Form **990-PF** 

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

	Department of the Treasury Internal Revenue Service  Do not enter social security numbers on this form as it may be made public.  Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.						blic.	pen to Public Insp					
				5 or tax year b					ending		,		
		me of for		o or tox your o	<u> </u>			,	<del>~~~~</del> ~	r identification numi			
				FOUNDATION	LINC								
						treet address)	Roo	m/suite	1	66-0811671			
	Number and street (or P O box number if mail is not delivered to street addres PO BOX 10091						}		B Telephon	e number (see instruc			
		y or town				State	ZIP code		1				
	ST	THON	MAS			VI	00801		İ				
	Fo	reign cou	intry name	F	oreign province/st	ate/county	Foreign pos	tal code	C If exemp	tion application is pen	ding, check here	. ▶□	
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		
	G	Check	all that apply	Initial re	turn [	Initial return	of a former public	charity	D 1. Foreig	n organizations, chec	khere .	▶□	
				Final ref	turn 🖺	Amended re	•		2. Foreig	n organizations meeti	on the 85% test		
				Address	change 🗓	Name chang	ie .		1	here and attach comp	-	` ▶□	
	H	Check	type of organ				ivate foundation	1)4		foundation status was			
	П		• • •	nonexempt cha			able private founda	ation	section 5	07(b)(1)(A), check her	· e	▶ 🛄	
	=		arket value o			unting method		Accrual	1				
	•		f year (from P		·	ther (specify)	Casii [K]	ACCIUAI	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here				
			6) <b>►</b> \$				e on cash basis )		under sec	alon 507 (b)(1)(b), che	ck nere	▶ [_]	
	Ð	art I		Revenue and I			T GOOD TOO STORY	T	<del></del>	·	T (4) 5		
		arti	-	olumns (b), (c), a			(a) Revenue and expenses per	(b) Ne	t investment	(c) Adjusted net	(d) Disburse for charite		
				ounts in column (			books	1	ncome	Income	purpos		
1		11		ufts, grants, etc., r			26.744	<del> </del>		<del> </del>	(cash basis	s only)	
4		1		•	•		26,741	<del> </del>					
		3		if the foundation is		В	<del></del>	<del> </del>	<del></del>		<del></del>		
		4		avings and tem Id interest from		s	2 474	<del> </del>		<del> </del>	<del>-  </del>		
11		1 _				*	2,171	<del> </del>		<del></del>	<del></del>		
Lego	)	5a				•	ļ	<del> </del>	<del></del>		<del>-  </del>		
<b>₽</b>		p		come or (loss)	- <del> </del>		<del>  `</del>	<del> </del>	<del></del>		<del></del>		
4	e e	6a		loss) from sale		on line 10		<del> </del>		<del></del>	<del></del>		
6	3 2	ъ		ce for all assets or		. 2)	<del>                                     </del>	<del> </del>	`				
e	ě	7		net income (from			<del></del>	-			+		
	JAN B EUR	9		m-capital-gain— fications				<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		+	<del></del>	
~		10a		s returns and allow	4			<del> </del>				<del></del>	
		b		f goods sold .			<del>                                     </del>	<del> </del>			+		
		C		or (loss) (attach		<del></del>	<del> </del>		<del></del>			<del></del>	
Z	,	11		e (attach sched			<del></del>			<del> </del>		<del></del>	
<u> </u>	3	12		nes 1 through 1			28,912		0	<del></del>	o		
ે	<u></u>	13		on of officers, di			20,312		······	<del></del>	<u> </u>		
$\mathbb{U}_{\epsilon}$	es (	14		yee salanes an			<del></del>	<del> </del>		<del></del>	+		
	enses	15	Pension plan	s employeets	mefits		1	<del> </del>			<del></del>		
		16a	Legal fees (a	s, employ <del>ee be</del> ttach schedule		N/ED.	4,192	<del> </del>			+		
	ŭ	ь	Accounting for	ees (attach schi	eriote)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b> </b>			+		
	Operating and Administrative Exp	c	Other profes	sional fees (atta	ich schedule)			<del>                                     </del>			+		
	<b>i</b>	17	Interest	10	DEU Z'	7 · 2017 · 9	3	t		<del></del>	<del> </del>		
	ا <u>پ</u> ت	18		ı schedule) (se	e instructions		<u> </u>	t		<del></del>	+		
	12	19	Depreciation	(attach schedu	le and deble		<u>                                     </u>	t		<del></del>	<del>                                     </del>		
	Ξ	20	Occupancy				F	· · · · ·		<del></del>	1		
	8	21		rences, and me			567	· · · · ·			1		
	च	22		publications .				l			1		
	등	23	•	ses (attach sch			6,903				<del> </del>		
	වු	24		ing and admin						<del></del>	T		
	囊		-	through 23 .	-		12,512	}	o	f	ol	Ð	
	2	25		, gifts, grants p			22,252			<del></del>	<del></del>	2,252	
	8	26		and disburseme			34,764		0	1		2,252	
	-	27		26 from line 12			3,1,04	<u> </u>			+	ياؤيرو	
	{	a		nue over expens		ements .	-5,852			* * **	1		
	-	6		ent income (if i			0,002	<del> </del>	0	1 1 1 1 NO. 1	1	<del></del> -	
	1	c		t income (if neg								<del></del>	

