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Short Form 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)

2009

OMB No 1545 1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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25

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23 Land and buildings

Total assets

Other assets (describe >

Total liabilities (describe

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(p)(13) must ble Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2009 calendar year, or tax year beginning , 2009, and ending D Employer identification number Check if applicable Address change 66-0709725 A Taste of St. Croix, Inc. label or Name change PO Box 25122 Telaphone numbe Indial return Gallows Bay, VI 00824 type Ter nination Specific Instruc-tions Amended return Group Exemption Number Application pending X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Accounting method Other (specify) > н Check ► X if the organization is not required to attach Schodule B (Form 990) Website N/A 990 EZ or 990 PF) Tax-exempt status (check only one) -|X| = 501(c) = (3) - (insert no)4947(a)(1) or Check | if the organization is not a section 509(a)(3) supporting organization and its gloss receipts are normally not more than \$25,000. A Form 990 EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b 6b and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990 EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 5 a 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses 5 c c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). It any amount is from gaming, check here a Gross revenue (not including \$ or contributions 74,958 6 a reported on line 1) b Less direct expenses oth RECENTED xpenses 27,142 6b 47,816 c Net income or (loss) from spe ne 6b from line 6a) 6с 7a Gross sales of inventary less returns and all b Less cost of goods soll. AUG 17 2010 7 a O 7 b c Gross profit or (loss) in m sales of inventory (Sub t line 7b from line 7a) 7 c 8 8 Other revenue (describe 9 47,816 Total revenue Add lines 36,000 See Statement Grants and similar amounts paid (attach schedule) 10 Benefits paid to oi for members 11 11 Salaries, other compensation and employee benefits 12 12 3,250 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 3,297 15 15 Printing, publications, postage, and shipping <u>5,7</u>52 Other expenses (describe ► See Statement 2 16 48,299 Total expenses. Add lines 10 through 16 17 -483 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 N S E T S Net assets or fund balances at beginning of year (from line 27 holiumn (A)) (must agree with end of year 19 32,073 19 figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 31,590 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25 column (B) are \$1 250 000 or more file Form 990 instead of Form 990 EZ Part II (See the instructions for Part II) (B) End of year (A) Beginning of year 32,073 22 31,590 22 Cash savings and investments 23

Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

31, Form 990-EZ (2009)

31,590

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32,073

32,073

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590

Form	990-EZ (2009) A Taste of St	Croix, Inc.		66	-070	19725 Page 2
Par			(See the instruction	ons)		Expenses
Descr	s the organization's primary exempt purpose? See the what was achieved in carrying out the tibe the services provided, the number of aim title	e Statement 3 re organization's exempt purp persons benefited or other i	oses. In a clear and co elevant information for	ncise mannei, each	501 (d organ 4947	uned for section (a)(1) and (4) nizations and section (a)(1) trusts optional thers)
28						
			· ·			: :
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ []	28 a	
29						
			· 			
	(Grants \$) If th	is amount includes foreign gr	ants, check here	>	29 a	
30						
				▶ 1 1	20	
22		is amount includes foreign gr	ants check here		30 a	
31	Other program services (attach schedule (Grants \$) If the		ante chack have	▶ □	31 a	
32	Total program service expenses (add li	nes 28a through 31a)	ants, check here		31 a	
Par			nlovees List each or	no oven if not com		atod (Soo the metre)
rar	try List of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(c) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0-)	employee benefit plai deferred compansa	is and	and other allowances
	ly_Odom	President	0.		0	0.
	Cotton Valley] 0				
St	Crolx, VI 00820					
Col	lin_Hodge	Vice President	0		0	0
173	Little Princess	0				
St.	Croix, VI 00820					
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BAA		TEEA0812L	01/30/10			Form 990-EZ (2009)

