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SCANNED AUG 0 2010

Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A_</u>	For the 200	9 calendar y	ear, or tax year be				/31/0	9		
$\overline{}$	Check if applica	I Dea IRS	C Name of organizati	•	CLUB OF ST	THOMAS			D Emplo	oyer identification number
	Address change	label or			TION INC					0250010
	Name change	print or	Doing Business As			_ .	-			0352018
$\overline{\Box}$	Initial return	type. See		•	ot delivered to street addre	ss)		Room/suite	E Teleph	none number
\equiv	Termination	Specific	PO BOX 1			· · · · · · · · · · · · · · · · · · ·	1		<u> </u>	960 244
\equiv		Instruc-	I -	ate or country, and		0801			G Gross rece	eipts\$ 869,340
\sqcup	Amended return		ST THOM		VI 0	0801			H/a) is this	
Ш	Application pen	unig	e and address of pri						affiliati	a group return for es? Yes X No
			LEEWARD						H(b) Are all	l affiliates 📉
		ST		*****	VI 00	802			includ	attach a list. (see instructions)
$\overline{}$	Tax-exempt	i e		(insert no		527			j ""	austria not (see menorency
<u>.</u>	Website: ▶	7-		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				H(c) Group	exemption number
×		aium 🛣 Co	poration Irust	Association	Other		L	rear of formation		M State of legal domicile
	art I	Summa								
	1 Brief	ly describe	the organization's	mission or mos	t significant activitie	:S				
0	T	HIS IS	A ROTARY C	LUB WHICH	DONATES FUN	DS TO VAR	CIOUS O	THER		
Activities & Governance	C	HARITAB	LE ORGANIZ	ATIONS, P	BLIC SCHOOL	S AND ALS	O PROV	IDES		
E.	S	CHOLARS	HIPS TO NE	EDY AND DI	ESERVING STU	DENTS				
Š	2 Che	ck this box 🖡	▶	ızatıon dıscontın	ued its operations o	or disposed of m	ore than 25	5% of its net ass	sets	
ಹ	3 Num	ber of voting	g members of the	governing body	(Part VI, line 1a)				3	
jes	l .	-	-		verning body (Part '	VI, line 1b)			4	
Š			employees (Part						5	_
Ac			volunteers (estim			- 40			6	
		_			VIII, column (C), lir	1e 12			7a 7b	(
	b Net	unrelated bu	isiness taxable in	come from Form	1 990-1, line 34		I	Prior Ye		Current Year
_	8 Conf	tributions an	1	7,520	3,111					
ã	ŀ	· · · · · · · · · · · · · · · · · · ·								
Revenue	10 Inve	stment incoi	me (Part VIII, coli	ımn (A), lines 3,	4, and 7d)			-6	4,583	-105,097
œ	11 Othe	er revenue (l	Part VIII, column	(A), lines 5, 6d,	3c, 9c, 10c, and 11e)	ļ			
	12 Tota	l revenue –	add lines 8 throug	gh 11 (must equ	al Part VIII, column	(A), line 12)		-5	7,063	-101,986
	13 Gran	nts and simil	ar amounts paid	(Part IX, column	(A), lines 1-3)					
		•	or for members (_	
8	15 Sala				(Part IX, column (A)), lines 5–10)				
xpenses	16a Prof		draising fees (Pa				_		- '	
ă	b Tota	_	expenses (Part		•	1,15	9		1 004	0 224
ú	1		(Part IX, column			- 05)	}		1,084 1,084	8,236 8,236
		•			t IX, column (A), line	e 25)	ŀ		8,147	-110,222
55	19 Rev	enue less ex	penses Subtract	line is from line	5 	·····		Beginning of Cu		End of Year
Net Assets or	a 20 Tota	l assets (Pa	rt X, line 16)				Ì		0,160	622,767
Ass	21 Tota			Ģ	DECE	VELLICAL			9,459	18,678
2	22 Net	assets or fu	Part X, line 26) nd balances Sub re Block	tract line 21 fron	line 2015	厦	<u>]</u>	74	9,619	604,089
	art II	Siuliatu	IE DIOCK		11 وحسر 11	301A 16	1			
		Under pena	ities of perjury, I dec	lare that I have exa	in the this return, inch	uding accompany	ng schedules	and statements,	and to the be	est of my knowledge
		and belief, i	t is true, correct, and	Complete Declara	upit of preparer (other	than onicorns oas	sed on all line	ormation of which	preparer nas	s any knowledge
Si	gn	—	The	411-	1 ago	10 P.			<u> </u>	128 15
He	ere		ure of officer				mn=3.0	ıman	Date	, ,
			MES CRIT				TREAS	URER		
_		▼ Type o	print name and title	• t			T _ :	<u> </u>		Preparer's identifying number
Pa	id	Preparer's		ما ليه مان	lel		Date	Check self-		(see instructions)
	eparer's	signature	<u> </u>	Man J.	<u> </u>		06/2	3/10 employ		P00007987
	se Only	Firm's name	e (or yours		OMPANY PC		<u> </u>		EIN D	66-601011
_		if self-emplo		-		11_1045			Phone	340-643-104
	u the IDO =	address, an				01-1045			no	
_					ove? (see instruction e the separate inst			· · · · · · · · · · · · · · · · · · ·		X Yes N Form 990 (2009
DA		ot and Pape	MOIK KAGREGO	i Act Nouce, Se	o uio separate ilisi					roim 330 (200)

