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Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

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

OMB No 1545-0047 2009 Open to Public

	artment of the Treasu mal Revenue Service	
Ā	For the 2009 c	

lung benefit trust or private foundation)

Inspection

Form 990 (2009),

<u>A</u>		calendar year, or tax year beginning , 2009, an	d ending	, 20
В	Check if	Please C Name of organization, number and street, city, town, state, and ZIP co	de D Employer id	dentification number
	applicable Address change	use IRS label or	1 13-	-4008435
$\vdash$	Name change	print or THE CARIBBEAN TOURISM ORGANIZATION		
Н	-	type.   THE CHILDBERT TOOKIDM ORGANIZATION		
Н	Initial return	See		2-635-9530
	Terminated	Instruc- 80 BROAD 51	G Gross receipts	\$
Ш	Amended return	tions NEW YORK NY 10004-2209	H(a) Is this a	· · — —
	Application pending	F Name and address of principal officer: SYLMA BROWN-BRAMB	LE for affili	ates? Yes X No
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	80 BROAD ST NY	H(b) Are all affi	liates included?
ī.	Tax-exempt sta	atus: X 501(c)( 3 ) <b>∢</b> (insert no )   4947(a)(1) or   527	If "No", att	
J	Website: ▶			emption number
_	Form of organization	X Corporation Trust Association Other ► L Year		Ţ'
		Trust   Association   Other ► L Year on    Trust   Other ► L Year on    Tru	of formation	M State of legal domicile
	1 -	describe the organization's mission or most significant activities		
	THE	ISSUANCE-AND MAINTENANCE OF SCHOLARSHIPS	FOR STUDE	ENTS ATTENDING
Governance	COLI	LEGES AND UNIVERSITIES		
nai			•	
Ver	2 Check	his box I if the organization discontinued its operations or disposed of more	than 25% of its net	assets.
တိ		r of voting members of the governing body (Part VI, line 1a)		3 15
ە5	ı	r of independent voting members of the governing body (Part VI, line 1b)		4
ies	l .			
Ξ	1	umber of employees (Part V, line 2a)		5
Activities &	į.	umber of volunteers (estimate if necessary)		6
_	7a Total gr	oss unrelated business revenue from Part VIII, column (C), line 12		7a
	b Net unr	elated business taxable income from Form 990-T, line 34		7b
			Prior Year	Current Year
a	8 Contrib	utions and grants (Part VIII, line 1h) .	2868	
Revenue	Į.	n service revenue (Part VIII, line 2g)		
ķ	_	nent income (Part VIII, column (A), lines 3, 4, and 7d)	430	03. 48.
æ				114768.
	1	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2000	<del></del>
_	<del></del>	venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3298	
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	4115	69658.
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)		
S	15 Salarie:	s, other compensation, employee benefits (Part IX, column-(A), lines 5-10)		
Expenses	16a Profess	ional fundraising fees (Par ftX, column (A), Fine Visit D		
ed.		ndraising expenses, (Part IX, cplumn (D), line 25)		
ũ	17 Other e	xpenses (Part IX, column (A), lines 11a-11d, 114-246, 10	1562	25. 46268.
	18 Total ex	(penses - Add lines 13-17 (mps equal-ert IX, column (A), line 25)	5677	
		le less expenses. Subtract line 18 from line 12	-2379	
_		e less expenses. Subtract life to non line 12	Beginning of Curr	ont
Net Assets or	3	OGDEN, UT	Year	Ellu oi Teal
sets	20 Total as	ssets (Fatt A, life 10)	36946	<del></del>
# E	21 Total lia	ibilities (Part X, line 26)	6981	
		ets or fund balances Subtract line 21 from line 20	29965	301721.
Р	art il Sig	nature Block		
	Unde	er penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my	knowledge
	and	belief, it strue, correct, and complete. Decigration of preparer (other than officer) is based on all information of w	hich preparer has any kno	wledge.
		UI of UI		7 1
Sig	an k	10 Juoch mande		R19,110
He	_	Signature of officer		3 1 1 2
116	" F		Dai	ie •   •
		SYLMA BROWN-BRAMBLE DIRECTOR	AG	· · · · · · · · · · · · · · · · · · ·
		Type or print name and title		
Pai	id Pre	parer's Date	Check if self-	Preparer's identifying number (see instructions)
	Sign	08/06/2010	employed ► X	P00231097
		s name (or your ARNOLD C CHARLES CPA	EIN	11-2415198
US	e Only if set addr	f-employed 146-04 HIL JAMAICA NY 11435-33		
Ma		iss this return with the preparer shown above? (See instructions)		. X Yes No
			•	. [7 100 ] [ 170

