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

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

OMB No 1545-1150 2017

Open to Public Inspection ?

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Social Security numbers on this form as it may be made public. Social Security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for Instructions and the latest information.

Α	For the	2017 calend	dar year, or tax year beginning $07/01/17$ , and ending $06/30/1$	18		
	-	applicable	D Employer identification number			
$\Box$	Address o	change	ROTARY CLUB OF ST.CROIX MID ISLE	, -		
П	Name cha	ange	66-077	1514		
П	Initial retu	nw	E Telephone nur	mber		
П	Final retu	ım/terminated	PO BOX 224515		•	
П	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code	()2	F Group Exem	ption
	Application	on pending	CHRISTIANSTED VI 00820	U フ	Number >	
G	Accoun	nting Method.	Cash X Accrual Other (specify) ▶	H Chec	ck ▶ 🗶 if the oi	ganization is not
ı	Websit	te: ▶ <u>N/A</u>			ired to attach Sch	
J	Tax-exe	empt status (cl	heck only one) — X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or	527 (For	m 990, 990-EZ, o	r 990-PF)
Κ	Form o	of organization	n. X Corporation Trust Association Other			
L	Add line	es 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets		
(Par	t II, colu	mn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	4,468
P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (	(see the instruc	ctions for Part I)	==
	<b>,</b>	Check	if the organization used Schedule O to respond to any question in this Pa	art I		X
	1	Contributions,	gifts, grants, and similar amounts received		1	
	2	Program ser	rvice revenue including government fees and contracts		2	
	3	Membership	dues and assessments		3	
	4	Investment	income .		4	2,218
	5a	Gross amou	int from sale of assets other than inventory 5a			
Col	b	Less cost o	r other basis and sales expenses 5b		<b>→</b> ↓	
3102	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and	I fundraising events			
المناع المناع	а	Gross incom	ne from gaming (attach Schedule G if greater than		`	
, <u>e</u>		\$15,000)	. 6a			
Revertue?	b	Gross incon	ne from fundraising events (not including \$ of contribut	ions	[ [	
<b>₽</b>		from fundra	sing events reported on line 1) (attach Schedule G if the		ļ i	
CHANNED		sum of such	gross income and contributions exceeds \$15,000)			
Ź	C		expenses from gaming and fundraising events 6c		````	
	d	Net income	or (loss) from gaming and fundralising events (add lines 6a and 6b and subtract			
2		line 6c)			6d	
Ō	7a	Gross sales	of inventory, less returns and allowances 7a 7b		<b>-</b> -}	
	b	Less cost o	(6)	· · · · · · · · · · · · · · · · · · ·	}	
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.050
	8		ue (describe în Schedule 0)		8	2,250
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	4,468
	10		similar amounts paid (list in Schedule O)		10	
	11		d to or for members		11	
es	12	_	ner compensation, and employee benefits		12	
ens	13		I fees and other payments to independent contractors		13	· · · · · · · · · · · · · · · · · · ·
Expenses	14		rent, utilities, and maintenance		14	
ш	15	_	blications, postage, and shipping		15	10,302
	16	-	nses (describe in Schedule O)		16	
	17		nses, Add lines 10 through 16		17	10,302 -5,834
ā	1		deficit) for the year (Subtract line 17 from line 9)		10	-5,634
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		10	21,919
یک	20	_	figure reported on prior year's return) ges in net assets or fund balances (explain in Schedule O)		20	21,313
Ž	21	_	or fund balances at end of year. Combine lines 18 through 20		21	16,085
For			ion Act Notice, see the separate instructions.			rm <b>990-EZ</b> (2017)