	Service Accomplishments		
CHARITABLE ORGANIZATION	WHICH DONATES FUNDS TO DNS, PUBLIC SCHOOLS AND AND DESERVING STUDENTS	ALSO PROVIDES	
the prior Form 990 or 990-EZ?	cant program services during the year which w	vere not listed on	Yes X No
services?	make significant changes in how it conducts,	any program	Yes X No
Section 501(c)(3) and 501(c)(4) organizate	dule O nts for each of the organization's three largest ions and section 4947(a)(1) trusts are required and revenue, if any, for each program service i	to report the amount of grants and	
4a (Code) (Expenses \$ ACADEMIC SCHOLARSHIPS	13,500 including grants of \$	13,500) (Revenue \$)
4b (Code) (Expenses \$ REALITY WORKS (BABY T)	13,807 including grants of \$ HINK IT OVER)	13,807) (Revenue \$)
4c (Code.) (Expenses \$ ROTARY FOUNDATION	8,000 including grants of \$	8,000) (Revenue \$)
4d Other program services (Describe in Sch		\ /Pavanua \$	`
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 35,307) (Revenue \$	
			Form 990 (2009)

P	art 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 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C. Part II	4		X
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		X
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 !!	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
٠	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			
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	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,	10		
• •	VII, VIII, IX, or X as applicable	11		х
_	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			
•	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 related 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 report are amount for other liabilities in Fart X, line 23.11 Fest, Complete Schedule D, Fart X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated infancial 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			
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12		X
124		'-		-
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13 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,			
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14Ь		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		 -
13	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	<u> </u>		┌╌
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	· · · ·	\Box	 -
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\vdash	
18		40		x
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the diganization operate one of more hospitals. If Tes, complete schedule it	1 40		

Form 990 (2009) ROTARY CLUB OF ST THOMAS 66-0352018 Page 4 **Checklist of Required Schedules (continued)** Yes No 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 X 21 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 27 if "Yes," complete Schedule I, Parts I and III X 22 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 X employees? If "Yes," complete Schedule J 23 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 X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 244 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b 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 X 26 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? X If "Yes." complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 36

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

37

X

X

38

Pa	st V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	l I			
	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable			
	gaming (gambling) winnings to prize winners?		1c		<u> </u>
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			,	
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			
	this return?		_3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?		4a		<u> </u>
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		<u>5b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e	6a		x
ь	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribution.	ine or	- Oa		
	gifts were not tax deductible?	113 01	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		- 55		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	roods			
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f_		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		7h		
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 sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?				:
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter		- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter	<u></u>	1		
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Ì	
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	990	(2009)

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	1		
а	The governing body?	_8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	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?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	l	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	x
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a				
	with a taxable entity during the year?	16a]	x
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		1	
	the organization's exempt status with respect to such arrangements?	16b	1	Ĭ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► MERCHANTS COMMERCIAL BANK PO BOX 10501			
S:		10-77	9-2	265

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

(A) Name and Title	(B) Average	Posi	tion (C) k all '	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	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
GEORGE BLACKHALL PRESIDENT								0	0	
JAMES E CRITES TREASURER	-							0	0	
TERRY ROBINSON SECRETARY								0	0	
JEAN-PAUL COOPEE MEMBER								0	0	
MARY GLEASON MEMBER								0	0	
ROGER WHITE MEMBER								0	0	(
SUE BOLAND MEMBER								0	0	(
CYNTHIA JERRY MEMBER								0	0	(
LARRY BENJAMIN MEMBER								0	0	
		_								
			L							
			L							
			_	_					, , ,	
•	,									