r Forn	n 990-EZ (2009) A Taste of St. Croix, Inc	66-070972	5	P	age 3
Pai		See Sta	teme		
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed each activity	description of	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes' attach a conformed copy of	f the changes	34		Χ
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported attach a statement explaining why the organization did not report the income on Form 990 T	d on Form 990-T,			
ā	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to sectio reporting, and proxy tax requirements?	n 6033(e) notice	35 a		<u>}</u>
t	olf 'Yes' has it filed a tax return on Form 990-T for this year?		35 b		
	Did the organization undergo a liquidation, dissolution termination or significant disposition of net asse year? If 'Yes,' complete applicable parts of Schedule N		36		<u>X</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions	0	37 b		Y.
	Did the organization file Form 1120-POL for this year?		3/10		
	a Did the organization borrow from, or make any loans to any officer, director, trustee or key employee c any such loans made in a prior year and still outstanding at the end of the period covered by this return	r were ?	38 a		У
ŀ	off 'Yes' complete Schedule L. Part II and enter the total amount involved	N/A			
39	Section 501(c)(7) organizations Enter	2., 2.]		
ä	a Initiation fees and capital contributions included on line 9	N/A			
	Gross receipts, included on line 9, for public use of club facilities	N/A			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		 		
	section 4911 ► 0 section 4912 ► 0 section 4955 ►	· — · · · · · · · · · · · · · · · · · ·			
) 	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess to transaction during the year or is it aware that it engaged in an excess benefit transaction with a disquality prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 of Yes, complete Schedule L. Part I	fied person in a	40 b	-	χ
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0			
	sheller transaction? If 'Yes' complete Form 8886 T		40 e		X
41	List the states with which a copy of this return is filed - None				
42	a The organization's				
		P + 4 • 00840	 		
I	b At any time during the calendar year, did the organization have an interest in or a signature or other au financial account in a foreign country (such as a bank account, securities account or other financial account.	oriuf) ₂	42 b	Yes	No X
	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 a Foreign Bank and Financial Accounts At any time during the calendar year did the organization maintain an office outside of the U S ? If "Yes" enter the name of the roleign country		42 c		<u>X</u> _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			► [N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			N/A
• •				Yes	No
44	of Form 990 EZ		44_		X.
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(1 Form 990 must be completed instead of Form 990-EZ	3)? If 'Yes,'	45		X

Part VI	501(c)(3)	01(c)(3) organizations organizations and second complete the tables	tion 4947(a)(1) nor	exempt charitat	ot charitable trusts only ole trusts must answer o	All se juestio	ction	1
46 0 11				l.aa aa balaalf af			Yes	No
for pu	ne organization ublic office? If '	Yes, complete Schedule C	t political campaign act), Part I	ivides on benan or	or in opposition to candidates	46		X
47 Did II	ne organization	engage in lobbying activiti	es? If 'Yes' complete S	Schedule C. Part II		47		Χ
48 Is the	e organization a	school as described in se	ction 170(b)(1)(A)(ii)? If	'Yes,' complete So	hedule E	48		X
49 a Did th	ne organization	make any transfers to an	exempt non-charitable i	elated organization	?	49 a	ļ	Χ
b If 'Ye	s 'was the rela	ited organization a section	527 organization?			49 b		
50 Comp	olete this table oyees) who eac	for the organization's five the received more than \$10	highest compensated er 0,000 of compensation f	nployees (other tha rom the organizatio	n officers directors trustees in If there is none enter Nor	and key ne '		
(a)	Name and address more than	ol each employee paid \$100 000	(b) Title and average hours per week devoted to instrum	(c) Compensation	(d) Contributions to employer benefit plans and distributed on open store	accou	t vii n Land op≥n>e	
None_								
	- -							
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	- 							
f Total	number of other	er employees paid over \$1	00,000		_			
51 Comp	plete this table pensation from	for the organization's five the organization. If there is	highest compensated in s none enter 'None'	dependent contract	ors who each received more :	han \$10	000 000	of
	(a) Name and	address of each independent contra	actor paid more than \$100,000		(b) Typie of service	(c) Cu'i	punsar i	#*
None			-					
								
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					<u> </u>			
d Total	number of oth	er independent contractors	each receiving over \$1	00 000	-			
	Under penalties of	gerjury I declare that I have exam	ined this return including according than officer) & based on a	panying schedules and st	atements, and to the best of my knowle parer has any knowledge	dge and b	elief it i	5
	little correct and	complete Declaration of picparer i	Once than once, is based on a	in information of which pre	parer has any momenge			
Sign	///	L APU	y uc					
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Use	employed) address and	PO Box 24130	Ct Cross VIT o	0024	EiN ► N/		242	
Only	ZIP 4	· · · · · · · · · · · · · · · · · · ·	St Croix, VI 0		Phon ► (340)	/19- X Ye	2436	-
BAA	o discuss this	return with the preparer sh	iown above? See instru	ctions		orm 99		No (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 Inspection