Form 990-EZ (2017) <b>ROTARY</b>	CLUB OF ST.CR	OIX MID I	SLE 66-07	71514		Page 2
	see the instructions for P	•				
Check if the organization	ation used Schedule O to	respond to any				X
			<del></del>	inning of year	1	(B) End of year
22 Cash, savings, and investments				143,039		152,206
23 Land and buildings				0	23	
24 Other assets (describe in Schedule				142 020	24	150 000
25 Total assets		· · · · · · · · · ·		143,039	25	152,206
26 Total liabilities (describe in Sched				121,120	26	121,120
27 Net assets or fund balances (line				21,919	27	31,086
Andrew Co. Company	gram Service Accom	•		, [		
	ation used Schedule O to	o respond to any	question in this Part	III		Expenses
What is the organization's primary exer	npt purpose?					quired for section
			<del></del>			(c)(3) and 501(c)(4)
Describe the organization's program se	•					anizations; optional for
as measured by expenses. In a clear a		•	naea, the number of		othe	ers.)
persons benefited, and other relevant in	ntormation for each program	title.	<del> </del>		<del></del>	
28						
<u> </u>				٠٠ ٠٠٠ إ٠ ٠٠٠ــــــــــــــــــــــــــ		
(Grants \$	) If this amount includes t	foreign grants, che	ck here	. 🕨	28a	
29						
				;		
(Grants \$	) If this amount includes t	foreign grants, che	ck here		29a	
30						
	) If this amount includes t	foreign grants, che	ck here		30a	<del> </del>
31 Other program services (describe in			,,			
	) If this amount includes t		ck here	. 🕨	31a	10,137
32 Total program service expenses	(add lines 28a through 31a	)			32	10,137
Part V List of Officers, Direct Check if the organization	ctors, Trustees, and Key E on used Schedule O to resp	ond to any question	n in this Part IV	ensated — see t	ne instri	Ctions for Part IV)
		(b) Average	(c) Reportable compensation	(d) Health ber	refits.	
(a) Name and t	me	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans,	and	(e) Estimated amount of other compensation
RICHARD GRANT			(if not paid, enter -0-)	deferred compe	nsadon	
CHAIRMAN		1.00	0		0	
DAVID HAYES		1.00		<del> </del>	<u>_</u>	<u> </u>
SECRETARY		1.00	o		0	
CLAUDIA CARRINGTON		2.00				1
TREASURER		1.00	٥		0	0
INDIOUN		1.00				<u> </u>
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		<u> </u>				
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DAA						Form <b>990-EZ</b> (2017)

Form	990-EZ'(2017) ROTARY CLUB OF ST.CROIX MID ISLE 66-0	771514	1	P	age 3
R	Other Information (Note the Schedule A and personal benefit contract statem instructions for Part V.) Check if the organization used Schedule O to respond to	ent requirements in the any question in this Part V	· · · ·		
	The state of the s		<u></u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," pro	vide a	33	1	X
24	detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," attach a con	formed	33		
34	· ·		} ;		ļ 1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explanation on School (a.g., instructions)	ui uie	34	1	X
250	change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business.				
35a		1311/633	35a		X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	ion in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033		1000		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	(c) notice,	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net as	sats			
-	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		17 m	3 (Ta);
b	Did the organization file Form 1120-POL for this year?	<u> </u>	37b	ACC-MINISTRA	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed	or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this re-		38a	2.03032	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	1		Para Salar
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year unc				
704	section 4911 ▶ ; section 4912 ▶ , section 495				
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section				
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P		40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
•	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	<b>•</b>			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line				
_	40c reimbursed by the organization	•	7.5		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she	Iter			
•	transaction? If "Yes," complete Form 8886-T		40e	X2-100 25-4	X
41	List the states with which a copy of this return is filed  US VIRGIN ISLAN	DS AND UTAH		L	
42a	The organization's books are in care of RICHARD GRANT		71	8-8	38
	322 JUDITHS FANCY		•••	•••	•••
	Located at ▶ CHRISTIANSTED	7I ZIP+4▶ 001	840		
b	At any time during the calendar year, did the organization have an interest in or a signature or other a	luthority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financia	-	42b		X
	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign E	Bank and			
	Financial Accounts (FBAR).				
¢	At any time during the calendar year, did the organization maintain an office outside the United State	s?	42c	L	X
	If "Yes," enter the name of the foreign country: ▶				_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check he	re , ,			
	and enter the amount of tax-exempt interest received or accrued during the tax year				
			-	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			300	
	completed instead of Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must	be	<b>西</b>		
	completed instead of Form 990-EZ		44b		X
C	Did the organization receive any payments for indoor tanning services during the year?		44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide	an		<i>3</i> 2,65	W.
	and another to Ochartula O		44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity w	rithin the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead	,			
	Form 990-EZ (see instructions)	, <u>, , , , , , , , , , , , , , , , , , </u>	45b	]	X
			_	0 E7	/OO4

