Form 990-EZ

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)

Do not enter social security numbers on this form as it may be made public.

▶Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2017 1806
Inspection

7	<u>, </u>	For the	e 2017 caler	dar year, or tax year beginning $07/01/17$, and ending $06/30/18$	8			
1 <u>E</u>			applicable .	D Employer identification	n number			
. [K	Address	change	1				
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<u> </u>	٦	Initial retu	ım		Room/suite	E Telephone number		
`	٦	Final retu	m/terminated	PO Box 8058				
	7	Amended	i return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption		
· ſ	7	Application	on pending	St. Thomas VI 00801-1058		Number >		
	 }	Accour	nting Method		H Che	k X if the organization is not		
ı			te: N/A	ired to attach Schedule B				
	j		empt status (d	m 990, 990-EZ, or 990-PF				
ī	<u>`</u>		f organizatio					
L			•	n. X Corporation Trust Association Other To to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets			
(Paı			are \$500,000 or more, file Form 990 instead of Form 990 FX \		▶ \$		
		art 15		ue, Expenses, and Changes in Net AssetSor Fund Balances	s (see the in:	structions for Part I)		
		• .	Check	if the organization used Schedule Organization to any question in this P	antl		🔲	
-		1	Contributions	gifts, grants, and similar amounts received 2072		1		
		2	Program se	gifts, grants, and similar amounts received vice revenue including government fees and contracts dues and assessments		2		
		3	Membership	dues and assessments		3		
		4				4		
		5a	Gross amou	dues and assessments income Interpretation of assets other than inventory OGDEN 5a sether having and cales expenses		3 43		
		Ь	Less: cost o	r other basis and sales expenses 5b				
		c		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
		6	Gaming and	I fundraising events				
į	Revenue	а	Gross incor	ne from gaming (attach Schedule G if greater than				
5			\$15,000)	6a				
,		ь	Gross incor	ne from fundraising events (not includings of contributio	ns			
		Į		sing events reported on line 1) (attach Schedule G if the				
•			sum of sucl	gross income and contributions exceeds \$15,000) 6b				
>		C	Less: direct	expenses from gaming and fundraising events 6c				
ζ		d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
)		1	line 6c)	· · · · · · · · · · · · · · · · · · ·		6d		
•		7a	Gross sales	of inventory, less returns and allowances	/FD_			
		Ь	Less: cost of	of goods sold				
:		c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	3001 IO	7c		
		8	Other rever	ue (describe in Schedule O)	. ZUZI . 130	8		
		9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	Jœ	9	0	
		10	Grants and	similar amounts paid (list in Schedule O)	d. 1.1T	10		
		11	Benefits pa	d to or for members OGDET	<u>v, O </u>	<u> 11 </u>		
	8	12		her compensation, and employee benefits		12		
	Expense	13	Professiona					
	<u>a</u>	14	Occupancy	rent, utilities, and maintenance		14		
	Ã	15	Printing, pu	blications, postage, and shipping		. 15		
		16	Other expe	nses (describe in Schedule O)		. 16		
		17	Total expe	nses. Add lines 10 through 16		▶ 17	0	
	29	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		
	88	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with				
	As	1	end-of-year	figure reported on prior year's return)		. 19		
	Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		. 20		
		21		or fund balances at end of year. Combine lines 18 through 20		▶ 21	0	
	Fo	r Papei	rwork Redu	tion Act Notice, see the separate instructions.		Form 990 -	-EZ (2017)	

Form 990-EZ (2017) Volunteer Organizati	on for Is	sland	66-08	61594		Page 2
Part II. Balance Sheets (see the instructions for I	•					
Check if the organization used Schedule O	to respond to ar	ny question				<u> </u>
				unning of year	.	(B) End of year
22 Cash, savings, and investments				0	-	
23 Land and buildings				0		
24 Other assets (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •	—	0		0
25 Total assets 26 Total llabilities (describe in Schedule O)				0		Ŏ
27 Net assets or fund balances (line 27 of column (B) must ag	ree with line 21)			Ö		0
Part Statement of Program Service Accor				or Part III)		
Check if the organization used Schedule O	to respond to ar	ny question	in this Par	<u>t III 📜 🔀</u>		Expenses
What is the organization's primary exempt purpose?						equired for section
See Schedule O	and of the Abres	<u> </u>				I(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, descri				5,	_	anizations; optional for ers.)
persons benefited, and other relevant information for each progra	•	Oridea, into i	idilibei Oi		001	e15.)
28 N/A					ĹΤ	
(Grants\$) If this amount includes	foreign grants, ch	eck here		<u> </u>	28a	
29]	
					{	
(Grants\$) If this amount includes					29a	
`					200	
30					l l	
(Grants\$) If this amount includes	foreign grants, ch	eck here .	· · · · · · · · · · · · · · · · · · ·	▶ □	30a	
(Grants\$) If this amount includes		eck here		<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31 Partity List of Officers, Directors, Trustees, and Key	a)	esch one eve	n if not con	nonsated — se	32	etructions for Part IVA
Partiv List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res		ion in this Pa	art IV	inpendated of		
(a) Name and title	(b) Average hours per week	compe	ortable nsation	contributions to	nems, employe	(e) Estimated amount of other compensation
	devoted to position	(if not paid	l, enter -0-)	deferred comp	ensation	other compensation
Greg Ferguson			_			
President/Treasurer	5.00		0	· -		<u> </u>
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DAA						Form 990-EZ (2017)