				ORGANIZATION		13-4008435	Page 2
Par	t III Statem	nent of Progran	n Service Accompl	ishments			
1	Binefly describe	e the organization's	mission.				
	ISSUANC	E OF SCHO	LARSHIPS				
`							
				<del></del>			
					· · · · · · · · · · · · · · · · · · ·		
2	Did the organiz	zation undertake ar	nv significant program se	ervices during the year which	ch were not listed on		
_			···· ··· · · · · · · · · · · · · · · ·			Yes	No No
	-		ces on Schedule O.	••• ••••	• ••	📙 163	מוו מין
3				st changes in how it conduc	ato ony program oonisoo	л П <b>v</b>	₩
3				nt changes in how it conduc	as any program services	?   Yes	X No
		be these changes					
4				ne organization's three larg			
				1 4947(a)(1) trusts are requ		of grants and	
	allocations to d	others, the total exp	enses, and revenue, if a	any, for each program servi	ce reported.		
						<del></del> -	
4a	(Code501	) (Expenses \$	69658.	including grants of \$	69658.)(R	levenue \$ 1	17994.)
		UANCE AND		OF SCHOLARSH	IPS FOR STUD	ENTS ATTEND	ING
	UNIVERS	ITIES AND	COLLEGES				
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						<del></del>	
4b	(Code:	) (Expenses \$		including grants of \$	) (R	evenue \$	)
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				<del></del> -	<del> </del>		
4c	(Code:	) (Expenses \$		including grants of \$	) (R	evenue \$	)
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					-		
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					<u> </u>		
4d	Other program	services. (Describe					· <del></del>
	-		:Id	¢	\/D==	•	
	(Expenses \$		including grants of	<u>v</u>	)(Revenue \$		
4e		service expenses			)(Revenue \$		

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	_	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	!	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6	i	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-		
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		,	
	Schedule D, Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	İ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ,		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X	
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Fo	m <b>990</b>	(2009)

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		THE S	Section 5
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	dia	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
•	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes." complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<del>"  </del>		
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
•	III IV and V line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	35	Λ	-
	the promotion of the property	,,		Х
37	organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	,,		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and	37		
	102 Note: All Form 000 Slore are required to complete Schooling O	,,	х	
	15? Note: All Form 990 liters are required to complete Schedule O	38		(0000)

13-4008435

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
		ı	1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			,			
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>		0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	I	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportat	ole	}	<u> </u>		
	gaming (gambling) winnings to prize winners?	1.	ı		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>		I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			•••	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (so		cuons)				
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	erea by		ĺ	3-1		X
					3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	or outbo	rity avar		30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account account as a therefine		-		4-		х
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account, and the foreign country:	ciai acco	unity?		4a		<u> </u>
D		n Ponk		<del></del> !			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign and Financial Accounts.	JII Dalik					
<b>5</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year.	<b>,</b>			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			•	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent		rdina		30		
·	Prohibited Tax Shelter Transaction?	ity inega	ruing		5¢		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	1 the	••	• •	30		
Va	organization solicit any contributions that were not tax deductible?	4 4.6			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or					
-	gifts were not tax deductible?	200100			6b		
7	Organizations that may receive deductible contributions under section 170(c).				55		L
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods					
	and services provided to the payor?				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was					
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al	•			
	benefit contract?				7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as require	ed?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109	8-C as re	equired?		7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng organ	ızatıon,		ļ		
	have excess business holdings at any time during the year?	•	••		8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	• •	•		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	• • •			9b		
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:				Í		
<b>a</b>	Gross income from members or shareholders						
Ь	Gross income from other sources (Do not net amounts due or paid to other sources						
40.	against amounts due or received from them.)	40440	<del></del>		1 46		l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041?	•	••••	12a		l
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b		_		<u> </u>		(2000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Yes Section A. Governing Body and Management 15 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? . . . . . . Did the organization delegate control over management duties customanly performed by or under the direct 3 Х supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? .... . . .. . . . 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa X Each committee with authority to act on behalf of the governing body? . . 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ......... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form? 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? .. ... . . . 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .... 12c Х 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official? Х 15a X Other officers or key employees of the organization? 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? . . . . . . .. b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NY 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public.

> Form 990 (2009)

NY 10004-2209 212-635-9530

organization: ▶The Organizatn 80 Broad

20 State the name, physical address, and telephone number of the person who possesses the books and records of the

New York

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee. (C) (A) (B) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable **Estimated** hours per Officer Former compensation amount of Individual trustee or director compensation Highest compensated employee Institutional trustee Key employee week from from related other the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations KARL RODNEY DIRECTOR Х 0 0 0 GORDON SHIRLEY DIRECTOR X 0 0 0 JANET JOHNSON DIRECTOR Х 0 0 0 JUSTIN BRENNAN DIRECTOR Х 0 0 0 J JOHNSON DIRECTOR Х 0 0 0 MARSHA MILLER DIRECTOR Х 0 0 DAVID GILBERT DIRECTOR Х 0 0 0 ELGA A SHARPE DIRECTOR Х 0 0 0 MICHELE PAIGE Х DIRECTOR 0 0 0 MICHAEL RONAN DIRECTOR Х 0 0 0 BARBARA GILLAM DIRECTOR X 0 0 0 BONITA MORGAN DIRECTOR X 0 0 0 HUGH RILEY DIRECTOR X 0 0 S BROWNBRAMBLE DIRECTOR Х 0 0 0 RICHARD KAHN DIRECTOR Х 0 0 0

