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## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Apr 1, 2009, and ending Mar 31, 2010

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Caribbean Hotel Foundation</b> Number and street (or P O box if mail is not delivered to street addr) PO BOX 9386 City, town or country San Juan	<b>D</b> Employer Identification Number 66-0453058	
		<b>E</b> Telephone number (787) 725-9139	
		<b>F</b> Name and address of principal officer Andrea Phillips PO BOX 9386 San Juan PR 00908-0386	<b>G</b> Gross receipts \$ 293,292.
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ► <a href="http://www.caribbeanhotelassociation.com">www.caribbeanhotelassociation.com</a>	<b>H(c)</b> Group exemption number ►	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation 1986	<b>M</b> State of legal domicile DE	

**Part I** Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>Provides donation &amp; grants to charitable or educational organizations concerning the hotel and tourism industry in the Caribbean.</u>	
	2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its assets	
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
<b>Expenses</b>	5 Total number of employees (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 0
<b>Net Assets or Fund Balances</b>	7a Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	<b>Prior Year</b>	<b>Current Year</b>
8 Contributions and grants (Part VIII, line 1h)	147,245.	262,699.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,875.	30,593.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,120.	293,292
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	111,842.	118,746
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	111,480.	68,470.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	223,322.	187,216.
19 Revenue less expenses Subtract line 18 from line 12	-71,202.	106,076.
	<b>RECEIVED</b>	
20 Total assets (Part X, line 16)	316,204.	409,999.
21 Total liabilities (Part X, line 26)	47,215.	34,934.
22 Net assets or fund balances Subtract line 21 from line 20	268,989.	375,065.

**Part II** Signature Block

OGDEN, UT

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

Sign Here

► *Andrea Phillips* 11-9-2010  
Signature of officer Date  
► *Andrea C. Phillips, Assistant Treasurer*  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► <i>Juan J. Bruno, CPA</i>	Date Nov. 2/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) [REDACTED]
Firm's name (or yours if self-employed), address, and ZIP+4 ► HORNATH VELEZ & CO., PSC ► Centro Int. de Mercadeo, 100 Carr 165, Ste. 410 GUAYNABO	PR 00968-8051	EIN ► 660-53-9048	Phone no ► (787) 625-1800

May the IRS discuss this return with the preparer shown above? (see instructions)

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

TEEA0101 07/20/09

Form 990 (2009)

**Part III Statement of Program Service Accomplishments**1 Briefly describe the organization's mission

Provides donation & grants to charitable or educational organizations concerning the hotel and tourism industry in the Caribbean.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 118,746. including grants of \$ 118,746.) (Revenue \$ 146,616.)

Develop and improve education and training concerning the hotel industry and tourism, and to make gifts and grants to charitable or educational organizations for the development and improvements of education concerning tourism and the hotel industry. Scholarship granted to students who enroll in the Hospitality & tourism scholarship program.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses ► 118,746.**

**Part 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 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 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5 N/A	
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 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 X	
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 X	
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 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 separate, independent audited financial statement 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? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12 A X	
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 a total of 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 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? 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	

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
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 employees? 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A
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	N/A
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	N/A
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
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 990-EZ? 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	X
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	X
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)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
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	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
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	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35	X
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	36	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37	X
37 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, Part VI	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

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Form 990 (2009)

**Part V | Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	<b>1a</b>	0	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	N/A	
<b>2a</b> 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	<b>2a</b>	0	
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	N/A	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<b>3b</b>	N/A	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X	
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	N/A	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	X	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	<b>6b</b>	N/A	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	N/A	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X	
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X	
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	N/A	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	N/A	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	N/A	
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	N/A	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from other members or shareholders	<b>11a</b>	N/A	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	N/A	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		

**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.

### Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body      **1a** 12  
     b Enter the number of voting members that are independent      **1b** 12

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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

7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
     b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?      **7a** X  
     **7b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
     a 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 or 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