Pai	(A) Name and Title	(B) Average			((C)	that a			(E) Reportable		(F)	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor on ar	mount of other other opensation from the ganization of related lanizations	
_													
		<u> </u>	<u> </u>		<u> </u>							<u> </u>	
					<u></u>	_							
		•	ļ		ļ 		-						
1b	Total	<u>L</u>	1	<u> </u>			<u> </u>	▶					
2	Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 in			
3	Did the organization list any fo								oyee, or highest compensa	ted		Yes	No X
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	e 1a, is the sum	of re	port	able	com	pens	atio	on and other compensation s," complete Schedule J fo	from r such			
5	Individual Did any person listed on line a services rendered to the organical control of the or									or		5	X
Sec	tion B. Independent Contract	ors											
1	Complete this table for your fi compensation from the organ	ızatıon	ensa	ited	ınde	pend	lent o	conti				(C) Compens	
	Name and	(A) d business address						_	Descrip	(B) ution of services		Compens	ation
								-					
	Total number of independent	contractors (incl	udina	1 hu	not	limit	ed to	the	se listed ahove) who recen	red		-1117-1-1-1-7-	TT*TT TX.
DAA	more than \$100,000 in compe											0 Form 99	0 (2009)

Pa	rt V	III Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated can	nnaigns	1a				10101120	-	012, 010, 01014
unt	h	Membership d		1b						
₽.E		Fundraising ev		1c		3,111				
ar a	4	Related organi		1d						
S, G		Government grants (1e						
risi	f	All other contribution								
ğ F	-	and similar amounts		1f		[
dit	g	Noncash contribution	ns included in lines 1a-	-1f	\$					
ပိုင်	h	Total. Add line	s 1a-1f			•	3,111			
Program Service Revenue Contributions, gifts, grants						Busn. Code				
ever	2a									
Ř	b						·		***	
Ž	C					\vdash				
n Se	d									
gran	9	All other progr	am service reve							
Pro	q	Total. Add line		nue			<u> – </u>			
	3		come (including	dıvıder	ds. intere	st. and				
	•	other similar a			,	•	28,612	28,612	i —	
	4					roceeds ▶				
	5	Royalties			▶					
			(ı) Real		(II) P	ersonal			:	
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)	_							
		d Net rental income or (loss) 7a Gross amount from (i) Securities (ii)			Other	**				
		sales of assets	027			Outer				
	h	other than inventory Less cost or other		, 01,	<u> </u>					
		basis & sales exps	971	, 326						
	С	Gain or (loss)		_						
	d	Net gain or (lo				•	-133,709	-133,709		
0	8a	Gross income fro	om fundraising eve	ents			•			
enue		(not including \$								
Şev(reported on line 1c)						
Other Reve		See Part IV, line		a						
Oth C		Less direct ex	•	. b						
			(loss) from fund om gaming activitie	1	events	P				
	9a	See Part IV, line		a a						
	b	Less direct ex		b		_	•			
			(loss) from gam	ning ac	tivities	▶				
			f inventory, less	-			·		-	
		returns and all	lowances	а			:			
	b	Less. cost of g	goods sold	b	_					
	С		(loss) from sale		ventory	•				,
		Misc	ellaneous Revenue	e		Busn. Code				
	11a									
	b									
	٦ 2	All other reven	nue.			 				
	d	Total. Add line				—		·		
	12		e. See instruction	ns			-101,986	-105,097	0	0

Form 990 (2009) Part IX **Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U S See Part IV, lines 15 and 16		-		
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)				
	and section 403(b) employer contributions)	<u></u>			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,150		5,150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,770		1,770	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			<u> </u>	
16	Occupancy				
17	Travel			† · · · †	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
10	•	- "		· · · · · · · · · · · · · · · · · · ·	
19 20	Conferences, conventions, and meetings				
	Interest		 	-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
0.4	Other company themses successed			}	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	ļ. I			
	and labeled miscellaneous may not exceed	<u> </u>		1	
	5% of total expenses shown on line 25 below)	1 150		 	1 150
a	INSURANCE	1,159		122	1,159
b	TAXES	133		133	
С	SUPPLIES	14		14	
d	BANK CHARGES	10		10	
0		ļ		ļļ	
f	All other expenses			 	
25		8,236		7,077	1,159
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