Schedule A (Form 990 or 990 EZ) 2009

OMB No 1545 0017

Department of the Treasury Internal Revenue Service

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

Name of the organiz	ation							Employer	identificati	on number	
A Taste o	f St Cro	oix, Inc					<u> </u>	66-07	09725		
Part I Rea	son for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part)	See ir	rstructi	ons	
The organization	n is not a pri	vate foundation becau	se it is (For lines 1 thro	ugh 11	check o	nly one	box)				
1 A chu	1 A church convention of churches or association of churches described in section 170(b)(1)(A)(i)										
2 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E.)											
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(III)											
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
	, city and sta										
└─ 170(b	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)										
7 HAn o	nanization tha	local government or q at normally receives a)(A)(vi). (Complete Pa	governmental unit descri substantial part of its su art II)	bed in s ipport fro	ection 1 om a go	70(b)(1) vernniei	(A)(v) ntal unii	t or from	the gen	neral public	: described
F-1			170(b)(1)(A)(vi) (Comple	te Part I	l)						
from inves	activities relate Iment income 30 1975 See	d to its exempt function and unrelated busine section 509(a)(2). (C		eptions, a section !	ind (2) n 511 tax)	o more t from bu	han 33 usinesse	1/3 % of es acqui	its suppo	ort from gro	SS
	3	J	exclusively to test for pu		•						•
more	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
a	Type I	b Type II	c Type II	I – Fund	tionally	integraț	ed		ر ا ا	Type II:-	Other
e By cl than 509(a	foundătion ma	ox I certify that the or anagers and other than	ganization is not control in one or more publicly s	led direc upportec	tly or in Lorgani.	directly zations (by one describe	or more ed in sec	disquali tion 509	fied perso f(a)(1) or s	ons other section
chec	cthis box		ermination from the IRS		• •		•			-	n [
g Since	e August 17 2	006 has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7	
(1)	a person who	directly or indirectly overning body of the si	controls either alone or upported organization?	together	with pe	ersons d	escribed	d in (u) a	and (III)	11 g (ı)	Yes No
(ii)	_	nber of a person desc								11 g (II)	1 ,
` '			described in (i) or (ii) a	bove?						11 g (III)	
			the supported organization								L
(i) Name	of Supported anization	(n) EIN	(ii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	(iv) i organizat (i) listed gove	l in youi rning	the organ	on notify lization in (i) of ipport?	(vi) l organizali (i) organi U S	s in collection	(vii) Aille	n of Sopper
				Yes	nen(? No	Yes	No	Yes	No		
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Total											