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

Page 8

(A) Name and title	(B) Average	Posit	ion (ch	(C		hat ap	(vla	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week			Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										<u> </u>
				_		•				
	-									
<del></del>		_								
	-									
	-									
				_		-				
	_				_					
			_	-						
1b Total							<b>•</b>	0	0	0
2 Total number of individuals (including but n		o thos	e liste	d ab	_					
from the organization 🕨									· · · · · · · · · · · · · · · · · · ·	
3 Did the organization list anyformer officer,	director or	tm rata.					. !			Yes No
employee on line 1a? If "Yes," complete So						e, or r	ngn	est compensated		. 3 X
4 For any individual listed on line 1a, is the si	um of repo	rtable	compe	ensa	tion					-
the organization and related organizations	greater tha	ın \$15	0,0007	? If "	Yes,	" com	olete	Schedule J for such	1	
<ul><li>individual</li><li>Did any person listed on line 1a receive or .</li></ul>		nnens:	 atıon fi	rom	 anv	unrels	heti	organization for	•••	4 X
services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest co- compensation from the organization.</li> </ol>	mpensated	l indep	ender	nt co	ntra	ctors t	hatı	eceived more than \$	3100,000 of	
(A)								(B)		(C)
Name and busines	s address		_				_	Description of s	ervices	Compensation
·									-	
7. Total number of order-order to the control of			· • ·							
2 Total number of independent contractors (ii \$100,000 in compensation from the organization)		ut not i	imited	to th	nose	usted	abo	ove) who received mo	ore than	1
BCA Copyright form software only, 2009 Universal Tax Sys		nghts re	served			US	990\$	\$8 Rev 1		Form <b>990</b> (2009)

Part	VIII	Statement of Revenue				1
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
(f) 40	1a	Federated campaigns 1a	1			
ants	ь	Membership dues 1b	7			
g S	c	Fundraising events 1c	=			,
fs, a	d	Related organizations 1d	<b>-</b>			,
Contributions, gifts, grants and other similar amounts		Government grants	1			
ons	e	(contributions) 1e	<u> </u>			ı
ž ž	f	grants, and similar amounts				! !
호로	~	not included above	=			
ŠĚ	9	included in lines 1a-1f\$		i		,
	h	Total. Add lines 1a-1f ▶	3178.	]		
Je		Business Code		,		:
še	2a _					
8	b					
8					<u></u>	
ě	ď					
6	е –				· · · · · · · · · · · · · · · · · · ·	
<u>ī</u> g	f -	All other program service revenue				
Program Service Revenue		Total Add Bass On Of	<del> </del>			
<u> </u>	<u>g</u> 3					I
	3	Investment income (including dividends, interest, and	4.0			4.0
		other similar amounts)	48.			48.
	4	Income from investment of tax-exempt bond proceeds .				
	5	Royalties				<u> </u>
		(i) Real (ii) Personal				į
	6a	Gross Rents				
	b	Less rental expenses · · · ·				
	С	Rental income or (loss)	]			
	d	Net rental income or (loss)				1
	7a	Gross amount from (i) Secunties (ii) Other				<u> </u>
		sales of assets other than inventory				
	ь	Less cost or other				!
		basis and sales expenses .				
	С	Gain or (loss)	1			
		<del></del>				1
	d	, , , , , , , , , , , , , , , , , , ,				L
	ъа	Gross income from fundraising events	}			Ì
Other Revenue		(not including \$				İ
š		of contributions reported on line 1c)				1
ά		See Part IV, line 18 a 114768 .				 
the	b	Less direct expensesb	<u></u>	1		,j
Ō	С	Net income or (loss) from fundraising events ▶	114768.	114768.		
	9a	Gross income from gaming				
		activities. See Part IV, line 19a				·
	ь	Less: direct expensesb	<del>-</del> 			
	С	Net income or (loss) from gaming activities .				
	10a	Gross sales of inventory, less		·		
		returns and allowancesa	}			
	ь	Less: cost of goods soldb	_			
		Net income or (loss) from sales of inventory	1		-17	
	<u> </u>	Miscellaneous Revenue Business Code	J		<u></u>	<u> </u>
	440					<del> </del>
	11a		<del> </del>			-
	b					
	C					
	d	All other revenue				
	8	<b>Total.</b> Add lines 11a-11d		·		
	12	Total revenue.				
		See instructions	117994.	114768.		48.