	(2017) ROTARY CLUB C	DE ST.CRO	TY WID IS			71514				age 4
6 Did th	, ne organization engage, directly or indire	actly in political	campaign activities	e on hehalf	of or in oppos	sition	Г	-	Yes	No
	ndidates for public office? If "Yes," com							46		х
Part VI	Section 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization and 51.  Check if the organization used	ions must ansv	•				or lines			П
7 Did th	Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax									
year?	year? If "Yes," complete Schedule C, Part II								X	
	e organization a school as described in a he organization make any transfers to a						<b>)-</b>	48 49a		$\frac{\mathbf{x}}{\mathbf{x}}$
	es," was the related organization a section	•		-				19b		
•	plete this table for the organization's five	•		•			key			
empic	oyees) who each received more than \$  (a) Name and title of each employee	100,000 or comp	(b) Average hours per week devoted to position	(c) Re	portable ensation	(d) Health benefits contributions to emplo benefit plans, and	yee (e) Esti		amou ensati	
None			devoted to position	(1 011110 11 1		deferred compensati		<del></del>		
	·	<del> </del>							<u> </u>	
	·				·-·					
	•									
		<del></del>				<del> </del>	_			
f Total	I number of other employees paid over	\$100.000	<u> </u>	<u> </u>	<b></b>	<u> </u>				
1 Comp	plete this table for the organization's five	e highest compe	insated independe	nt contracto	ors who each	received more than				
\$100,	,000 of compensation from the organization f				(h) Two	e of service	(c) Co	mnen	sation	
<del> </del>	(a) Name and business address of each				(0) 1)		(6) 50			
None									•	
							1			
								<u></u>		
d Total	I number of other independent contract	ors each receive	20 over \$100 000							
2 Did ti	I number of other independent contract the organization complete Schedule A?		•	ations mus	t attach a		<b>▶</b> [X]	Yes		No
2 Did to	the organization complete Schedule A? pleted Schedule A Ities of periury, I declare that I have examine	Note: All section	n 501(c)(3) organiz	chedules an	d statements,	and to the best of my knowledge				No
2 Did to	the organization complete Schedule A? pleted Schedule A	Note: All section	n 501(c)(3) organiz	chedules an	d statements,	and to the best of my kiny knowledge				No
2 Did to complete penaltrue, correct	the organization complete Schedule A? pleted Schedule A Ities of perjury, I declare that I have examine t, and complete Declaration of preparer (oth	Note: All section and this return, inclu er than officer) is t	n 501(c)(3) organiz ding accompanying s pased on all informati	chedules an on of which	d statements, a	ny knowledge				No
compliance penaltrue, correct	the organization complete Schedule A? pleted Schedule A  Ities of perjury, I declare that I have examine t, and complete Declaration of preparer (oth	Note: All section and this return, inclu er than officer) is t	n 501(c)(3) organiz ding accompanying s pased on all informati	chedules an	d statements, a	9 77 2018				No
2 Did to complete penaltrue, correct	the organization complete Schedule A?  pleted Schedule A  Ities of perjury, I declare that I have examine t, and complete Declaration of preparer (oth  Signature of officer  Type or print name and title)  Print/Type preparer's name	Note: All section of this return, includer than officer) is to the control of the	on 501(c)(3) organized on all information of the companying spared on all information of the companying spared signature	ichedules an on of which i	d statements, or preparer has a	ny knowledge 9 27 2018 ate				No
compounder penaltrue, correct.	the organization complete Schedule A?  pleted Schedule A  Ities of perjury, I declare that I have examine t, and complete Declaration of preparer (oth  Signature of officer  Type or print name and title)  Print/Type preparer's name  FLANCISCO DEPL	Note: All section and this return, includer than officer) is to the control of th	on 501(c)(3) organized on all information of the control of the co	ichedules an on of which i	d statements, or preparer has a	ny knowledge 9 27 2018 ate  Date 09/03/18	Checkif	l belie		No
2 Did the composition of the composition of the correct, sign dere	the organization complete Schedule A?  pleted Schedule A  Ities of perjury, I declare that I have examine t, and complete Declaration of preparer (oth  Signature of officer  Type or print name and title)  Print/Type preparer's name  FRANCISCO  Firm's name  FRANCISCO	Note: All section of this return, included this return, included the return officer) is to the control of the c	on 501(c)(3) organized on all information of the control of the co	ichedules an on of which i	d statements, or preparer has a	ny knowledge 9 27 2018 ate	Checkif	l belie		No
2 Did the composition of the composition of the correct, sign dere	the organization complete Schedule A?  pleted Schedule A  Ities of perjury, I declare that I have examine t, and complete Declaration of preparer (oth  Signature of officer  Type or print name and title  Print/Type preparer's name  FRANCISCO  FIRM'S name  FRANCISCO	Note: All sections of this return, included this return, includer than officer) is to the control of the contro	ding accompanying spased on all information of the company signature of	ichedules an on of which i	d statements, or preparer has a	ny knowledge 9 27 2018 ate  Date 09/03/18	Check if	PTIN	f, it is	

