| Department of the Tressury |
|----------------------------|
| Internal Revenue Service   |

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/Form990 for instructions and the latest information.

| ÀI                                  | For the                  | 2017 calendar year, or tax year beginning OCT 1, 2017 and endia  | ing ŠE  | <b>3P 30, 2018</b>        | <u> </u>                      |
|-------------------------------------|--------------------------|--|---|---------------------------|-------------------------------|
|                                     | Check if<br>applicable   |  |   | D Employer identific      | cation number                 |
| •                                   |                          |  | - 1   |                           |                               |
|                                     | Addre                    | VIRGIN ISLANDS PERINATAL INC   |   |                           |                               |
|                                     | Name<br>chang            | Doing business as VI PARTNERS FOR HEALTHY COMMU  | INIT  | 6.6 - 0.                  | 609857                        |
| 一                                   | Initial<br>  return      |  |   | E Telephone numbe         |                               |
| 一                                   | "Free!                   | D 0 DOW 600  |   |                           | ) 7:13-8:083                  |
| _                                   | termin<br>termin         | City or town, state or province, country, and ZIP or foreign postal code   | <del></del>                                       | G Gross receipts \$       | 530960.                       |
| Γ-                                  | Ameno                    | and an entire of breathers, again, and an an entire of the same and  | P   |                           |                               |
| F                                   |                          |  |   | H(a) is this a group re   |                               |
| <u> </u>                            | Applic<br>tion<br>pendir |  | اممم  | for subordinates          |                               |
| _                                   |                          |  |   |                           | icluded? Yes No:              |
|                                     |                          | mpt status:   501(c)(3) 501(c) ( )   (insert no.) 4947(a)(1) or □  |   |                           | list. (see instructions)      |
|                                     |                          | ▼ VIPISTX.ORG  |   | H(c) Group exemption      |                               |
|                                     |                          |  | L Year of   | formation: 2002 N         | I State of legal domicile: VI |
| ;P;                                 |                          | Summary  | <u> </u>  |                           |                               |
| *                                   | 1                        | Briefly describe the organization's mission or most significant activities: ${f FACTLIT}$  | <u> </u>  | ACCESS TO                 | HEALTH CARE                   |
| Ĕ                                   |                          | SERVICES   |   | ····                      |                               |
| Ē                                   | 2                        | Check this box 🕨 🔲 If the organization discontinued its operations or disposed or  | of more t   | han 25% of its net as     | sets.                         |
| Ş                                   | 3                        | Number of voting members of the governing body (Part VI, line 1a)  |   | 3                         | 9                             |
| 55                                  | 4                        | Number of independent voting members of the governing body (Part VI, line 1b)  |   | 4                         | <u>. 9</u>                    |
| 1 / 2019<br>Activities & Governance |                          | Total number of individuals employed in calendar year 2017 (Part V, line 2a)   |   |                           | . 10                          |
| Ţ.                                  |                          | Total number of volunteers (estimate if necessary)   |   | -                         | 0                             |
| ⊣ŧ                                  |                          | otal unrelated business revenue from Part VIII, column.(C), line 12  |   |                           | 0                             |
| ~_⋖                                 | h                        | Net unrelated business taxable income from Form 990-T. R. C. C. L. V. C. C. L. V. C. C. L. V. C.   |   | 7b                        | Ö.                            |
| 7.<br>7.                            |                          | TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE | <del></del>                                       | Prior Year                | Current-Year                  |
|                                     | 8                        | Contributions and grants (Part VIII line 1h)   | -   | 473884.                   | 530192.                       |
|                                     |                          | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) AUG 0 9 2019  | 0.  |                           |                               |
| <b>#</b>                            | ſ                        | nvestment income (Part VIII, column (A), lines 3, 4 and 7g)  | " <del>                                    </del> | <u>0.</u><br>2983.        | 768.                          |
|                                     |                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10 60 61  | " <b> </b>  | 0.                        | 0.                            |
| <u> </u>                            |                          | Total revenue - add lines 8,through 11 (must equal Part VIII; column (A), tine 12)   | " <del> </del>                                    | 476867.                   | 530960.                       |
| <b>)</b> —                          |                          | <del></del>  | <del>"                                    </del>  | 0                         | <u> </u>                      |
| ,                                   |                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | _   | 0.                        | 0.                            |
|                                     |                          | Senefits paid to or for members (Part IX, column (A), line 4)  |   | 487631.                   | 495159.                       |
| 8                                   |                          | Salaries, other compensation; employee benefits (Part IX, column (A), lines 5:10)  |   | 40/631.                   |                               |
| Expenses                            |                          | Professional fundraising fees (Part IX, column (A), line-11e)  |   |                           | 0.                            |
| *                                   |                          | Total fundraising expenses (Part IX, column (D), line 25)  |   |                           | 120992                        |
|                                     |                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |   | 172495.<br>660126.        | 616151.                       |
|                                     |                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | v.  |                           |                               |
| _ 6                                 | 19                       | Revenue less expenses. Subtract line 18 from line 12   |   | -183259.                  | -85191.                       |
| Net Assets or Fund Balances         | J                        |  | Begi  | nning of Current Year     | End of Year                   |
| 200                                 | 20 '                     | Total assets (Part X, line 16)   |   | 662558.                   | 602382.                       |
| ₹5                                  | 21                       | Total liabilities (Part X, line 26)  | :-  | 38092.                    | 63107.                        |
| 컕                                   | 22                       | Net assets or fund balances. Subtract line 21 from line 20   |   | 624466.                   | <u>539275.</u>                |
|                                     |                          | Signature Block  | ·   |                           | <del></del>                   |
| Und                                 | er pena                  | ties of perjury, I declare that I have examined this return, including accompanying schedules and  | statemen  | nts, and to the best of m | y knowledge and belief, it is |
| true                                | COTTEC                   | , and complete. Declaration of preparer (other than officer) is based on all information of which pr   | reparer h   | as any knowledge.         |                               |
|                                     | ·                        | SHUUN  |   |                           |                               |
| Sign                                | n                        | Signature of officer   |   | Date Date                 |                               |
| Her                                 | •                        | JUDY M. PHILIMP, SECRETARY   |   | 40                        | 19                            |
|                                     |                          | Type or print name and title   |   |                           |                               |
|                                     |                          | Print/Type preparer's name Preparer's signature  | :Da   | te Chiect                 | PTIN                          |
| Paid                                | . ]                      |  | PA 07   | 7/31/19 self-employe      | P00292386                     |
| Pres                                | arer                     | Firm's name VINCENT R. ANDERSON, CPA   |   | . Firm's EIN              | 66-0625498                    |
| _                                   | Only                     | Firm's address 1952 CAPTIVA DR   |   |                           |                               |
|                                     |                          | MIDDLEBURG, FL 32068   |   | Phone no. 90              | 4-382-2051                    |
| <u></u>                             | ا مان                    | S discuss this return with the preparer shown above? (see instructions)  |   | . 13                      | Yes No                        |
| isi\$7                              | יוי פוט                  | A risones and tarnet with the brabers shown enous / (see hencorous)  |   |                           | - 000                         |