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

10 a Does the organization have local chapters, branches, or affiliates?  
     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?      **10a** X  
     **10b** N/A

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?      **11** X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  
     b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
     c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done      **12a** X  
     **12b** N/A  
     **12c** N/A

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?  
     a The organization's CEO, Executive Director, or top management official  
     b Other officers of key employees of the organization  
     If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)      **15a** N/A  
     **15b** N/A

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?      **16a** X  
     **16b** N/A

### Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► **N/A**

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  
     ► **THE CORPORATION** 1000 AVE PONCE DE LEON, 5TH SAN JUAN, PR 00907 (787) 725-9139

## **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 employees'
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

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

**1 b Total**

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
NONE		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	98,418.		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	164,281.		
	g Noncash contribns included in lns 1a-1f		\$		
<b>h Total.</b> Add lines 1a-1f			262,699.		
PROGRAM SERVICE REVENUE		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
<b>g Total.</b> Add lines 2a-2f					
3	Investment income (including dividends, interest and other similar amounts)		30,593.	0.	0.
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross Rents	(i) Real			
b	Less rental expenses	(ii) Personal			
c	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(i) Securities			
b	Less cost or other basis and sales expenses	(ii) Other			
c	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ 98,418. of contributions reported on line 1c)	a			
	See Part IV, line 18	b			
b	Less direct expenses				
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities See Part IV, line 19	a			
b	Less direct expenses	b			
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11a					
b					
c					
d	All other revenue				
e	<b>Total.</b> Add lines 11a-11d				
<b>12 Total revenue.</b> See instructions			293,292.	0.	0.

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21	0.	0.		
2 Grants and other assistance to individuals in the US See Part IV, line 22	118,746.	118,746.		
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	0.	0.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9 Other employee benefits	0.	0.	0.	0.
10 Payroll taxes	0.	0.	0.	0.
11 Fees for services (non-employees)				
a Management	0.	0.	0.	0.
b Legal	0.	0.	0.	0.
c Accounting	11,911.	0.	11,911.	0.
d Lobbying	0.	0.	0.	0.
e Prof fundraising svcs See Part IV, ln 17	0.			
f Investment management fees	0.	0.	0.	0.
g Other	0.	0.	0.	0.
12 Advertising and promotion	5,501.	0.	5,501.	0.
13 Office expenses	8,818.	0.	8,818.	0.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	
16 Occupancy	0.	0.	0.	
17 Travel	12,041.	0.	12,041.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	0.	0.		
20 Interest	2,009.	0.	2,009.	0.
21 Payments to affiliates	0.	0.	0.	
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a See statement attached	28,190.		28,190.	
b _____				
c _____				
d _____				
e _____				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	187,216.	118,746.	68,470.	0.
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				

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Form 990 (2009)

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash – non-interest-bearing	130,626.	<b>1</b>	157,028.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	39,668.	<b>4</b>	78,363.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	7,924.	<b>9</b>	7,923.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	<b>10b</b> Less accumulated depreciation		<b>10c</b>	
	<b>11</b> Investments – publicly-traded securities	137,986.	<b>11</b>	166,685.
	<b>12</b> Investments – other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
	<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)	316,204.	<b>16</b>	409,999.
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses	47,215.	<b>17</b>	34,934.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	47,215.	<b>26</b>	34,934.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	268,989.	<b>32</b>	375,065.
	<b>33</b> Total net assets or fund balances	268,989.	<b>33</b>	375,065.
	<b>34</b> Total liabilities and net assets/fund balances	316,204.	<b>34</b>	409,999.

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Form 990 (2009)

**Part XI** Financial Statements and Reporting

1 Accounting method used to prepare the Form 990  Cash  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?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection 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 for the year were issued on a consolidated basis, separate basis, or both

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 Circular A-133?