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

Public support percentage from 2008 Schedule A, Part II line 14 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13 and the line 14 is 33 1/3 % or more check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13 16a, or 16b, and line 14 is 10% or more and if the organization meets the 'facts-and-circumstances' test check this box and stop here Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 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-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		(Complete only if you check	9					
beginning in) = 1 Galls, grants, contributions and membership lies received. (I) (I) 2000 (I) 2000 (II) 2000 (II) 2000 (III) 2000 (Sec	tion A. Public Support		T			<u> </u>	
2 Tax evenues leved to it in expended on the breight pad to the organization by a governmental until without charge to not undust the value of services of the public without charge to not include the public without charge to the public contributions by each person (other than a governmental until in a brildly supported in the public without charge to the public without contributions by each person (other than a governmental until in a public without the public without contributions by each person (other than a governmental until in a public without the public without	begu	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
organization's benefit and either part to if or expended on its behalf on the period of the period o	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
tacities turnshed to the organization by a governmental unit without charge 20 not received generally funished to the public without charge 20 not received generally funished to the public without charge 4 Total Add lines 1 through 3 to the public without charge 5 not received generally funished to the public without charge 4 Total Add lines 1 through 3 to the smouth shown on the 11, column (f) the contributions by each great generally funished to the shown on the 11, column (f) the contributions by each great generally funished that the contributions by each great generally fund on the 11, column (f) the contributions of the state of the shown of the shown of the shown of the state of the shown of	2	organization's benefit and either paid to it or expended						
5 The portion of total combibitions by each person (other than a governmental until or publicly supported or againstation) included on tine 11, column (f) 6 Public support. Subtract line 5 [into line 4] 8 Cost month in 11, column (f) 7 Anounts from line 4 8 Gross income from interest dividend line 4 [into line 4] 8 Gross income from interest dividend line 6 [into line 4] 9 Net income from interest dividend line 8 [into line 8] 1 Interest line 8 [into line 8] 1 Other income from uniterest dividend line 8 [into line 8] 1 Other income from uniterest dividend line 8 [into line 8] 1 Total support beginning in 9. 1 Total support beginning line 9 1 Other income from uniterest dividend line 8 [into line 8] 1 Total support beginning line 9 1 Other income from uniterated business a critical line 9 [into line 8] 1 Total support. Add lines 7 [into line 8] 1 Total support. Add lines 7 [into line 8] 2 Cross receipts from related activities etc. (see instructions) 1 First live years. If the Form 990 is for the organization is first support percentage for 2009 (line 6 column (f) divided by line 11 column (f) 1 Total support lest—2009, If the organization did not check the box on line 13 and the line 14 is 33 1/3 % or more check illus box and stop here. The organization qualifies as a publicly supported organization. 3 3-1/3 support test—2009, If the organization did not check a box on line 13 fish, and line 15 is 33 1/3% or more check illus box and stop here. The organization qualifies as a publicly supported organization. 3 3-1/3 support test—2009, If the organization did not check a box on line 13 fish, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the 'facts and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2009, 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. The organizati	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to						
contributions by each person (other than a governmental unit or publicly supported on line 1 itsu exceed \$2 of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Calendar year (or liscal year beginning in) Amounts from line 4 Coss income from interest depending in 19 Amounts from line 4 Coss income from interest depending in 19 Amounts from line 4 Coss income from interest depending in 19 Amounts from line 4 Coss income from interest depending in 19 Amounts from line 4 Coss income from interest depending in 19 Amounts from line 4 Coss income from unleaded business activities, whether or not the husiness is regularly control on the husiness is regularly control on 10 Cither income from unrelated business activities, whether or not the husiness is regularly control on 10 Cither income from unrelated activities etc (see instructions) 10 Cither income from unrelated activities etc (see instructions) 11 12 Gross receipts from related activities etc (see instructions) 12 Trial five years If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and stop bree Section C. Computation of Public Support Percentage 14 Public support depending from 2008 Schedule A. Pail II line 14 15 16a 33-1/3 support test = 2009. If the organization did not check the box on line 13 and the line 14 is 33 1/3 % or more check this box and stop here. The organization qualities as a publicly supported organization in and stop here. The organization qualities as a publicly supported organization in the organization meets the facts and circumstances' test. The organization qualities as a publicly supported organization in the organization meets the facts and circumstances' test. The organization qualities as a publicly supported organization in the organization meets the facts and circumstances' test. The organization qualities as a publicly supported organization in the organization meets the facts and circ	4	Total Add lines 1 through 3						
Section B. Total Support Calendar year (or liscal year beginning in) 7. Amounts from line 4 8. Gross income from interest dividends payments received on securities loans rents royalties and income from sents royalties and royalties a	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) 7. Amounts from line 4 8. Gross income from interest dividents payments received on securities loans rents royalties and income from similar sources 9. Net income from unclated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV) 10. Cither income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11. Total support. Add lines 7. Intrough 10. 12. Gross receipts from related activities etc. (see instructions) 13. First five years. If the Form 990 is for the organization's first second, third fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage. 14. Public support percentage for 2009 (line 6 column (f) divided by line 11 column (f) 15. Public support percentage for 2008 (line 6 column of) divided by line 11 column (f) 16. a 33-1/3 support test – 2009. If the organization did not check the box on line 13 and the line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization. 16. a 33-1/3 support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more. Check this box and stop here. The organization qualifies as a publicly supported organization. 17. a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13 life, or 16b, and line 14 is 10% or more and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the 'facts-and-circumstances' test. The org	6							
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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-circumstances' test. The organization qualifies as a publicly supported organization. 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-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	l	33-1/3 support test — 2008 If the and stop here. The organization	ne organization di i qualifies as a pu	d not check a boo ablicly supported o	c on line 13-or 16 organization	5a, and line 15 is 3	33 1/3% or more c	heck this box
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BAA Schedule A (Form 990 or 990-EZ) 20	_18	Private foundation If the organ	iization did not ch	neck a box on line	, 13, 16a 16b, 17			structions