| <u>Form</u> | n.990 2017) VIRGIN ISLANDS PERINATAL INC 66-06098  | 5 / Page Z   |
|-------------|--|--------------|
| Pài         | Statement of Program Service Accomplishments   |              |
|             | Check if Schedule O contains a response or note to any line in this Part III   | <b>X</b>     |
| 1           | Briefly describe the organization's mission:   |              |
| •           | TO IMPROVE ACCESS TO PRIMARY HEALTH CARE SERVICES TO THE UNDERSE   | RVRD         |
|             | TO IMPROVE ACCESS TO FRIBARI MENDIN CHRES SERVICES TO THE UNDERGO  |              |
|             | POPULATION, INCLUDING MEN, WOMEN, CHILDREN AND FAMILIES; THROUGH   | <del></del>  |
|             | OUTREACH, EDUCATION, SYSTEM INTEGRATION, CASE MANAGEMENT, AND  |              |
|             | COMMUNITY AWARENESS.   |              |
| .2          | Did the organization undertake any significant program services during the year which were not listed on the   |              |
| .–          | prior Form 990 or 990-EZ?  | Yes X No     |
|             |  | وبالصف موااد |
|             | If "Yes," describe these new services on Schedule O.   | Yes X No     |
| 3           | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   | JYes L& JNo  |
|             | If "Yes," describe these changes on Schädule O.,   |              |
| 4           | Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp   | eńses.       |
|             | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions  |              |
|             | revenue, if any, for each program service reported.  | <b>,</b>     |
| <del></del> |  | <del></del>  |
| 48          | (Code:) (Expenses \$   | <u> </u>     |
|             | PROVIDED SERVICES TO THE UNDERSERVED AND UNINSURED MEN, WOMEN AN   |              |
|             | FAMILIES OF VIRGIN ISLANDS COMMUNITIES WHO WERE IMPACTED BY THE  |              |
|             | DISEASES OF DIABETES, HYPERTENSION OR HIGH RISK PREGNANCY. SERVI   | CES          |
|             | INCLUDED CASE MANAGEMENT, HEALTH AWARENESS EDUCATION, TRANSPORTA   |              |
|             | MEDICAL APPOINTMENTS, SPANISH AND PATOIS TRANSLATION, HOME VISIT   |              |
|             |  | U, AND       |
|             | ENROLLMENT INTO THE PHARMACEUTICAL ASSISTANCE PROGRAM.   |              |
|             |  |              |
|             | VARIOUS WORKSHOPS AND SUPPORT GROUPS WERE FACILITATED TO PROVIDE   | <del></del>  |
|             | OUTREACH EDUCATION AND AWARENESS ON DIABETES, HYPERTENSION, STRO   | KES AND      |
|             | PRENATAL CARE.   |              |
|             | FADRATAD CARD.   | <del></del>  |
|             | THE PARTY OF THE P | MITO OTTOTT  |
|             | PROVIDED POST HURRICANE DISASTER ASSISTANCE TO ENROLLED CLIENTS  | THRUUGH      |
| 4b          | (Code:) (Expensis \$) (Revenue \$)   |              |
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| <b>4</b> c  | (Coder) (Expenses \$inquiding grants of \$) (Revenue \$  |              |
| 46          |  |              |
| 4c          | Other program services (Describe in Schedule O.)   |              |
| 4c          |  |              |