US990\$\$9

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c				
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	( <b>B</b> ) Program service	(C) Management and	(D) Fundraising
<u>7b, 8</u>	b, 9b, and 10b of Part VIII.	TOLLI OAPOITOGO	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				i
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	20874.	20874.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	48784.	48784.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		1		
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17			, ····	
f	Investment management fees				
g	Other	37248.			37248.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		<u> </u>		<u> </u>
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				į.
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		· · · · · · · · · · · · · · · · · · ·		
а	AUDIT	6000.		6000.	
b	BANK CHARGES	1108.		1108.	
С	SUNDRY	1912.		1912.	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	115926.	69658.	9020.	37248.
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X	Balance Sheet		1	<b>/D</b> \
		(A)		(B) End of year
1	Cash - non-interest-bearing	Beginning of year 6573.	1	8706
2	<u> </u>	29023.	-	27923
	Savings and temporary cash investments		2	21923
3	Pledges and grants receivable, net		3	<del></del>
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	0.4500	·i	4.0550
	employees, and highest compensated employees. Complete Part II of Sch. L	94500.	5	143558
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	······································		
	Part II of Schedule L	<del></del> .	6	
<u>इ</u> 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
ŀ	basis. Complete Part VI of Schedule D . 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded secunties		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	164572.	13	165720
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	74801.	15	42958
16	Total assets. Add lines 1 through 15 (must equal line 34)	369469.	16	388865
17	Accounts payable and accrued expenses		17	
18	Grants payable	26671.	18	43774
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
, 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·
Liabilities 25	Payables to current and former officers, directors, trustees, key			
<u> </u>	employees, highest compensated employees, and disqualified			
<u> </u>	persons. Complete Part II of Schedule L		22	OO WAY MACOUNT OF THE OWNER OWNER OF THE OWNER OWNE
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	43145.	25	43370
26	Total liabilities. Add lines 17 through 25	69816.	26	87144
	Organizations that follow SFAS 117, check here ► X and		20	
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	131528.	27	133596
E 28	Temporanly restricted net assets	168125.	28	168125
E 29	Permanently restricted net assets	100123.	29	100123
בַּ   בַּ	Organizations that do not follow SFAS 117, check here		29	
Net Assets or Fund Balances	and complete lines 30 through 34.			
য় 30 ত্	Capital stock or trust principal, or current funds			
50 30 SS 31			30	·
A 31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u></u>
32 2	Retained earnings, endowment, accumulated income, or other funds	200652	32	201801
33	Total net assets or fund balances	299653.	33	301721
34	Total liabilities and net assets/fund balances	369469.	34	388865 Form <b>990</b> (200

Form **990** (2009)

Part XI Financial Statements and Reporting			
		Yes	N
,1 Accounting method used to prepare the Form 990: Cash X Accrual Other	_ [		
If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Γ
audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selected process during the tax year, explain in			
Schedule O.			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
issued on a consolidated basis, separate basis, or both.			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Cırcular A-133?	3a	!	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
	Form	990	(200

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer Identification number THE CARIBBEAN TOURISM ORGANIZATION 13-4008435 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(III) Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described irsection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Semection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | Type I b Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (vi) Is the (vii) Amount of (iv) is the organ-(V) Did you organization (described on lines 1-9 ızatıon ın col organization in support notify the above or IRC section (i) listed in your organization in col. (i) (see instructions)) governing col (i) of your organized document? support? in the US? Yes Yes Yes Total

2011000010 71 (1	01111 000 01 000-LZ) 2003	TITE CITETADDIA	TOOLLIDII	OROZHITZHITTON	13 4000433
Part II	Support Schedule fo	or Organizations Des	cribed in Secti	ons 170(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
		cked the box on line 5.7, or			

Sec	tion A. Public Support	. 011 11110 0, 7, 01	orraiti.)				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(-) -333	(2) 200	<del>\</del>	(2) 2000	(3) = 3 = 3	(1) 10221
	membership fees received. (Do not						
	include any "unusual grants.")						!
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		ļ				
	its behalf					ľ	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						
4	Total. Add lines 1 through 3 .					<u> </u>	
5	The portion of total contributions by each					<del>!</del>	
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of						
	the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ection B. Total Support					·	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business			-			
	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			:			
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities, etc. (see	: instructions)				12	
13	First five years. If the Form 990 is for the orga	nızatıon's first,	second, third, for	urth, or fifth tax y	ear as a section	501(c)(3)	
_	organization, check this box and stop here						▶ [
Se	ction C. Computation of Public Supp	ort Percent	age				
14	Public support percentage for 2009 (line 6, col	umn (f) dıvıded	by line 11, colur	nn (f))		14	0.00 %
15	Public support percentage from 2008 Schedule					15	0.00 %
16a	33 1/3% support test - 2009. If the organization				33 1/3% or mor	e, check this box	_
	and stop here. The organization qualifies as a						▶ [
b	33 1/3% support test - 2008. If the organization				15 is 33 1/3% o	r more, check this	s box
	and stop here. The organization qualifies as a		=				▶ [
17a	10% facts-and-circumstances test - 2009. If the						
	is 10% or more, and if the organization meets				•	•	
	in Part IV how the organization meets the "fact	s-and-circumst	ances" test. The	organization qua	ilifies as a public	ly supported	_
	_		•••				▶ [
b	10%-facts-and-circumstances test - 2008. If the						
	15 is 10% or more, and if the organization mee						
	Explain in Part IV how the organization meets		circumstances" te	est. The organiza	tion qualifies as	a publicly	_
	supported organization				•		▶ [
18	Private foundation. If the organization did not	check a box on	line 13, 16a, 16	b, 17a, or 17b, cl	neck this box an	d see	_
	instructions	· ···· ·		· · · · · · · · · · · · · · · · · · ·			▶ ≱