For Paperwork Reduction Act Notice, see instructions.

0 Form **990-PF** (2015)

D.	rt II	Attached schedules and amounts in the description column	Beginning of year End o			of year		
		Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value		
	1	Cash—non-interest-bearing	112,539	108,	708	108,708		
	2	Savings and temporary cash investments	100,000					
- 1	3	Accounts receivable >		2.5				
		Less, allowance for doubtful accounts						
	4	Pledges receivable >			-			
- 1		Pledges receivable  Less allowance for doubtful accounts						
	5	Grants receivable	<u> </u>	<del></del>				
	6	Receivables due from officers, directors, trustees, and other	]		- 1			
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)				** *		
		Less' allowance for doubtful accounts				<del></del>		
ts	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges		<u></u>		·		
Ä	10a	Investments-U.S. and state government obligations (attach schedule)	L		173	35,173		
	b	Investments—corporate stock (attach schedule)		62,	806	62,806		
	C	Investments—corporate bonds (attach schedule)		··		<del></del>		
	11	Investments—land, buildings, and equipment basis		* *	,			
	1	Less: accumulated depreciation (attach schedule)				<del></del>		
	12	Investments—mortgage loans	L			·		
	13	Investmentsother (attach schedule)	L					
	14	Land, buildings, and equipment basis				in the second se		
	}	Less: accumulated depreciation (attach schedule)	[			<del></del>		
	15	Other assets (describe  )	[					
	16	Total assets (to be completed by all filers—see the			ļ			
		instructions. Also, see page 1, item I)	212,539	206,	687	206,687		
	17	Accounts payable and accrued expenses						
S	18	Grants payable						
ŧ	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)	L					
	22	Other liabilities (describe  )	<u> </u>					
	23	Total liabilities (add lines 17 through 22)	0		0			
10	ļ	Foundations that follow SFAS 117, check here			I	4, , ,		
ĕ	}	and complete lines 24 through 26 and lines 30 and 31.	<u> </u>			• • • • • • • • • • • • • • • • • • • •		
ä	24	Unrestricted	112,539	106,	687			
ind Balances	25	Temporarily restricted						
8	26	Permanently restricted	100,000	100,	000			
	}	Foundations that do not follow SFAS 117, check here	}					
Ē		and complete lines 27 through 31.	ļ ,		1			
ō	27	Capital stock, trust principal, or current funds		<del> </del>				
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund						
Net Assets or F	29	Retained earnings, accumulated income, endowment, or other funds						
¥.	30	Total net assets or fund balances (see instructions)	212,539	206	687			
2	31	Total liabilities and net assets/fund balances (see	}		}			
		instructions)	212,539	206	687	<u> </u>		
	art III			· · · · · · · · · · · · · · · · · · ·				
1		I net assets or fund balances at beginning of year-Part II, column (a			1			
		of-year figure reported on prior year's return)		1	212,539 -5,852			
2	2 Enter amount from Part I, line 27a							
3	Othe	er increases not included in line 2 (itemize)		[	3	206,687		
4	4 Add lines 1, 2, and 3							
5	Dec	reases not included in line 2 (itemize)		[	5_			
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—Pal	rt II, column (b), line 3	0	6	206,687		