Page 3

Part IV: Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A\_\_\_\_\_\_\_ X Is the organization required to complete Schedule B, Schedule of Contributors 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X. 3. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5); or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure:98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds of accounts? If "Yes;" complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part.II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D', Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV: 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part.VII 11b c Did the organization report an amount for investments - program related in Part X line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 7.40)? If "Yes," complete Schedule D, Part X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Perts XI and XII **12a** b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b or more? If "Yes," complete Schedule F. Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form: 990 (2017)

complete Schedule G, Part III

(1) 對於學院的問題等等等人以外的人工工作。

|             |   |          | Yes   | No.          |
|-------------|---|----------|-------|--------------|
| 20a         | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a      |       | X.           |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b      |       |              |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |          |       |              |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                               | 21       |       | X_           |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |          | •     |              |
|             | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III   | 22       |       | <b>X</b> .   |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |          |       |              |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete                 |          |       |              |
|             | Schedule J  | 23       |       | X            |
| 24a         |   |          |       |              |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |          |       |              |
|             | Schedule K. If "No", go to line 25a   | 24a      |       | x            |
| h           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b      |       |              |
|             | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |          |       |              |
| •           |   | 24c      |       |              |
|             | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d      |       | <u> </u>     |
|             |   | 240      |       | <del> </del> |
| 208         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    | a= .     |       | X            |
| _           | transaction with a disqualified person during the year? If "Yes," complete Schedule:L, Part I                                   | 25a      |       | <u> </u>     |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |          |       |              |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete           |          |       | -            |
|             | Schedule L, Part I  | 25b      |       | _ <b>X</b> _ |
| 26          | Did the organization report any amount on Part X; line 5, 6, or 22 for receivables from or payables to any current or           |          |       |              |
|             | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          | 1 1      |       |              |
|             | complete Schedule L, Part II  | 26       |       | _ <u>X</u> _ |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |          |       |              |
|             | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |          |       |              |
|             | of any of these persons? If "Yes," complete Schedule L, Part III  | 27       |       | X            |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |          |       | 南南           |
|             | instructions for applicable filing thresholds, conditions, and exceptions):   |          | 經季    | 数数           |
| a           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a      |       | X            |
| b           | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b      |       | X            |
| C           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |          |       | -            |
|             | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c      |       | X            |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If, "Yes," complete Schedule M                       | 29       |       | X            |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |          |       |              |
|             | contributions? If "Yes," complete Schedule M  | 30       |       | X            |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?  |          |       | •            |
| •           | If "Yes," complete Schedule N, Part I   | 31       |       | X            |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete               |          |       |              |
| ŲĽ.         | Schedule N, Part II   | 32       |       | X            |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      | <u> </u> |       |              |
| 33          | sections 301.7701-2 and 301.7701-3? If "Yes; " complete Schedule R; Part I  | 33       | 1     | X            |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part-II, III, or-IV, and       |          |       |              |
| J7          |   | 34       |       | · <b>X</b> · |
| <b>0</b>    | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?                         | 35e      |       | X            |
| 35a         |   | 308      |       | <u>.</u>     |
| D           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |          |       |              |
|             | within the meaning of section 512(b)(13)? If. "Yes," complete Schedule R; Part V, line 2  | 35b      | -     |              |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      | امتما    | . [   | ÷            |
|             | If "Yes," complete Schedule R, Part V, line 2   | 36       |       | <u>X</u>     |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |          |       | -            |
|             | and that is treated as a partnership for federal income tax purposes? If: "Yes," complete Schedule R; Part VI                   | 37       |       | X            |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  | 1        |       |              |
| <del></del> | Note. All Form 990 filers are required to complete Schedule O   | 38.      | X.    |              |
|             |   | ⊦om      | AAA ( | 2017).       |