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support	box on line b of t	urri.y				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(5) 2000	(6) 2007	(2) 2000	(0) 2000	(1) 10421
	membership fees received. (Do not						
	include any "unusual grants.")	22000.	258544.	33426.	28681.	3178.	345829.
2	Gross receipts from admissions, merchan-			33,230	200011	31,0.	313027.
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	158763.	238805.	280705.		97153.	775426.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513		İ				
4	Tax revenues levied for the organization's						·
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities	- 11-11		·			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	180763.	497349.	314131.	28681.	100331.	1121255.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8_	Public support (Subtract line 7c from line 6.)		A March Cons				1121255.
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	180763.	497349.	314131.	28681.	100331.	1121255.
iva	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	25.6	2617	5000	4200	4.0	
_	Unrelated business taxable income (less	356.	2617.	5892.	4303.	48.	13216.
D	section 511 taxes) from businesses						
	acquired after June 30,1975						
_	Add lines 10a and 10b	356.	2617.	5892.	4303.	48.	
_	Net income from unrelated business	336.	2017.	5692.	4303.	48.	13216.
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, & 12.)	181119.	499966.	320023.	32984.	100379.	1134471.
14	First five years. If the Form 990 is for the orga						
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2009 (line 8, col		<del> </del>	n (f))		15	98.84 %
	Public support percentage from 2008 Schedul		•			16	99.00 %
	tion D. Computation of Investment I						
17	Investment income percentage for2009 (line 1	0c, column (f) div	ided by line 13,	column (f))		17	1.16 %
18	Investment income percentage from 2008 Sche	edule A, Part III, I	ine 17			18	1.00 %
	F						
19a	33 1/3 % support tests - 2009. If the organizat	ion did not check	the box on line	14, and line 15 is	more than 33 1	/3 %, and line 17	' is
19a							
	33 1/3 % support tests - 2009. If the organizat	op here. The orga	anization qualifie	s as a publicly su	pported organiz	ation	▶ 🛛
	33 1/3 % support tests - 2009. If the organizat not more than 33 1/3 %, check this box and sto	op here. The organical on did not check	anization qualifie a box on line 14	s as a publicly su I or line 19a, and	pported organiz line 16 is more	ation than 33 1/3 %, a	▶ 🛛

Part IV	rm 990 or 990-EZ) 2009  Supplemental Info  Part II, line 17a or 17b;	ormation. Con	plete this part to	provide the expla			35 Page 4
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			<del>-</del>	<del></del>			<del> </del>

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2009

Open to Public Inspection

Name :	of the	organiza	ation

THE CARIBBEAN TOURISM ORGANIZATION

Employer Identification number 13-4008435

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.									
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds	(b) Funds and other accounts					
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors	in writing that the assets held in dono	r advised funds						
	are the organization's property, subject to the organization	's exclusive legal control?		X Yes No					
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds	may be used only						
	for chantable purposes and not for the benefit of the donor	r or donor advisor or other impermiss	ible private benefit?	. X Yes No					
Pa	rt II Conservation Easements. Complete if t	he organization answered "Yes" to F	orm 990, Part IV, line 7						
1	Purpose(s) of conservation easements held by the organiz	zation (check all that apply).							
	Preservation of land for public use (e.g., recreation or	pleasure) Pres	ervation of an historica	lly important land area					
	Protection of natural habitat	Pres	ervation of certified his	toric structure					
	Preservation of open space	_							
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in th	e form of a conservatio	n easement on the					
	last day of the tax year.								
	·		Held	at the End of the Year					
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		. 2b						
С	Number of conservation easements on a certified historic	structure included in (a)	2c						
d	Number of conservation easements included in (c) acquire	ed after 8/17/06	2d						
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated	by the organization di	uring					
	the taxable year ▶								
4	Number of states where property subject to conservation e	easement is located							
5	Does the organization have a written policy regarding the	penodic monitoring, inspection, repor	ting of violations,						
	and enforcement of the conservation easements it holds?			Yes X No					
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easem	ents during the year	·					
7	Amount of expenses incurred in monitoring, inspecting, an	d enforcing conservation easements	during the year 🕨 💲	·					
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of sect	ion 170(h)(4)(B)(ı)						
	and section 170(h)(4)(B)(ii)?			∐ Yes ☐ No					
9	In Part XIV, describe how the organization reports conserve	ration easements in its revenue and e	expense statement, and	balance sheet, and					
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that desc	ribes the organization's	s accounting for					
	conservation easements.								
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures,	or Other Similar A	ssets.					
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8.		<u> </u>					
1 a	If the organization elected, as permitted under SFAS 116,	not to report in its revenue statement	and balance sheet wo	rks of art, historical					
	treasures, or other similar assets held for public exhibition	, education, or research in furtherand	e of public service, pro	vide, in Part XIV, the					
	text of the footnote to its financial statements that describe	es these items.							
t	If the organization elected, as permitted under SFAS 116,	to report in its revenue statement and	d balance sheet works	of art, historical trea-					
	sures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of	public service, provide	the following amounts					
	relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1			·					
	(ii) Assets included in Form 990, Part X			·					
2	If the organization received or held works of art, historical	treasures, or other similar assets for	financial gaın, provide t	he following amounts					
	required to be reported under SFAS 116 relating to these it								
	Revenues included in Form 990, Part VIII, line 1			)					
t	Assets included in Form 990, Part X		▶ \$	;					