Schedule A (Form 990 or 990-EZ) 2009 A Taste of St. Croix, Inc. 66-0709725 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (c) 2007(e) 2009 (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 **(d)** 2008 Gifts grants contributions and membership fees received (Do not include 'unusual grants') 10,000 10,000 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's lax exempt 105,679 105,679 purpose 3 Gross receipts from activities that are not an unrelated trade or business 0 under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 0 0 115,679 0 115,679 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 0 0 0 persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0 0 0 0 0 0 0 c Add lines 7a and 7b Public support (Subtract line 115,679 7c from line 6) Section B. Total Support (e) 2009 Calendar year (or tiscal yi beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Tota! 0 115,679 9 Amounts from line 6 0 0 0 115,679 10a Gross income from interest dividends payments received on securities loans, rents, royalties and income form similar sources 0 b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 0 0 0 0 0 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b whether or not the business is 0 regularly carried on 12 Other income .Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 115,679 13 Total support (cds les 9 (0c 11 and 12) First five years. If the Form 990 is for the organization's first, second, third fourth, or fifth tax year as a section 501(4)(3) ► [X1 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2008 Schedule A. Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14 and line 15 is more than 33 1/3% and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **Private foundation**. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule /	A (Form	n 990 or	990 E	EZ) 200)9 A	Tast	e of	St	. Croı	x, Ir	nc.		66-0709725	Page 4
Part IV	Sup	oleme	ntal l	nforn	nation.	Com	plete	this	part to	provid	de the	e explanations re er additional info	quired by Part II	, line 10,
	Part	II, line	e 17a	or 17	7b, and	Part	. 111, 11	ine 1	2 Prov	ide an	y oth	er additional info	ormation See in	structions
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047 2009

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

Attach to Form990 or Form 990-EZ

See separate instructions

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 66-0709725 A Taste of St Croix, Inc Fundraising Activities Complete if the organization answered 'Yes' to Form 990 Part IV line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key No employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? bilif 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 (v) Amount paid to (i) Name of individual (III) Did fundraiser (or retained by) (vi) Amount paid to (ii) Activity (iv) Gross receipts or entity (fundraiser) have custody or control fundraiser listed in (or retained by) from activity of contributions? col (i) organization Yes No Total 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

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ, line 6	nswered 'Yes' to Fo a List events with	orm 990, Part IV Tili gross receipts grea	ne 18, oi itei than \$	5,000	_			
R			(a) Event #1 Fundraiser foo (event type)	(b) Event #2	(c) Other Events	(d) Total (Add col (a col (Events) through	1			
æ > ₩ Z U E	1	Gross receipts	74,958			7	4,958				
E	2	Less Chantable contributions						_			
	3	Gross income (line 1 minus line 2)	74,958.			7	4,958	_			
	4	Cash prizes									
	5	Noncash prizes									
D I R E C T	6	Rent/facility costs	15,536			1	5,536				
- 1	7	Food and beverages	4,139.				4,139	_			
EXPESSES	8	Entertainment	2,550.				2,550				
N S	9	Other direct expenses	4,917				4,917				
S	10	Direct expense summary Add lines 4- ti	hrough 9 in column (d)		•	2	27,142				
	11	Net income summary. Combine lines 3, of	column (d) and line 10		·	4	7,816	,			
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered Ye	s' to Form 990, Pa	rt IV line 19 or rep	ported mor	e than				
REVENDE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (Add col (a col (i) through	h			
N U E	,	0						••			
		Gross revenue					-				
D X	2	Cash prizes									
DIRECT	3	Non-cash prizes						_			
S		Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes%	Yes%	Yes%						
	7	Direct expense summary Add lines 2 th	rough 5 in column (d)		•						
	Я	Net gaming income summary. Combine	lines 1 column (d) and	line 7	>	1					
		Net gaming meetine scannary combine	mies 1, column (a) and	Time 7			YES NO	0			
9		er the state(s) in which the organization of the organization licensed to operate gamin				9a					
		No ' explain	J								
					_ 						
		re any of the organization's gaming licens Yes, explain	es revoked suspended	or terminated during th	ne tax year?	10 a	 				
11		es the organization operate gaming activiti	es with nonmembers?								
12	ls t	he organization a grantor beneficiary or to		ember of a partnership	or other entity formed	lo					
BAA		administer chantable gaming? 12 TEEA3702L 02/05/10 Schedule G (Form 990 or 990-EZ) 200									

Schedule G (Form 990 or 990 EZ) 2009 A Taste of St	c. Croix, Inc.	66-070972	5 +	-age 3
•			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility		13a %		
b An outside facility		13b %		
14 Enter the name and address of the person who prepare	es the organization's gaining/s	pecial events books and records		
Name •	 			
Address •				
15 a Does the organization have a contact with a third party			15 a	
b If 'Yes,' enter the amount of gaming revenue received to of gaming revenue retained by the third party \$		and the amount		
c 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 co	ntractor		
17 Mandatory distributions				
a Is the organization required under state law to make cl state gaming license?	nantable distributions from the	gaming proceeds to retain the	17a	+
b Enter the amount of distributions required under state	law to be distributed to other e	exempt organizations or spent in the		
organization's own exempt activities during the tax year	r ▶\$		<u></u>	
BAA	TEEA3703L 02/05/10	Schedule G (Form 99)	0 ot 990 EZ	²) 2009