Part	(a) List and describe t	the kind(s) of property sold (e.g., real estate ouse, or common stock, 200 shs MLC Co)	,	come	(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr )	(d) Date sold (mo , day, yr )
1a					S -Condition			
<u></u>					<del> </del>	<del>                                     </del>		
					<u> </u>	<del>                                     </del>		
d							<del></del>	
e								<del></del>
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) () minus (g)
a								
b			<u> </u>					
				- <del></del>	<del></del>			
d						<u> </u>		
e			<u> </u>					
	Complete only for assets sl	howing gain in column (h) and owned	by the fo	oundation	on 12/31/69	1	(I) Gains (Col	. (h) gain minus
	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any		col (k), but not	less than -0-) or om col (h))
a					<del></del>			
<u>b</u>	<del></del>							
<u> </u>			ļ					
<u>d</u>							<del></del>	
е			Ĺ					<del></del>
2	Capital gain net income or	ringi canifal inggi 3		er in Par 0- in Par	<b>&gt;</b> 1	2		0
3	Net short-term capital gair	n or (loss) as defined in sections 1	222(5) a	and (6).				
	If gain, also enter in Part I,	, line 8, column (c) (see instruction	ns). If (lo	ss), ente	r-0-ın \			
		der Section 4940(e) for Redu				3		0
•	optional use by domestic privation 4940(d)(2) applies, leav	vate foundations subject to the se ve this part blank.	ction 49	40(a) tax	on net investmer	nt inco	ome.)	
		section 4942 tax on the distributal qualify under section 4940(e). Do				репо	od?	Yes No
1	Enter the appropriate amo	ount in each column for each year;	see the	instructi	ons before makın	g any	entries.	
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		Net value of	(c) f nonchaпtable-use as	sets		(d) nbution ratio ivided by col (c))
	2014	8	3,080		18	3,002		0.448839
	2013		0			0		0.000000
	2012							0.000000
	2011							0.000000
	2010							0.000000
2	Total of line 1, column (d)						2	0.448839
3	Average distribution ratio f	for the 5-year base period-divide	the tota	l on line .	2 by 5, or by the	Ī		
	number of years the found	lation has been in existence if less	than 5	years .		.	3	0.224420
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5							4	
5 Multiply line 4 by line 3							5	~
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)	· · ·				6	0
7	Add lines 5 and 6						7	0
8		ns from Part XII, line 4					8	0
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in Pa	art VI, lir	ne 1b, an	d complete that p	art us	sing a 1% tax	rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruct	ions)				
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check		3		20	
•	here Dand enter 1% of Part I, line 27b	+-	<del>- ,                                   </del>		<del></del>	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			•	,	
	Part I, line 12, col. (b).	1	, ,	Į		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0		
3	Add lines 1 and 2			0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	┵		0		
6	Credits/Payments:	-	- 7	-	-	
a	2015 estimated tax payments and 2014 overpayment credited to 2015			-		
b	Exempt foreign organizations—tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c 6d 6d		÷.		-	
, d	Backup withholding erroneously withheld	1		٥		
7	Enter any penalty for underpayment of estimated tax. Check here  from 2220 is attached			—∸		
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald • 10			0		
11						
Part '	/II-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No	
	participate or intervene in any political campaign?		1a		_X_	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		11			
	Instructions for the definition)?	•	1b		<u> </u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	-	
	published or distributed by the foundation in connection with the activities.		- [ - [			
C	Did the foundation file Form 1120-POL for this year?	•	1c		<u> </u>	
a	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$					
e	me and the second terms of					
·	on foundation managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х	
	If "Yes," attach a detailed description of the activities			7.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			-		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	
	If "Yes," attach the statement required by General Instruction T			,	3.3	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			,	. `	
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>		, -	. 1	1	
	conflict with the state law remain in the governing instrument?		6	X	1	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.		7	×	<del>                                     </del>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•		-		
	VI					
ь						
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u>L</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If				1	
	"Yes," complete Part XIV					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		1.	l		
	names and addresses	<u> </u>	. 10		<u> </u>	