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

	Yes	No
2a	X	
2b	X	
2c	X	
3a	N/A	
3b	N/A	

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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.**

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Caribbean Hotel Foundation

**Employer identification number**

66-0453058

**Part I** **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	<input type="checkbox"/> A church, convention of churches or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E )
3	<input type="checkbox"/> A hospital or cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II )
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )
9	<input checked="" type="checkbox"/> 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 <b>section 509(a)(2)</b> . (Complete Part III )
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/> 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 <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h
a	<input type="checkbox"/> Type I
b	<input type="checkbox"/> Type II
c	<input type="checkbox"/> Type III – Functionally integrated
d	<input type="checkbox"/> Type III – Other
e	<input type="checkbox"/> 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)
f	If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box <input type="checkbox"/>
g	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) and (iii) below, the governing body of the supported organization?
(ii)	a family member of a person described in (i) above?
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?
b	Provide the following information about the supported organizations

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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2021-01-17 11:44:59, File and Paperwork Reduction Act Notice: See the instructions for Form 550 or 550-EE.

Schedule A (Form 990 or 990-EZ) 2009

**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)

**Section A. Public Support**

Calendar 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 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
<b>4 Total.</b> Add lines 1-through 3						
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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar 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)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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))	<b>14</b>	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3 support test – 2009.</b> 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	►	<input type="checkbox"/>
<b>b 33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal yr 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 'unusual grants')	30,250.	98,850.	15,577.	96,776.	164,281.	405,734.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	123,809.	113,682.	197,117.	50,469.	98,418.	583,495.
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						
<b>6 Total.</b> Add lines 1 through 5	<b>154,059.</b>	<b>212,532.</b>	<b>212,694.</b>	<b>147,245.</b>	<b>262,699.</b>	<b>989,229.</b>
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</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 year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6)						
						<b>989,229.</b>

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	<b>154,059.</b>	<b>212,532.</b>	<b>212,694.</b>	<b>147,245.</b>	<b>262,699.</b>	<b>989,229.</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,769.	3,865.	6,359.	4,875.	30,593.	48,461.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,769.	3,865.	6,359.	4,875.	30,593.	48,461.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						<b>1,037,690.</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶ <input type="checkbox"/>

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95.33 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.47 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.67 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.53 %
<b>19a 33-1/3 support tests – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		▶ <input checked="" type="checkbox"/>
<b>b 33-1/3 support tests – 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		▶ <input type="checkbox"/>

**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 F (Form 990)

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

OMB No 1545 0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## Caribbean Hotel Foundation

Employer identification number  
66-0453058

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

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

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

**3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )**

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

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**Schedule F (Form 990) (2009)**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** 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. Use Schedule F-1 (Form 990) if additional space is needed

►  N/A

2 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

**3 Enter total number of other organizations or entities**

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Schedule F (Form 990) 2009

**Part III: Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed.

N/A

## **Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information

Part I, Line 2 See Statement Attached



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

Name of the organization

**Employer identification number**

Caribbean Hotel Foundation

66-0453058

## Part I

**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

N/A

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** 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

**Total**

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) Event #1 NONE (event type)	(b) Event #2 NONE (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))	
<b>REVENUE</b>	1 Gross receipts					
	2 Less Charitable contributions					
	3 Gross income (line 1 minus line 2)					
<b>DIRECT EXPENSES</b>	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs					
	7 Food and beverages					
	8 Entertainment					
	9 Other direct expenses					
	10 Direct expense summary Add lines 4- through 9 in column (d)					►
	11 Net income summary Combine lines 3, column (d) and line 10					►

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>REVENUE</b>	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)					►
8 Net gaming income summary Combine lines 1, column (d) and line 7					►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  
 b If 'No,' explain  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
 b If 'Yes,' explain  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES	NO
9a	
10a	
11	
12	

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

- 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 contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

2009

**Open to Public  
Inspection**

Name of the organization

**Employer identification number**

## Caribbean Hotel Foundation

| 66-0453058

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

N/A

2 Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

▶

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of non-cash assistance</b>
SCHOLARSHIPS	11	99,006.	0.	BOOK	N/A

**Part IV | Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 SEE STATEMENT ATTACHED

**BAA**

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**Schedule I (Form 990) 2009**

**SCHEDULE O**  
**(Form 990)**

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

## Caribbean Hotel Foundation

**Employer identification number**

66-0453058

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

► Attach to Form 990.

