBER MUSIC FESTIVAL

☐ Person☐ Business

Street

P O BOX 648

City  
BLUE HILLState  
MEZip code  
04614

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

DORMITORY CONSTRUCTION

Amount

16,000

Name

COMMUNITY FOUNDATION OF THE VI

☐ Person☐ Business

Street

30 DROMINGENS GADE

City  
ST THOMASState  
VIZip code  
00802

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

FAMILY CONNECTIONS

Amount

55,000

Name

CARRIBEAN CENTRAL AMERICAN ACTION

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL FUND

Amount

10,000

Name

MISS VIRGIN ISLANDS

☐ Person☐ Business

Street

City  
ST THOMASState  
VIZip code  
008

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCHOLARSHIPS

Amount

500

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

HUMANE SOCIETY OF ST STOMAS

☐ Person☐ Business

Street

P O BOX 8150

City

ST THOMAS

State

VI

Zip code

00801

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

ANIMAL CAMPUS

Amount

57,500

Name

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

☐ Person☐ Business

Street

City

State

Zip code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

-Line 16a (990-PF) - Legal Fees

|    |                                                  |                                    |                           |                         |                                                             |
|----|--------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
|    |                                                  | 10,299                             | 0                         | 0                       | 0                                                           |
|    | Name of organization or person providing service | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1  | MARJORIE RAWLS ROBERTS, P.C.                     | 10,299                             |                           |                         |                                                             |
| 2  |                                                  |                                    |                           |                         |                                                             |
| 3  |                                                  |                                    |                           |                         |                                                             |
| 4  |                                                  |                                    |                           |                         |                                                             |
| 5  |                                                  |                                    |                           |                         |                                                             |
| 6  |                                                  |                                    |                           |                         |                                                             |
| 7  |                                                  |                                    |                           |                         |                                                             |
| 8  |                                                  |                                    |                           |                         |                                                             |
| 9  |                                                  |                                    |                           |                         |                                                             |
| 10 |                                                  |                                    |                           |                         |                                                             |

.Line 16b (990-PF) - Accounting Fees

|    |                                                  |                                    |                           |                         |                                                             |
|----|--------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
|    |                                                  | 7,500                              | 0                         | 0                       | 0                                                           |
|    | Name of organization or person providing service | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1  | HENRY SINGER CPA                                 | 7,500                              |                           |                         |                                                             |
| 2  |                                                  |                                    |                           |                         |                                                             |
| 3  |                                                  |                                    |                           |                         |                                                             |
| 4  |                                                  |                                    |                           |                         |                                                             |
| 5  |                                                  |                                    |                           |                         |                                                             |
| 6  |                                                  |                                    |                           |                         |                                                             |
| 7  |                                                  |                                    |                           |                         |                                                             |
| 8  |                                                  |                                    |                           |                         |                                                             |
| 9  |                                                  |                                    |                           |                         |                                                             |
| 10 |                                                  |                                    |                           |                         |                                                             |

Line 23 (990-PF) - Other Expenses

23723700

|    | Description    | Revenue and expenses per books | Net investment income | Adjusted net income | Disbursements for charitable purposes |
|----|----------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| 1  | INVESTMENT FEE | 237                            | 237                   | 0                   | 0                                     |
| 2  |                |                                |                       |                     |                                       |
| 3  |                |                                |                       |                     |                                       |
| 4  |                |                                |                       |                     |                                       |
| 5  |                |                                |                       |                     |                                       |
| 6  |                |                                |                       |                     |                                       |
| 7  |                |                                |                       |                     |                                       |
| 8  |                |                                |                       |                     |                                       |
| 9  |                |                                |                       |                     |                                       |
| 10 |                |                                |                       |                     |                                       |

**Part II, Line 6 (990-PF) - Receivables from Officers, Directors, Trustees and Other Disqualified Persons**

[illegible]



• **Part II, Line 10b (990-PF) - Investments - Corporate Stock**

|    |                               |                            | 9,206,000                      | 9,206,000                     | 13,512,000          | 10,620,000             |
|----|-------------------------------|----------------------------|--------------------------------|-------------------------------|---------------------|------------------------|
|    | Description                   | Num. shares/<br>face value | (a) Book value<br>beg. of year | (b) Book value<br>end of year | FMV<br>beg. of year | (c) FMV<br>end of year |
| 1  | ATLANTIC TELE NETWORK INC NEW | 400,000                    | 9,206,000                      | 9,206,000                     | 13,512,000          | 10,620,000             |
| 2  |                               |                            |                                |                               |                     |                        |
| 3  |                               |                            |                                |                               |                     |                        |
| 4  |                               |                            |                                |                               |                     |                        |
| 5  |                               |                            |                                |                               |                     |                        |
| 6  |                               |                            |                                |                               |                     |                        |
| 7  |                               |                            |                                |                               |                     |                        |
| 8  |                               |                            |                                |                               |                     |                        |
| 9  |                               |                            |                                |                               |                     |                        |
| 10 |                               |                            |                                |                               |                     |                        |
| 11 |                               |                            |                                |                               |                     |                        |
| 12 |                               |                            |                                |                               |                     |                        |
| 13 |                               |                            |                                |                               |                     |                        |
| 14 |                               |                            |                                |                               |                     |                        |
| 15 |                               |                            |                                |                               |                     |                        |
| 16 |                               |                            |                                |                               |                     |                        |
| 17 |                               |                            |                                |                               |                     |                        |