Form 990	O-PF (2015) THE NIGEL O HODGE FOUNDATION INC 66-08	1167	l	Page <b>5</b>
Part				ogo o
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		T	T
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	X
	Website address ► nìgelohodgefoundation.org			
	The books are in care of ► Joyce Maxwell Telephone no. ► 340 998			
	Located at ► 7218 Estate Tutu 173-258 St Thomas VI ZIP+4 ► 00802-0			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	• •		<b>▶</b> ∐
	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1 ''	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If	··•	<del></del>	<del>  ^-</del>
	"Yes," enter the name of the foreign country		=),	
	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	····		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			-
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person?			· .
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1: -	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	l	٠.	
	the benefit or use of a disqualified person)?	-,	ĺ.,	-
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	-	-	
	foundation agreed to make a grant to or to employ the official for a period after	٠.		
	termination of government service, if terminating within 90 days.)	1		
	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	1	,	
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here		,	{
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		٠.	
	were not corrected before the first day of the tax year beginning in 2015?	1c		<u> </u>
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		,	İ
	6e, Part XIII) for tax year(s) beginning before 2015?	,		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			. 1
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			1.
	all years listed, answer "No" and attach statement—see instructions.)	2b	N/A	l
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			-
	<b>▶</b> 20, 20, 20			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	Ξ.	3.	
;	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			-5.7
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			-
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
i	foundation had excess business holdings in 2015.)	3b	N/A	
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			- s ·
	chantable number that had not been removed from jeonardy before the first day of the tay year beginning in 2015?	4h	ı	

THE NIGEL O HODGE FOUNDATION INC

Form 990-PF (2015)

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

66-0811671

Page 6

Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	id Employees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter	"NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	IE .	
		}
		<del></del>
		<del></del>
Tota	I number of others receiving over \$50,000 for professional services	<b>•</b>
Đ:	rt IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of panizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Donation to the Schneider Regional Hospital Pediatric Care Unit for patients need. Service 7 beds	
		20,000
2	Grant to University of the Virgin Island student persuing a nursing career - Service 1 receipent	
2	Airline ticket to patient for airflight to Miami for medical treatment - Service 2 receipients	1,000
3	Annue licket to patient for annught to Marii for medicar deadnent - Service 2 receipients	
		1,007
4	Airline ticket to patient for airflight to Puerto Rico medical treatment - Service 1 receipient	1,007
		245
_	rt IX-B Summary_of_Program=Related-Investments-(see-instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	Investment in Vanguards secinties	
2	Investment in Ishare Core U.S. Agriculture securities	62,806
-	The State of the Color of the C	
		35,173
Ā	other program-related investments. See instructions	
3		
Tota	I. Add lines 1 through 3	97,979
		Form 990-PF (2015)

1a

1b

1d

purposes:

see instructions.)

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,

e	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	197,979
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	2,970
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	195,009
6	Minimum investment return. Enter 5% of line 5	6	9,750
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here   and do not complete this part.)	<del>,</del> _	······································
1	Minimum investment return from Part X, line 6	11	9,750
2a	Tax on investment income for 2015 from Part VI, line 5	1 . 1	
b	Income tax for 2015. (This does not include the tax from Part VI.)	1 1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,750
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,750
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	9,750
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	15	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	22,252
ь	Program-related investments—total from Part IX-B	1b	97,979
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	720
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	120,951
-			
_	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	120,951
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
6		<del></del>	120 951
U		1 4 1	1 20,00

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years.