Statements Regarding: Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

| te Enter the number reported in Box 3 of Form 1096. Enter C- if not applicable  Deliver the number of Form W/20 forcition in the 1s. Enter C- if not applicable  Deliver the number of profess with the project withholding make for reportable permans to vendors and reportable garning (garnibrig) winning or ports withmen?  Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements.  Enter for the calendar year ending with or within the year covered by this return  B of all least one is reported on the 20 did the congristed in 6a all required induced employment tax returns?  B of all least one is reported on the 20 did the congristed in 6a all required induced employment tax returns?  B of all least one is reported on the 20 did the congristed in 6a all required induced employment tax returns?  B of the two reputation have unrelated business gross income of \$1,000 or friend suring the year?  B of the two reputation have unrelated business gross income of \$1,000 or friend suring the year?  B of the two reputation have unrelated business gross income of \$1,000 or friend suring the year?  B of the two reputation have unrelated business gross income of \$1,000 or friend suring the year?  B of the two reputation have unrelated to the sure of the two relations of the treatment in or adjustment or other standard young the two related to the present of the treatment of the foreign country.  B of the two reputations of the foreign country less thank account, a social field and the surface of the treatment for FinCPC From 114, Report of Foreign Bank and Financial Accounts (FBAR).  B of any two financial accountry is the origination for Financial accountry in the surface of the presentation for financial accountry in the complex thanks of the presentation for the surface of the presentation foreign and the surface of the pr       |             |  |                 | *************************************** | *******   | Tv   | _ <u></u> _      |
|--|-------------|--|-----------------|---|-----------|--|------------------|
| b Effert the number of Forms W-26 included in fine 1s. Ented -J.Ir incit applicable  Did the organization comply with backing with backing within pulse for peopletable payments to vendors and responsible garming (gambling) winnings to prize winners?  Set First the number of smotylover apported on Form W-3, Transmitted of Wage and Tax Statestines.  Bell for the calendar year ending with or within the year covered by this return  Bell for the calendar year ending with or within the year covered by this return  Bell the organization have unrelated business gross income of \$1,000 of from during the year?  Set If Wres, I have the a form of 500 for this year? If Why, I for the 3th year organization there unrelated business gross income of \$1,000 of from during the year?  Set If Wres, I have the during the catendar year, did this organization have an interestin, or a signature or other during the catendar year, did this organization have an interestin, or a signature or other during the catendar year, did this organization have an interestin, or a signature or other during the catendar year, did this organization have an interestin, or a signature or other during the catendar year, did this organization have an interestin, or a signature or other during the catendar year, did this organization have an interestin or a signature of the surface or outlines account, or other finerable accounts?  We have the organization a party to a prohibited tax shrifter transaction at any time during the first year?  By Did any tustion benty more than the organization first was by a party or a prohibition of the organization have an interestin organization and the organization have an interestination organization and the organization have an interestination organization and the organization have an interestination organization and the organization state with organization for the signature organization and the organization state organization include with every selectations and expension organization state organization include with every         | 1a          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 18              | 1 1                                     | 5 概念      | Yes  | No               |
| b If the organization comply-with backs by withholding rules for reportable payments to vendors and reportable garning (garnhiling) withness to yet with early withness of the withness of the payment of the tribum control of the payment of the pay           | b           | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |                 |   |           |  |                  |