**Part II, Line 20 (990-PF) - Loans from Officers, Directors, Trustees, Other Disqualified Persons**

[illegible]

[illegible]

**Part III (990-PF) - Changes in Net Assets or Fund Balances**

---

**Line 5 - Decreases not included in Part III, Line 2**

|   |                           |   |       |
|---|---------------------------|---|-------|
| 1 | 2007 EXCISE TAX           | 1 | 1,182 |
| 2 | 2008 ESTIMATED EXCISE TAX | 2 | 2,818 |
| 3 | Total                     | 3 | 4,000 |

---

***Exhibit 2***

**Power of Attorney  
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I Power of Attorney**

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

|                                                                                                                                                             |                                                            |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|
| Taxpayer name(s) and address<br><b>Gertrude J. Prior, Trustee<br/>Prior Family Foundation<br/>P.O. Box 12030, Charlotte Amalie<br/>St. Thomas, VI 00801</b> | Social security number(s)<br>_____<br>_____<br>_____       | Employer identification number<br><br><b>20 : 6975076</b> |
|                                                                                                                                                             | Daytime telephone number<br>( <b>340</b> ) <b>775-1555</b> | Plan number (if applicable)                               |

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

|                                                                                                                                 |                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name and address<br><b>Marjorie Rawls Roberts, Esq.<br/>One Hibiscus Alley<br/>St. Thomas, VI 00802</b>                         | CAF No. <b>2606-27030R</b><br>Telephone No. <b>340-776-7235</b><br>Fax No. <b>340-776-7951</b><br>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address<br><b>Travis Wright, Esq.<br/>c/o Marjorie Rawls Roberts PC<br/>One Hibiscus Alley, St. Thomas, VI 00802</b>   | CAF No. _____<br>Telephone No. <b>340-776-7235</b><br>Fax No. <b>340-776-7951</b><br>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>              |
| Name and address<br><b>Michele Hyndman, Esq.<br/>c/o Marjorie Rawls Roberts PC<br/>One Hibiscus Alley, St. Thomas, VI 00802</b> | CAF No. <b>0307-01766R</b><br>Telephone No. <b>340-776-7235</b><br>Fax No. <b>340-776-7951</b><br>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

| Type of Tax (Income, Employment, Excise, etc.)<br>or Civil Penalty (see the instructions for line 3) | Tax Form Number<br>(1040, 941, 720, etc.) | Year(s) or Period(s)<br>(see the instructions for line 3) |
|------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <b>Tax Exempt</b>                                                                                    | <b>990-PF</b>                             | <b>2006, 2007 &amp; 2008</b>                              |
|                                                                                                      |                                           |                                                           |
|                                                                                                      |                                           |                                                           |

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific uses not recorded on CAF.** ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 Instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a. If you also want the second representative listed to receive a copy of notices and communications, check this box ☐
- b. If you do not want any notices or communications sent to your representative(s), check this box ☐
- 8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ☐
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Gertrude J. Prior 6/29/10 Trustee  
Signature Date Title (if applicable)

Gertrude J. Prior ☐☐☐☐☐ Prior Family Foundation  
Print Name PIN Number Print name of taxpayer from line 1 if other than individual

Signature Date Title (if applicable)

☐☐☐☐☐  
Print Name PIN Number

### Part II Declaration of Representative

**Caution:** Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a. Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d. Officer—a bona fide officer of the taxpayer's organization.
  - e. Full-Time Employee—a full-time employee of the taxpayer.
  - f. Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g. Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
  - h. Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(vi). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 2 of the instructions.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

| Designation—Insert above letter (a–h) | Jurisdiction (state) or identification | Signature               | Date           |
|---------------------------------------|----------------------------------------|-------------------------|----------------|
| a                                     | VI, CA                                 | <u>Maggie As. Rh...</u> | <u>6/29/10</u> |
| a                                     | VI, OK                                 | <u>[Signature]</u>      | <u>6/29/10</u> |
| a                                     | NY                                     | <u>[Signature]</u>      | <u>6/29/10</u> |

1

4

***Exhibit 1***