Pa	Organiz		Collections of Art,	Historical Treasure	s, or Other Similar	Assets
_3	<del></del>	<del></del>	and other records, chec	k any of the following that	at are a significant use of	its collection items
•	(check all that apply).		,	and any or are tone time grant		
а	Public exhibition			d Loan or exchan	ge programs	
b	Scholarly research	1		e Other	3- F3	
С	Preservation for fu	ture generations		<u> </u>		
4	_	-	ctions and explain how t	hey further the organizat	ion's exempt purpose in I	Part XIV.
5					ner similar assets to be s	
	to raise funds rather th	an to be maintained as p	art of the organization's	collection?		. Yes No
Pa		and Custodial Arra			ered "Yes" to Form 990,	
	or reported	d an amount on Form 99	0, Part X, line 21.	_		
1a	Is the organization an	agent, trustee, custodian	or other intermediary for	contributions or other as	ssets not included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the an	rangement in Part XIV ar	d complete the following	table:		
						Amount
С	Beginning balance				1c	
d	Additions during the ye	ear				
е	Distributions during the	e year			1e	
f	Ending balance .					
2a	Did the organization in	clude an amount on Forr	n 990, Part X, line 21?			. Yes X No
b	If "Yes," explain the an	rangement in Part XIV.				
Pa	rt V Endown	nent Funds. Comp	lete if organization answ	ered "Yes" to Form 990,	Part IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year				<del></del>	
	balance	168,125.	165,055.			
b	Contributions			<u>.</u>		
С	Net investment eam-				· · · · · · · · · · · · · · · · · · ·	
	ings, gains, and losses		3,070.			
d	Grants or scholarships		. •			
е	Other expenditures					
	for facilities and					
	programs					
f	Administrative			}		
	expenses					
a	End of year balance .	168,125.	168,125.			
2		percentage of the year e				
а		uasi-endowment ▶				
b	Permanent endowmen		<del></del>			
c		0.00%				
			on of the organization th	at are held and administr	ered for the organization	by. Yes No
	(i) unrelated organiza					
	(ii) related organizatio				••••••	
b	• •	e related organizations lis		odula P2		
4		e intended uses of the or			•• • •• •• •	3b
Pat		ents - Land, Buildin			Part V. line 10	
	Description of		(a) Cost or other	(b) Cost or other		(d) Pask value
	2000 puon di	Journalit	basis (investment)	basis (other)	(c) Accumulated  Depreciation	(d) Book value
	Land		Sasis (mivesument)	Dasis (Outer)	Debleganou	
	Buildings					
	Leasehold improvement	nts			-	<del></del>
	Faulanant		<del></del>			
						<del></del>
		e. (Column (d) should ed	ual Form 000 Part V	Nump (D) 5-2 40(-) )		
. Juai	. r.su mies ia unough i	c. (Column (a) should ed	juai Fullii 990, Patt X, CO	numin (D), line 10(C) ).		ulo D (Form 990) 2000

			0084	
	•		ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		117,994.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		115,926.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		2,068.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior penod adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0.000
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	. 4	2,068.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	rK		117 004
1	Total revenue, gains, and other support per audited financial statements		1	117,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments			
p	Donated services and use of facilities 2b			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV) 2d			
e	Add Innes 2a through 2d	٠	2e	115 004
3	Subtract line 2e from line 1	• • • •	3	117,994.
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5_	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	117,994.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer	Retur	
1	Total expenses and losses per audited financial statements		1	115,926.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIV)			
е	Add Ines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	115,926.
4	Amounts included on Form 990, Part IX, line 25, but not on linet:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
Ь	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u></u>	5	115,926.
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines			
Part :	X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide a	iny a	addition	al information.
T 0	NUMBER AND MATHEMANIAN OF COURT POURS AND COLUMN			
155	SUANCE AND MAINTENANCE OF SCHOLARSHIPS AND GRANTS			
				<u>-</u>
				·

Schedule D (Form 990) 2009 THE CARIBBEAN TOURISM ORGANIZATION 13-4008435 Page Part XIV Supplemental Information (continued)

# Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE CARIBBEAN TOURISM ORGANIZATION

Employer identification number 13-4008435

ľ	art I	answered "Yes" to Form 9			United States.	Complete if the organiza	ition
1		tmakers. Does the organizate eligibility for the grants or a	ition maintain red	ords to substant	_		Yes No
2	For gran	tmakers. Describe in Part IV	/ the organization	n's procedures fo	or monitoring the use of g	rant funds outside the U	nited States.
3	Activities	per Region. (Use Schedule	F-1 (Form 990)	if additional space	ce is needed.)		
		(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities cond- ucted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
						-	
Tota	als						

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

Schedule F (Form 990) 2009

13-4008435 THE CARIBBEAN TOURISM ORGANIZATION Schedule F (Form 990) 2009

Part II

Page 2

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ... Grants and Other Assistance to Organizations or Entities Outside the United States. Use Schedule F-1 (Form 990) if additional space is needed.

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities

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Schedule F (Form 990) 2009

THE CARIBBEAN TOURISM ORGANIZATION

Grants and Other Assistance to Individuals Outside the United States. Schedule F (Form 990) 2009

Part III Grants and

Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

13-4008435

Page 3

13 48,784. CKS EFT assistance assistance FMV. appraisal.
48,784. CKS

US990F\$3

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ.