_	90-EZ (2017) Volunteer Organization for Island 66-0861594		Р	age
.Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.	<u>,</u>		
_			Yes	No
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	,,		X
	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		X
	change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		4
м	· · · · · · · · · · · · · · · · · · ·	35a		3
	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
		380		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		2
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	356	-	
•	during the year? If "Yes," complete applicable parts of Schedule N	36		2
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions		100	Ź
	Did the organization file Form 1120-POL for this year?	37b	*250	يمر 2
	Did the organization line Form 1120-FOE for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		المالية الأراث	Y.E.
Ja	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	- 17	Ì
		300	1	7.5
_				
9	Section 501(c)(7) organizations Enter:		1	33
8	Initiation fees and capital contributions included on line 9	### ##		- 5
b	Gross receipts, included on line 9, for public use of club facilities			
)a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
_				2
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	THE TREE	ربيد	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40h		2
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	2500	322
C	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,	1	£ 200	-25
	4955, and 4958	2	برزيره	á.
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			1
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-	1.35.28	\(\frac{1}{2}\)
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed VI	40e	<u> </u>	_
1		_		_
2a	The organization's books are in care of ▶ Greg Ferguson PO Box 8058 Telephone no. ▶		•••	
	Located at ▶ St. Thomas VI ZIP+4 ▶ OOE	301		
h	At any time during the calendar year, did the organization have an interest in Qr a signature or other authority over		Yes	Г
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	H
	If "Yes," enter the name of the foreign country:	300	1855	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		35	
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Ŀ
	If "Yes," enter the name of the foreign country:			
3.	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			Þ
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
			Yes	L
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		490	
	completed instead of Form 990-EZ	446	L	
C	Did the organization receive any payments for indoor tanning services during the year?	44c	1	T
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an		755	
-	explanation in Schedule O	440	4	L
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	l
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		123	F
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ø
	Form 990-EZ (see instructions)	45b	7	
AA	FA	m 9 9	0-E7	_
•	rg	43	-	٠(

orm 990-EZ (2017) Volunteer	Organizati	on for Is	sland 66-08	361594	Page 4
	organization engage, directly of didates for public office? If "Yes	complete Schedule				Yes No
Rantivis	Section 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization 50 and 51.	anizations must ans	·		·	_
year? I 8 Is the c	e organization engage in lobbyin if "Yes," complete Schedule C, i organization a school as descrit e organization make any transfe	ng activities or have a Part II ped in section 170(b)(section 501(h) ele	ection in effect during the	he tax	Yes No 47 48
b if Yes,0 Complete	," was the related organization a ete this table for the organization yees) who each received more	a section 527 organiz in's five highest comp	etion? ensated employee	es (other than officers,	directors, trustees	49b
empoy	(a) Name and title of each emp		(b) Average	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health ber	mployee (e) Estimated amount of other compensation
	••••••		,	•	<u> </u>	·

1 Compl \$100,0	lete this table for the organization of compensation from the organization from the organization from the organization of compensation from the organization of compensation from the organization of the orga	rganization. If there is	none, enter "Non	e.*	ach received more	(c) Compensation
			,,,	, .,-		
		/ ##A!-# ; -				·
		, ,				
,	1 7 1 1111111 11 111111					<u>'</u>
52 Did th	number of other independent co e organization complete Sched leted Schedule A				<u> </u>	Yes ∏ No
under penalb rue, correct,	nes of perjury, I declare that I nave and complete. Declaration of prepa	examined this return, in ever (other than officer)	cluding accompanyi is based on all infor	ng schedules and statem mation of which preparer	ents, and to the bes has any knowledge	t of my knowledge and belief, it is
Sign Here	Signature of officer Sreg Fergus	on		Presid	07/08/2/ Date ent/Treas	surer
-	Print/Type preparer's name	Pi	eparer's signature		Date	PTIN
Paid Preparer	John Engerman Firms name > STRATE	GY GROUP V	ohn Engerman		06/11/	
Use Only	Firm's eddress > 9160 E	Estate Thom				mis EIN
May the IR	S discuss this return with the p	reparer shown above	? See instructions			X Yes N Form 990-EZ (201

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.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Name of the organization Volunteer Organization for Island Civic Engagement Inc.

Employer identification number 66-0861594

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Form 990-EZ, Part III - Primary Exempt Purpose
Organizations mission is to promote the common good and general welfare of
the USVI community through education on the social and economic benefits,
pending legislation, political processes and the importance of voter
registration and civic participation.
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