2009	Federal Statements		Page 1
	A Taste of St. Croix, Inc.		 66-0709725
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Donee's Name Donee's Address: Cash Amount Given:	The St Criox Foundation 5072 Flag Drive St Croic, VI 00820		\$ 25,000
Donee's Name. Donee's Address: Cash Amount Given	ST Croix C Tech PO Box 1218 Kingshill, VI 00851		\$ 7,000
Donee's Name Cash Amount Given.	The Patrick Henry Foundation		\$ 500
Donee's Name. Cash Amount Given.	USVI Hotel and Tourism Association	n	\$ 3,000
Donee's Name [.] Cash Amount Given:	Central High School		\$ 500
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion bank fees miscellaneous Office Expenses other returned check Travel		\$ Total \$	 1,350 20 120 802 1,505 690 1,265

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

To enhance and promote the restaurant and hospitality service industries in the Virgin Islands and to encourage and educate the youth of the Virgin Islands to participate in the restaurant and hospitality service industries in the Virgin Islands at all levels of attainment

2009 Federal Statements	Page 2
A Taste of St. Croix, Inc.	66-0709725
Statement 4 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts	
 (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or 	No
indirectly, on a personal benefit contract?	No

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

nternal Revenue			File a separate applica	ition for each return.			•
 If you are 	filing for an a	Automatic 3-Month	Extension, complete only P	art I and check this box			► X
• If you are	filing for an a	Additional (Not Aut	matic) 3-Month Extension.	complete only Part II (on	page 2 of this	s form)	
Do not comp	lete Part II un	<i>less</i> you have alrea	ly been granted an automal	ic 3 month extension on	a previously fi	led Form 8868	
Part I	Automatic :	3-Month Extens	on of Time. Only subm	nit original (no copies	s needed)		
'	'		equesting an automatic 6-n			•	
All other corp income tax re		luding 1120-C filers)	partnerships REMICS, and	l trusts must use Form 70	004 to request	an extension of lin	ne to file
eturns noted he additiona Form 990-T	l below (6 mo I (not automa Instead, you r	nths for a corporation of the formal transmitted in the full must submit the full th	ectionically file Form 8868 in n required to file Form 990 on or (2) you file Forms 990 compleled and signed pag file for Charities & Nonprof	T) However you cannot -BL, 6069, or 8870, group e 2 (Part II) of Form 8868	file Form 8868 Freturns, or a	3 electronically if (1) composite or consi) you want olidated
·	Name of Exempt	Organization				Employer identification	number
Type or orint							
		of St. Croix		···		66-0709725	
file by the lue date for			TaPO box see instructions				
ding your etum See nstructions	PO Box 2		For a foreign address, see instructi				
rearright)ns				0115			
Charleton a		Bay, VI 0082					
Form 990		med (me a separa T	e application for each retuir Form 990-T (corporation)	1)	Form 472	0	
Form 990		-	Form 990-T (section 401(a	a) or 408(a) trust)	Form 522		
X Form 990			Form 990-T (trust other th		Form 606		
Form 990) PF		Form 1041 A	·	Form 887	0	
• The books	s are in the car	e of ► <u>Katherı</u>	ne_Pugliese				
Telephone							-m -m
	•		or place of business in the				▶ [i
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		·	the exempt organization ret	•			
The ext	lension is for	the organization's r	tuin foi				
► X	catendai yea	: 20_0 <u>9</u> _ oi					
▶	tax year begi	ınnıng	20 and ending	20 _			
2 If this t	ax year is for	less than 12 month	, check reason Initia	Freturn Final retu	un C	nange in accountin	g period
		for Form 990-BL 99 s See instructions)-PF 990-T, 4720 or 6069,	enter the tentative tax, le	ess any	3a\$	0
b If this a made	application is Include any p	for Form 990-PF or nor year overpayme	990-T, enter any refundable nt allowed as a credit	credits and estimated tax	payments	3 b \$	0
deposit	e Due. Subtra with FTD cou structions	ect line 3b from line upon or if required.	Ba Include your payment wo by using EFTPS (Electronic	th this form, or if require Federal Tax Payment Sy	ed stem)	3c \$	0
Caution. If y payment inst		to make an electror	c fund withdrawal with this	Form 8868, see Form 845	53 EO and For	m 8879-EO foi	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions

Form 8868 (Rev 4 2009)