Inspection Name of the organization **Employer identification number** 13-4008435 THE CARIBBEAN TOURISM ORGANIZATION Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in .... Yes Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(V) Amount paid to (or (vi) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts raiser have or entity (fundraiser) from activity retained by) fundraiser (or retained by) custody or organization control of listed in col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

			(a) Eve			(b) Even			(c) Oth	er Events			Total E		
			STATE B			RIBBEA			4-1-1		_1	(add c			ıgh
e l			(event t	ype)		(event typ	)e)		(total i	number)	-	_	∞l. (c	:)	
Revenue	1	Gross receipts	95	,995.		17,	615.			1,15	8.	1	14,	76	8.
& B	2	Less: Charitable		·			<u> </u>			<b>-</b>					
		contributions											_		
	3	Gross income (line 1	0.5	005		10	C1 F							-	_
$\dashv$		minus line 2)	95	,995.	-	1/,	615.			1,15	8.		14,	76	8.
	4	Cash prizes			<u> </u>										
ses	5	Noncash prizes			ļ			<u> </u>							
Direct Expenses	6	Rent/facility costs													
Direct	7	Food and beverages													
	8	Entertainment													
	9	Other direct expenses .	36	,002.		1,	246						37,	24	Ω
	10	Direct expense summary											37,		
	11	Net income summary. Co		-	•						L		77,		
Pa	rt III	Gaming. Comple										\$15,000	on For	m 99	0-EZ
		line 6a.	<del></del>	<del></del>											
e le			(a) Bingo			( <b>b)</b> Pull tabs		(	c) Oth	er gaming	9	(d) Total gaming (add col (a) through col (c))			
Revenue					Di	ngo/progress	ive bingo	-	-			coi (a)	ınroug	n cor	(c))
<u>~</u>	1	Gross revenue .													
Se	2	Cash prizes													
ens	_														
ᄍ	3	Noncash prizes			-	<del></del>						<u>.</u>	_		
Direct Expenses	4	Rent/facility costs				<del></del>	··	! 				_			
	5	Other direct expenses .													
	6	Volunteer labor	Yes No	0.0%	H	Yes No	0.0%	ı ⊢	Yes No	0.	0 %				
	7	Direct expense summary		ough 5 in colu	mn (d								···· ×a·····		
	8	Net gaming income sumi	mary. Combine lı	ne 1, column	d, and	line 7	••	<u>.</u>		<u></u>	▶				
_													]	Yes	No
9		er the state(s) in which the	-	_	-		-0				-			ı	
		he organization licensed to No," Explain:	o operate gaming	g acuviues in e	eacn c	r mese state	\$7	• • • •	•	••		· - L	9a [		
		to, Explain													
				<del>.</del>											
		re any of the organization	's gaming license	es revoked, su	uspen	ded or termin	ated during t	the tax	year?.			<u> </u>	I0a		
t	lf "	res," Explain.													i
	_						<del></del>								
11	Do	es the organization operat	e gaming activitie	es with nonme	ember	s?						-	11	·	
12		he organization a grantor,						46 .	•		•	Ļ.	<u>··</u>		
	13 1			isiee oi a uus	ι or a	member of a	parmersnip (	or ome	r entity	formed to	כ	- 1		_	

Sche	dule G (Form 990 or 990-EZ) 2009 THE CARIBBEAN TOURISM ORGANIZATION 13-4008	<u> </u>	<u> </u>	Page 3
	•	$\prod$	Yes	No
13	Indicate the percentage of gaming activity operated in:			i
, а	The organization's facility	<u>,                                    </u>		
b	An outside facility 13b 0.00 %	<u>.</u> ]		i
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			İ
	Name ▶			
	Address >			
		. 15a		 
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount			1
	of gaming revenue retained by the third party   \$	}		
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state		<del></del> -	
	gaming license?	. 17a		L
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶\$			

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2009
---------------------------

Employer identification number Open to Public Inspection ▶ Attach to Form 990. Name of the organization

	E	X Yes No		0	<b>A</b>	(h) Purpose of grant	or assistance													Schedule I (Form 990) 2009
	the selection criteria	:		Complete if the organization answered Test to more than \$5 000. Use	••••	(g) Description of	non-cash assistance												<b>A</b>	Sched
	rants or assistance, and			Complete if the organized more than \$5,000 Use		(f) Method of valuation	(book, FMV, appraisal, other)												•	
	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection cnteria		lates.	orants and Other Assistance to covernments and Organizations in the Omited States.  Complete if the organization and received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use		(d) Amount of cash (e) Amount of non-cash (f) Method of valuation	assistance												:	
	ants or assistance, the gr	· · · · · · · · · · · · · · · · · · ·	rant runds in the United S	Form 890. Part IV line 21, for any recipient that received more than \$5,000. Check this box if no one recipient or		(d) Amount of cash	grant													orm 990.
d Assistance			r monitoring the use of g	that received more than	Part IV and Schedule I-1 (Form 990) if additional space is needed	(c) IRC	section if applicable											nent organizations	•	ee the Instructions for F
ion on Grants an	records to substanti	sistance?	ation's procedures to	21. for any recipient	-1 (Form 990) if addi	NI3 (q)												01(c)(3) and governing	anizations	uction Act Notice, so
Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of		Describe in Part IV trie organizations procedures for monitoring the use or grant runds in the United States.		Part IV and Schedule	1 (a) Name and address of	organization or government											2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

US990I\$1

Schedule I (Form 990) 2009

Part III Grants and

om 990) 2009 THE CARIBBEAN TOURISM ORGANIZATION 13-4008435

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of reapients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)
SCHOLA	SCHOLARSHIPS & GRANTS	ω	20,874.			
		_				
Part IV	Part IV Supplemental Information. Co	Complete this part to provide the information required in Part I, line 2, and any other additional information.	nformation required in Part	t I, line 2, and any other	additional information.	