1	Distributable amount for 2015 from Part XI,	(a) Corpus		(b) Years prior to 2014	(c) 2014	(d)
2	line 7					2015
_	Undistributed income, if any, as of the end of 2015		25	Section of the section		9,750
a E						ol
3	Total to prior years. 20 , 20 , 20	_				
a	Excess distributions carryover, if any, to 2015 From 2010					
h	From 2011	<b>→</b>				
-	From 2012		۱.			
d	From 2013				3 2 2 3	
e						
f	Total of lines 3a through e	<u>80</u>	- 1			
4	Qualifying distributions for 2015 from Part XII,	7,1	180			
-					-	
а	Applied to 2014, but not more than line 2a		-			
	Applied to undistributed income of prior years			<u> </u>		
	(Election required—see instructions)		-			
c	Treated as distributions out of corpus (Election	<u> </u>				
	required—see instructions)	į.				
d	Applied to 2015 distributable amount	<del> </del>				
е	Remaining amount distributed out of corpus	<del> </del>				9,750
5	Excess distributions carryover applied to 2015.	111,2	201			5,750
	(If an amount appears in column (d), the same	<del></del>		3 2 3		
	amount must be shown in column (a) )	1			-	
6	Enter the net total of each column as					
	indicated below:			, , , , , , ,		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		1			`
Ь	Prior years' undistributed income. Subtract	118,38	81	<u>-</u>		*
	line 4b from line 2b					
C	Enter the amount of prior-years undistributed			0		
	income for which a notice of deficiency has				** **	
	been issued, or on which the section 4942(a)		-1			••
	tax has been previously assessed	10-3	1	[		
d	Subtract line 6c from line 6b. Taxable		-	<u>`</u>		
	amount—see instructions		- 1			
е	Undistributed income for 2014. Subtract line		+-			
	4a from line 2a. Taxable amount—see		.  -			
	instructions		-			
f	Undistributed income for 2015. Subtract lines		-		0	
•	4d and 5 from line 1. This amount must be					_
	distributed in 2016					
	Amounts treated as distributions out of corpus		+-			0
1	o satisfy requirements imposed by section		1			
	170(b)(1)(F) or 4942(g)(3) (Election may be		1			*
	equired—see instructions) .		1			*
ŀ	excess distributions carryover from 2010 not		1			
ē	applied on line 5 or line 7 (see instructions)					12.
E	xcess distributions carryover to 2016.	<del> </del>	1			
5	Subtract lines 7 and 8 from line 6a	118,381	1 -	31 332		
	nalysis of line 9.		1			
	xcess from 2011		F			
	xcess from 2012		1	1333	·	
	xcess from 2013	4 2 4 4				
ai E	xcess from 2014		1.			
	xcess from 2015		1 -	The second of th		

Form 990-PF (2015)

THE NIGEL O HODGE FOUNDATION INC

66-0811671

THE NIGEL O HODGE FOUNDATION INC 66-0811671 Form 990-PF (2015) Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount recipient Name and address (home or business) a Paid during the year GOV Pediatric Unit 20,000 Schneider Reginal Medical Hospital Sugar Estate St Thomas, VI 00802 Shakilah Liburd None University scholarship 1,000 Charlotte Amalie St Thomas, VI 00802 None Airline ticket-medical travel 245 Charlene kahae Charlotte Amalie St Thomas, VI 00802 Camelia Willimas None Airline ticket-medical travel 1,007 Charlotte Amalie St Thomas, VI 00802