► Attach to Form 990.

PAGE 6, PART VI, SECTION A, LINE 9

(SEE STATEMENT ATTACHED)

## Caribbean Hotel Foundation Board of Trustees 2009

### CHAIRMAN

Tom Ras  
President  
**Pas Purchasing, Tourism Marketing Int.,**  
3047 Allamanda Street  
Coconut Grove  
FL 33133

Phone: 1-305-444-7783  
Fax: 1-305-444-6583  
Cell: 1-305-401-2116  
Email: [paspurchasing@aol.com](mailto:paspurchasing@aol.com)

### TREASURER

Tony Bowen  
Vice President & Managing Director  
**Windjammer Landing Beach Resort & Spa**  
P O Box 1504  
LaBrelotte Bay  
Castries  
St Lucia

Phone: 1-758-456-9000  
Fax:  
Email:  
[anthony@windjammer-landing.com](mailto:anthony@windjammer-landing.com)

Richard Doumeng  
**Bolongo Bay Beach Club**  
7150 Bolongo,  
St Thomas  
VI 00802

Phone: 1-340-775-1800  
Fax:  
Email:  
[rdoumeng@bolongobay.com](mailto:rdoumeng@bolongobay.com)

Ernest Dwight  
President  
**SouthWood Corporation**  
PO Box 38900  
Charlotte, NC 28278

Phone: 704-588-5000 Ext: 110  
Fax: 704-588-5017  
Email:  
[ernestd Dwight@southwoodcorp.com](mailto:ernestd Dwight@southwoodcorp.com)

Clive Barnes  
General Manager  
**The Calabash Hotel**  
P O Box 382, L'Anse Aux Epines Beach  
St Georges, Grenada WI

Phone: 1-473-444-4334  
Fax: 1-473-444-5050  
Email: [Clive@calabashhotel.com](mailto:Clive@calabashhotel.com)

Louise John  
Owner  
**Talkabout Presentation Skills**  
P O. Box 3398  
St Johns, Antigua

Phone: 268 562-1206  
Fax: 786 513 7795  
Email:  
[louisej@talkabout-skills.com](mailto:louisej@talkabout-skills.com)

Richard Kahn  
**Kahn Travel Communications**  
77 Nth Centre Ave Suite 215  
Rockville Centre  
NY 10016

Phone: 1-516-594-4100  
Fax: 1-516-594-4104  
Email:  
[Richard@kahn-travel.com](mailto:Richard@kahn-travel.com)

Loreen Chant  
President, Florida Campus  
**Johnson & Wales University**  
1701 NE 127 Street  
North Miami, FL 33181

Phone: 1-305-892-7035  
Fax: 1-305-892-7030  
Email: [Loreen.Chant@jwu.edu](mailto:Loreen.Chant@jwu.edu)

Rob Sherman  
Managing Director  
**Curtain Bluff Resort**  
P O Box 288  
St Johns, Antigua

Phone: 1-268-462-8400  
Fax: 1-268-462-8409  
Email: [roberts@curtainbluff.com](mailto:roberts@curtainbluff.com)

Hamish Watson  
General Manager  
**Treasure Beach Hotel**  
Paynes Bay  
St. James  
Barbados

Phone: 1-246-432-1346  
Fax: 1-246 432 1094  
Email: [jmw@caribsurf.com](mailto:jmw@caribsurf.com)

Jim Weitkamp MHS  
Vice President  
**Harbor Linen**  
2 Foster Ave  
Gibbsboro, NJ. 08026

Phone: 1-856-435-2000 Ext 4229  
Fax: 1-856-435-1469  
Email:  
[jweitkamp@harborlinen.com](mailto:jweitkamp@harborlinen.com)