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public

Inspection

Name of the organization

ROTARY CLUB OF ST. CROIX MID ISLE CHARITABLE FOUNDATION. INC

Employer identification number 66-0771514

p,	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Н	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
	H									
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
_	city, and state									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	$\Box$	=	b)(1)(A)(iv). (Complete Part		47	0/b\/4\/ A\	V. A			
6	-			overnmental unit described in se						
7	Ш	•	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro	m a gove	rnmentai	unit or from the general public			
8	$\Box$			70(b)(1)(A)(vi). (Complete Part	11)					
9	H			cribed in section 170(b)(1)(A)(i		d in coni	unction with a land-grant collec	ie		
	ب			f agriculture (see instructions)				,-		
10	X	receipts from support from	activities related to its exem gross investment income an	) more than 33 1/3% of its supp pt functions—subject to certain d unrelated business taxable in 0, 1975. See section 509(a)(2).	exceptior come (les	ns, and (2 s section	) no more than 33 1/3% of its 511 tax) from businesses	ess		
11		An organizati	on organized and operated e	exclusively to test for public safe	ty. See s	ection 50	9(a)(4).			
12				exclusively for the benefit of, to						
				ations described in <b>section 50</b> 9						
			=	at describes the type of support						
	а			rated, supervised, or controlled	•			ng		
				er to regularly appoint or elect		of the di	rectors or trustees of the			
			~ ~	omplete Part IV, Sections A a			ted amonimation(a) by become			
	b			pervised or controlled in connecting organization vested in the s						
			ion(s). You must complete	-	aine pers	ons mar	control of manage the support	5u		
	С	Type III f	unctionally integrated. A s	upporting organization operated tructions) You must complete				ith,		
	ď		-	. A supporting organization ope				in(s)		
	<b>.</b>			organization generally must sa						
			•	nust complete Part IV, Section						
	е			eived a written determination fron- n-functionally integrated support			s a Type I, Type II, Type III			
	f		nber of supported organization							
	g	Provide the fo	ollowing information about th	<del></del>	<del>,</del>			<u></u>		
(		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see		
		-		above (see instructions))	docus	nent?	instructions)	instructions)		
					Yes	No				
(A)					}					
					-	ļ				
(B)										
(C)										
(D)										
(E)										
<b>-</b>				James and the						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) . > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (b),2014 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 VI) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circum-stances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

500	tion A. Public Support	quality under th	e lesis listed bi	elow, please co	ompiete Part II.	<del>) </del>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2013	(0) 2014	(6) 2013	(u) 2010	(6) 2011	(i) Total
•	fees received (Do not include any "unusual grants.")	t	ł	_ }			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,925	9,425	10,060	7,830	2,250	37,490
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7,925	9,425	10,060	7,830	2,250	37,490
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				,	• 4	25 400
Sec	tion B. Total Support	<u></u>		ئىينىسىسى بىر		<u> </u>	37,490
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	7,925	9,425	10,060	7,830	2,250	37,490
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,414	2,414	2,370	2,186	2,218	11,602
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,414	2,414	2,370	2,186	2,218	11,602
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	10,339					49,092
14	First five years. If the Form 990 is for the	•	t, second, third, for	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	▶ □
500	organization, check this box and stop her tion C. Computation of Public St		tage				
					<del></del>	15	76.37%
15	Public support percentage for 2017 (line 8 Public support percentage from 2016 Sch		=	ırı ( <i>1))</i>		16	78.97%
16 Sec	tion D. Computation of Investme						78,9770
	Investment income percentage for 2017 (			column (fl)		17	24 %
17 18	Investment income percentage for 2017 (			, widini (1/)		18	21 %
19a	33 1/3% support tests—2017. If the orga			e 14, and line 15 is	more than 33 1/3	<del></del> -	
, ,,,,	17 is not more than 33 1/3%, check this b						► X
b	33 1/3% support tests—2016. If the orga						ـــا
	line 18 is not more than 33 1/3%, check the						<b>▶</b> ∐
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	ions	▶ [_]