Schedule I (Form 990) 2009

## **SCHEDULE 0** (Form 990)

# **Supplemental Information to Form 990**

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

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

THE CARIBBEAN TOURISM ORGANIZATION	13-4008435
PART VI #S 11,11A	
AT A DATE SUBSEQUENT TO FILING THIS RETURN, A REVIEW WIL	L BE MADE BY
MEMBERS OF THE GOVERNING BOARD.	
	·

Schedule O	(Form 990) 2009				Page 2
Name of the	e organization CARIBBEAN	TOURISM	ORGANIZATION		Employer identification number 13-4008435
•					
-					
	-				
	<del></del>		- 10 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10		
		<del></del>			
		<u> </u>			
		<del></del>			
		-			
		·			
					<del></del>
<del></del>					
	·				
				<u></u>	

Schedule R (Form 990) 2009 Open to Public Inspection Direct controlling Direct controlling (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related **Employer identification number** 13-4008435 Public charity status (if section 501(c)(3)) End-of-year assets **@ e** Exempt Code section Total income (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) ▶ See separate instructions. Legal domicile (state Legal domicile (state or foreign country) or foreign country) BD Primary activity Primary activity ▶ Attach to Form 990. 13-1758218TOURISM **@ e** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations THE CARIBBEAN TOURISM ORGANIZATION 10004-Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Identification of Disregarded Entities tax-exempt organizations dunng the tax year.) X NEW YORK CARIBBEAN TOURISM Name of the organization ORGANIZATION Internal Revenue Service Part Part II

OMB No. 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

US990R\$1

009 THE CARIBBEAN TOURISM ORGANIZATION

Schedule R (Form 990) 2009 THE

Part III

Identification of Related Organizations Taxable as a Partnership more related organizations treated as a partnership during the tax year.)

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or

13-4008435

00.0 00.0 00.0 0.00 Percentage General or managing ownership partner? Yes No (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it Code V-UBI amount in box 20 of Schedule Share of end-of-(Form 1065) year assets Disproportionate allocations? ŝ (f) Share of total income Ξ Yes Share of end-ofyear assets 6 Type of entity (C ∞rp, Scorp, or trust) Share of total O Income € (d) Direct controlling Predominant income (related, unrelated, excluded from tax entity under sections 512-514) Identification of Related Organizations Taxable as a Corporation or Trust <u>e</u> N/A had one or more related organizations treated as a corporation or trust during the tax year.) (c)
Legal domicile
(state or
foreign country) Direct controlling ΝŽ € Primary activity (c)
Legal
domicile
(state or
foreign TOURIS 26-1805694 TOURISM Primary activity ORGANIZATI 10004 NY NEW YORK <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization CARIBBEAN Part IV

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Schedule Part V	Schedule R (Form 990) 2009 THE CARIBBEAN TOURISM ORGANIZATION 13 - 4008435  Part V Transactions With Related Organizations (Complete if the organization answered 'Yes" on Form 990, Part IV, line 34, 35, or 36.)	4, 35. or 36.)	Page 3
Nox	omplete line 1 if any entity is listed in Parts II, III, or IV of this sch		Yes No
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	۸;	
æ	Receipt of (I) interest (II) annuities (III) royalties or (Iv) rent from a controlled entity	•	
Δ	Gift, grant, or capital contribution to other organization(s)		1b X
O	Gift, grant, or capital contribution from other organization(s)		1c X
7	Loans or loan guarantees to or for other organization(s)		. 1d
0	Loans or loan guarantees by other organization(s) .	:	10 X
٠	Sale of assets to other omanization(s)		*
	Purchase of assets from other organization(s)	:	
	Exchange of assets		
: -	Lease of facilities, equipment, or other assets to other organization(s).	. :	
•	I according a continuant or other accete from other accomiration(e)		>
<b>.</b> _	Performance of services or membership or fundraising solicitations for other organization(s)		
-	Performance of services or membership or fundraising solicitations by other organization(s)		<b>+</b>
Ε	Sharing of facilities, equipment, mailing lists, or other assets		╁
_	Sharing of paid employees		├-
0	Reimbursement paid to other organization for expenses		10 X
٥	Reimbursement paid by other organization for expenses		1p X
•	Other transfer of cash or property to other organization(s)		×
<b>.</b>	Other transfer of cash or property from other organization(s)		╁╌
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s and transaction thresholds.	
	(e)	(q)	(2)
	Name of other organization	ction	Amount involved
3			
(2)			
(3)			
₹ €			
<u>©</u>			
9			
<u>e</u>		Schedule	Schedule R (Form 990) 2009

Part IV

Unrelated Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, Line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

3	General or managing partner?	Yes No				_				-		_				_					-	90) 2009
(6)	Code V-UBI amount in box 20 of Schedule K-1										-											Schedule R (Form 990) 2009
€	isproportionate allocations?	Yes No																				 Ś
		χ.		 _						-	_						_	-			_	
(e)	Share of end-of- year assets		:																			
<b>(9)</b>	partners tion (c)(3) rations?	No																				
	Are all partners section 501(c)(3) organizations?	Yes																				
	Legal domicile (state or foreign country)														١.							
(q)	Pnmary activity																					
(a)	Name, address, and EIN of entity																					