	Total	<u> </u>	<u></u>	<u> </u>	3a	22,252
ь	Approved for future payment				{I	
					- }	
		1		}	i	
				Į.	Į	
				{	Į.	
			i		- 1	
		İ		}	}	
					1	
		Ì	1	]	1	
		]		]	ļ	
		ļ			- 1	
			ļ	ļ	ļ	
		1	ļ	1	- 1	
		<b>}</b>		i	- 1	
		1		ł		
				ì	1	
		]	ł	)	i	

Total

3Ь

Pai	rt X∖	I-A Analysis of Income-Producing Ac	tivities _				
nte	er gro	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sects	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1		gram service revenue:		9,657	<del> </del>		<del></del>
	a	Annual Luncheon Contribution	├── <del></del>	10.926	<del></del>		
		Corporate Contribution		2,044	<del> </del>	<del></del>	
		Individual/Business Contribution	<del> </del>		<del></del>		<del></del>
		Nigel Birthday Fundraiser		3,100		<del></del>	<del> </del>
	e	Direct Public Support - Other	<del></del>	1,014			<del> </del>
	f			<del></del>	<b></b>	<del></del>	<del> </del> -
	g	Fees and contracts from government agencies					ļ
2		mbership dues and assessments			<del> </del>		<del></del>
3		rest on savings and temporary cash investments .			<b></b>		
4		dends and interest from securities	523000	2,171	ļ		
5	Net	rental income or (loss) from real estate:	<u> </u>				ļ
	а	Debt-financed property					<u> </u>
		Not debt-financed property	ļ				ļ
6		rental income or (loss) from personal property	L			<del></del>	
7	Oth	er investment income			<b></b>	· · · · · · · · · · · · · · · · · · ·	<b> </b>
8	Gai	n or (loss) from sales of assets other than inventory			ļ		
9		income or (loss) from special events			ļ	<del></del>	
10	Gro	ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a			<u> </u>		<u></u>
	Ъ		L				
	C						<u></u>
	đ						
	е						
12	Sul	ototal. Add columns (b), (d), and (e)		28,912	2	0	0
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	28,912
(Se	e wo	rksheet in line 13 instructions to verify calculations	i.)				
Pa	rt X'	VI-B Relationship of Activities to the A	Accomplishm	ent of Exemp	t Purposes		
Lir	ie No		ne is reported in c	olumn (e) of Part	XVI-A contributed	importantly to the	
	<u> </u>	accomplishment of the foundation's exempt purp	poses (other than	by providing fund	s for such purpos	es). (See instructi	ons.)
	Α	Brought awareness and assist to give children					
	В	Engaged adult in the community to become en	volved in outdoo	ors activity with c	hildres within th	eir community	
	С	Raised fund to provide education, toys and boo					
	D	Brought awareness to parents on how they can					ldren
	E	Raised fund to provide education, toys and boo	oks for children,	and to keep the	memory of Nige	l Hodge	
	4	Increase in foundation profit from receipt of divi	idends and inter	est			
							<del></del>
		<del>-  </del>			<del></del>	·	
		1					
		<del> </del>	<del></del>				