Schedule A (Form 990 or 990-EZ) 2017 Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b	10 or 990	-EZ) 2017
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trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

reasons for the organization's position that its supported organization(s) would have engaged in these

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

activities but for the organization's involvement

Parent of Supported Organizations. Answer (a) and (b) below.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3a

Schedule A (Form 990 or 990-EZ) 2017 ROTARY CLUB OF ST. CROIX MID			014 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>niza</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20,	1970 (explain ın Part VI) Se	e
instructions. All other Type III non-functionally integrated supporting organizations must	com	plete Sections A through E	
Section A - Adjusted Net Income	:	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	_8_		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			,
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	٧,	, ,, ,,	, ,, ,
factors (explain in detail in Part VI):	,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2_		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	/	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del> </del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	^` 1	
7 Check here if the current year is the organization's first as a non-functionally integrated		Il supporting organization (s	see
Instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ROTARY CLUB OF ST			514 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	ions (continuea)	Current Year
Section D - Distributions  1 Amounts paid to supported organizations to accomplish exempt purpose			Current rear
2 Amounts paid to perform activity that directly furthers exempt purposes			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
Amounts paid to acquire exempt-use assets	nted organizations		
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions	<del></del>		<del></del>
7 Total annual distributions. Add lines 1 through 6			<del></del>
8 Distributions to attentive supported organizations to which the organization	ition is responsive		
(provide details in Part VI). See instructions		•	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Pre-2017	Amount for 2017
1 Distributable amount for 2017 from Section C, line 6	,		
2 Underdistributions, if any, for years prior to 2017			· · · · ·
(reasonable cause required-explain in Part VI) See			`
instructions.			***************************************
3 Excess distributions carryover, if any, to 2017:			
a``` <u>````````</u>	· ».·	- <del>////////////////////////////////////</del>	·····
b From 2013		<u> </u>	
c From 2014			
d From 2015			
e From 2016		**************************************	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
f Total of lines 3a through e			
g Applied to underdistributions of prior years		······	
h Applied to 2017 distributable amount	<u> </u>		
i Carryover from 2012 not applied (see instructions)			
j Remainder, Subtract lines 3g, 3h, and 3ı from 3f			· ·
4 Distributions for 2017 from		, '	
Section D, line 7:			
a Applied to underdistributions of prior years	ļ		
b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4	<u> </u>		
	<u></u>		
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2 For result	, ,		
greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017. Subtract lines 3h			<u></u>
and 4b from line 1. For result greater than zero, explain in	**	,	]
Part VI See instructions			1
7 Excess distributions carryover to 2018. Add lines 3j	<u></u>		
and 4c			
8 Breakdown of line 7.	<u> </u>	,	<del> </del>
a Excess from 2013			
b Excess from 2014	<del></del>	<u> </u>	<del> </del>
c Excess from 2015	<del> </del>	100 3000 5 10	
d Excess from 2016	<del>- [</del>	,	, ,
e Excess from 2017			

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

ROTARY CLUB OF ST. CROIX MID ISLE

2017

Employer Identification number

OMB No 1545-0047

66-0771514 CHARITABLE FOUNDATION, INC. Form 990-EZ, Part I, Line 8 - Other Revenue Description Amount **\$** 2,250 TREASURE HUNT 2,250 Total \$ Form 990-EZ, Part I, Line 16 - Other Expenses Description Amount Expenses \$ 165 150 9,987 SCHOLARSHIP Total \$ 10,302

Form 990-EZ, Part II, Line 26 - Other Liabilities