Amanda Wills  
Managing Director  
**Virgin Holidays Limited**  
The Galleria,  
Station Road  
Crawley,  
West Sussex, RH10 1WW  
UK

Phone: 011- 44-1293-444-609  
Fax: 011 44-1293-536-957  
Email: [amanda.wills@virginholidays.com](mailto:amanda.wills@virginholidays.com)

### VICE PRESIDENT

Alec Sanguinetti  
Director General & CEO  
**Caribbean Hotel & Tourism Association**  
P O Box 9386  
San Juan, PR 00908-0386

Phone: 787-725-9139  
Fax: 787-725-9108  
Email:  
[Alec@CaribbeanHotelandTourism.com](mailto:Alec@CaribbeanHotelandTourism.com)

### ASSISTANT TREASURER

Andrea Phillips  
Director of Finance & Administration  
**Caribbean Hotel & Tourism Association**  
P O Box 9386  
San Juan, PR 00908-0386

Phone: 787-725-9139  
Fax: 787-725-9108  
Email:  
[Andrea@CaribbeanHotelandTourism.com](mailto:Andrea@CaribbeanHotelandTourism.com)

**CARIBBEAN HOTEL FOUNDATION, INC.**  
**66-0453058**

**A Statement attached to and made part of the  
Return of Organization Exempt From Income Tax  
For the year ended March 31, 2010**

**Schedule F, Page 4, Part IV - Supplemental Information (Part I, Line 2)**

The CHTA Education Foundation monitors all scholarship winners through twice yearly emails and telephone calls to check on their status, academic progress and overall success in the courses of their choice. The procedures are the same for scholars studying in and outside the continental USA.

Each academic scholarship winner is required to submit a copy of their GPA and a student-report with photographs before the end of May annually. Should the scholar wish to be considered for further financial support they annually complete a Re-Application Form and submit it, along with required documents and recommendation letter from their student advisors or Principal. The Education Foundation does not automatically renew scholarships awards, but reviews each case on its merits against all applications for that given year.

Each Professional Development Scholarships is usually for a short-course at a recognized center of learning or a internship at pre-qualified businesses. These scholars are required to submit a Course / Internship report, Certificate of Completion and photographs before November 1<sup>st</sup> annually.

**CARIBBEAN HOTEL FOUNDATION, INC.**  
**66-0453058**

**A Statement attached to and made part of the  
Return of Organization Exempt From Income Tax  
For the year ended March 31, 2010**

**Page 10, Part IX, Line 24 a - Other Expenses**

Administrative Fees	\$ 15,000.00
Foundation Management	13,190.00
	<hr/>
	<hr/>
	\$ 28,190.00

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

① If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► ② If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form) ► **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I: Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► 

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>Caribbean Hotel Foundation</b>	Employer identification number <b>66-0453058</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>PO BOX 9386</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>San Juan</b>	DE 00908-0386

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► THE CORPORATION

Telephone No ► (787) 725-9139 FAX No ► (787) 725-9108 ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Nov 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20        or
- tax year beginning Apr 1, 20 09, and ending Mar 31, 20 10

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>Caribbean Hotel Foundation</b>	Employer identification number  <b>66-0453058</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>PO BOX 9386</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>San Juan DE 00908-0386</b>	

**Check type of return to be filed** (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **► THE CORPORATION**   
Telephone No **► (787) 725-9139**  FAX No **► (787) 725-9108**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box **►**  If it is for part of the group, check this box **►**  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **Feb 15**, 20 **11**
- 5 For calendar year , or other tax year beginning **Apr 1**, 20 **09**, and ending **Mar 31**, 20 **10**
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension   
  
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<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$ <b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$ <b>0.</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$ <b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **► Juan T. Bruno**

Title **► CPA**

Date **► June 15, 2010**

BAA

FIFZ0502 03/11/09

Form 8868 (Rev 4-2009)