		(A)		(B)
		Beginning of year	1	End of year
1	Cash—non-interest bearing	10,587	1	11,488
2	Savings and temporary cash investments	26,944	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	840	4	
5	Receivables from current and former officers, directors, trustees	,		
	employees, and highest compensated employees. Complete Pa	t II of		
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under s	i i		
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Con	plete		
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	<u> </u>
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	471,789	11	611,279
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	510,160	16	622,767
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue	-239,459	19	18,678
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Sched	ile D	21	
21 22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	-239,459	26	18,678
	Organizations that follow SFAS 117, check here ▶ X and			^
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	694,394	27	<u>5</u> 53,864
28	Temporarily restricted net assets		28	
29	•	55,225		50,225
	Organizations that do not follow SFAS 117, check here ▶			
	and complete lines 30 through 34.			
30	-		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other f	ands	32	
27 28 29 30 31 32 33	Total net assets or fund balances	749,619		604,089
34	Total liabilities and net assets/fund balances	510,160		622,767

Form **990** (2009)

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

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY CLUB OF ST THOMAS FOUNDATION INC

Employer identification number 66-0352018

OMB No 1545-0047

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |X| An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated 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 q 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) (iv) is the organization (v) Did you notify (vi) is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of ganization in col (described on lines 1-9 in col (i) listed in your noggue organization col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 ROTARY CLUB OF ST THOMAS 66-0352018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support											
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	51,074	37,138	9,672	12,020	3,111	113,015					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	Total. Add lines 1 through 3	51,074	37,138	9,672	12,020	3,111	113,015					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4						113,015					
	tion B. Total Support											
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
7	Amounts from line 4	51,074	37,138	9,672	12,020	3,111	113,015					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,717	16,778	32,687	33,030		96,212					
9	Net income from unrelated business activities, whether or not the business is regularly carried on					o						
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			I	1		209,227					
12	Gross receipts from related activities, etc					_12	28,612					
13	First five years. If the Form 990 is for the	-	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)						
<u> </u>	organization, check this box and stop her						▶ _					
	tion C. Computation of Public St					- 						
14	Public support percentage for 2009 (line 6		-	ר (†))		14	54.02%					
15	Public support percentage from 2008 Sch				0.4/0.0/	15	55.56%					
16a	33 1/3 % support test—2009. If the organ and stop here. The organization qualifies			is, and line 14 is s	33 1/3 % or more, (Check this box	► v					
.	33 1/3 % support test—2008. If the organ		-	or 16a, and line 1	5 to 32 1/2 0/ or m	ara abaak thia	▶ X					
	box and stop here. The organization qual				3 IS 33 1/3 70 OI III	ore, check this	▶ □					
17a					a or 16h and line	14 is 10% or						
.,,	more, and if the organization meets the "fa											
	organization meets the "facts-and-circums						▶ □					
b					-		• 🗀					
_	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the											
	organization meets the "facts-and-circums			•	•		▶ □					
18	Private foundation. If the organization did		•				▶ □					

Schedule A (Form 990 or 990-EZ) 2009

DAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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		ļ				
C	Add lines 7a and 7b		ļ				
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				,		
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			ļ <u></u>	<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		_				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u></u>	<u> </u>	<u> </u>		11	
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	it, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ [
Sec	ction C. Computation of Public Su	upport Percen	itage				
15	Public support percentage for 2009 (line 8	i, column (f) divide	ed by line 13, colum	nn (f))		15	%
16	Public support percentage from 2008 Sch	edule A, Part III, li	ne 15		_	16	%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2009 (I	ine 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga	inization did not cl	heck the box on lin	ie 14, and line 15 i	s more than 33 1/3	3 %, and line	
	17 is not more than 33 1/3 %, check this b				-		▶ [
b	•						. –
	line 18 is not more than 33 1/3 %, check to	· · · · · · · · · · · · · · · · · · ·					P
20	Private foundation. If the organization did	I not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	tions	▶ │

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE O

Supplemental Information to Form 990

(Form 990) Department of the Treasury Internal Revenue Service

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

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

OMB No 1545-0047 Open to Public inspection

Name of the organization

ROTARY CLUB OF ST THOMAS

Employer identification number 66-0352018

FOUNDATION INC

NO REVIEW WAS OR WILL BE CONDUCTED.

NO DOCUMENTS AVAILABLE TO THE PUBLIC