Form 99	0-PF (	2015) THE NIG	EL O HODGE FOUN	DATION INC				6	66-0811671	Pa	ge <b>13</b>
Part	XVII	Information	Regarding Trans	fers To and Tra	nsaction	s and R	elationships	With Non	charitable		
		Exempt Org	ganizations								
1	ın se politi	ection 501(c) of the		ection 501(c)(3) org	janizations)	or in sec	ction 527, relate			Yes	No
а		·-	porting foundation to						1	1	
								- • • •	. <u>1a(1)</u>	<del> </del>	X
_									<u>1a(2)</u>	ļ.,	X
ъ	(1) 5		a nonchantable exen	•					<u>1b(1)</u>		x
	(2) F	Purchases of asse	ets from a nonchantal	ole exempt organiza	ation				1b(2)		X
	(3) Rental of facilities, equipment, or other assets							1b(3)		X	
	(4) F	Reimbursement a	rrangements						1b(4)		X
			rantees						1b(5)		X
			ervices or membership								X
C			quipment, mailing list								X
d			he above is "Yes," con								
	value	of the goods, other	er assets, or services g	iven by the reporting	foundation.	If the four	ndation received	less than fail	r market		
	value	in any transaction	or sharing arrangeme	nt, show in column (e	d) the value						
(a) Line	no.	(b) Amount involved	(c) Name of nonc	hantable exempt organiz	ation	(d) Dea	scription of transfers	, transactions, a	and sharing arrai	ngemen	its
			<u> </u>	·							
									<del> </del>		
			<u> </u>								
						<del></del> -					
				· · · · · · · · · · · · · · · · · · ·							
									<del></del>		
			ļ								
				<del></del>							
								<del> </del>			
			<del></del>					<del></del> -			
			<u> </u>								
2a b	desc	nbed in section 5	tly or indirectly affiliat 01(c) of the Code (other) following schedule.						. 🗌 Yes	X N	0
		(a) Name of organ		(b) Type of	organization		(1	) Description of	relationship		
			lare that I have examined this re					ledge and belief, it	is true,		
Sign Here		That 1	on of preparer (other than taxpa)	ver) is based on all information	7 PM	er has any kno Pasion	whedge lest	with	y the IRS discuss the the preparer shows instructions)?	yn below	<u>.                                    </u>
	Sig	nature of officer or trus	<i>K</i>	Date	Title		16-6	<b>!_</b> _		<u> </u>	==
Paid		Print/Type preparer		Preparer's signature	L	/	Date	_ Check D	If PTIN		
Prepa	1801						1067				
Use O		Firm's name	ACME BOOKKEEP						6-0658889		
	y	Firm's address	PO BOX 8882, ST	THOMAS, VI 00801			P	none no. 3	340 715-3357	DE	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No 1545-0047

**2015** 

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer Identification number** THE NIGEL O HODGE FOUNDATION INC 66-0811671 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE NIGEL O HODGE FOUNDATION INC
Employer identification number
66-0811671

THE NIGE	L O HODGE FOUNDATION INC		66-0811671
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Direct Public Support  St Thomas VI 00802  Foreign State or Province  Foreign Country.	\$26,741	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE NIGEL O HODGE FOUNDATION INC
Employer identification number
66-0811671

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

Name of organization THE NIGEL O HODGE FOUNDATION INC					Employer identification number		
Part III	Exclusively religious, charitable, etc.						
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and						
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)   \$\bigsim \frac{1}{2} \qu						
	Use duplicate copies of Part III if addition			15th dCtiOff	s.) <b>&gt;</b> \$0		
(a) No.	Use duplicate copies of Part III II addition	Jilai, Space is fleet			<del></del>		
from	(b) Purpose of gift	(0	) Use of gift	(4	d) Description of how gift is held		
Part I					<del></del>		
				.			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transfered S Harrie, address, and 211 4 Total Constitution of		transieror to transieree				
/ \ NI -	For. Prov. Country	<del></del>	ļ	<del></del>			
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(	d) Description of how gift is held		
		``					
		.					
	(e) Transfer of gift						
	(a) constant at But						
	Transferee's name, address, and ZIP + 4 Relationship o		nship of	transferor to transferee			
	For. Prov. Country						
(a) No.			<del>1</del>				
from Part I	(b) Purpose of gift	(0	) Use of gift	] (	d) Description of how gift is held		
<del>:</del>							
					~		
					~~-		
	(a) Tennafor of aife						
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of	transferor to transferee		
	For. Prov. Country						
(a) No.	For. Prov. Country	<del></del>	·	$\neg r$			
from Part I	(b) Purpose of gift	(0	:) Use of gift	(	d) Description of how gift is held		
Faiti	<del> </del>		<del></del>				
	(e) Transfer of gift						
	Transferee's name address a	nd ZIP + 4	Relatio	nshin of	transferor to transferee		
	Transferee's name, address, and ZIP + 4 Relationshi		amp or				
	For Prov. Country		1				