| Service for number of employment process on Form W-3, Transmittal of Wage and Tax Staterimints.  Red for the calendar year ending with or within the year covered by this return  Red for the calendar year ending with or within the year covered by this return  Red for the calendar year ending with or within the year covered by this return  Red for the calendar year ending with or within the year covered by this return  Red for the calendar year ending with or within the year covered by this return  Red and the sum of lines is and 2 as greater than 250, you range the enquired to ending the year?  By If "Yes," and sit field a form 950-17 for this year" If "Air," for the 39, your year perceipted no enginetize or other authority oyer, a femandal account in a foreign country (such as a bank account, country or other financial account; a femandal account in a foreign country (such as a bank account, country, or other financial account; a femandal account in a fe           | .c          |  |                 | able gaming                             |           |  |                  |
| 28 Effett the number of employees reported on Form WS, Transmittal of Wage and Tax Staterimsh. Bed for the calendar year acting with or within the year covered by this return  b if at least one is reported on line 2a, did the originization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2a isogrepted than 250, you may be required to e-title (see Instructions)  39 Did the organization have unrelated business gross income of \$1,000 or friver during the sealered within the sealer of          |             |  |                 |   | 1C/       | X  | Market R         |
| Fig. 1 for the calendary year ording with or within the year covered by this return.   | 2a          |  | ]               |   | <b>17</b> |  |                  |
| b if at least one is reported on line 2a, did the organization file all-required idearie employment tex returns?  Note: If the sum of lines at sur of 2 is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unveilated business gross income of \$1,000 or finor during the year?  5a If Y'ea, 'has it field a Form 990-T for this year?' if Y'io', it law 90, professor an explanation it is Scriptule 0  5a If Y'ea, 'has it field a Form 990-T for this year?' if Y'io', it law 90, professor are explanation of the authority oyer, a first of the organization are an interestin, or explanation of the returns or the financial account?  5a If Y'ea, 'has it field a Form 990-T for this year?' if Y'io', 'io live the name of the foreign country (such as a bank account, excursive account, or other financial account?)  5b If Y'ea, 'io live the name of the foreign country (such as a bank account, excursive account, or other financial account?)  5b If Y'ea, 'io live for or 55, did the organization that it was br in a party to a prohibited that whether (financial accounts) (FibAIT).  5c If Y'ea, 'io live for or 55, did the organization that it was br in a party to a prohibited that whether (financial accounts) (FibAIT).  5c If Y'ea, 'io live foreign country (such as a children or organization and include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Y'ea, 'idel the organization include with every solicitations under section 170(6):  5c If If Y'ea, 'idel the organization include with every solicitation an express statement that such contribution or gifts were not tax deductible?  5c If If Y'ea, 'idel the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  5c If If Y'ea, 'idel the organization include with every solicitation and party for gifted and services provided to the paper of the solicitation and party for gifted and services provided to the paper of the          |             |  | 2a              | 1                                       |           |  |                  |
| See Target See and 2n is greater than 250, you may be required to e-fife (see Instructiona)  Bit I' Yea, 'has it filed a Form 990-T for this year?' if 'h'o, 'to lare 36, projetier are explanation it is Carly time during the calendar year, did the organization have an interest in, or a eignature or other authority oyer, is financial accountly is from country (such as a bank account, no country is financial accountly oyer, is financial accountly oyer, is financial account in is financial accountly oyer, is financial account in is financial accountly oyer, is financial account in it is financial accountly oyer, is financial accountly oyer, is financial account in a financial account            | ь           |  |                 | <del></del>                             | 2h        |  | - AND CAS        |
| 3a Did the organization have, unrelated business gross income of \$1,000 of more during the year?  4b If 1'Yes, 1'As it filed a Form 950-1' for this year? 1' 1'/6, 1' 7' 16 as 7, protified an explanation of schedule O  4c At any time during the calendar year, did the organization have an interest-in, or a signature or other authority oyer, a financial account in its foreign country (such as a bank account, securities account, or other financial accountry).  5c If 1'Yes, 1' after the name of the freeign country.  5c Was the organization and the foreign country (such as a bank account, securities account, or other financial account of FEAR).  5c Was the organization filter organization filter foreign Bank and Einancial Accounte (FEAR).  5c Was the organization filter organization filter form 6886-17?  5d If 1'Yes, 1' of its 5a or 5b, did the organization filter form 6886-17?  6d Oose the organization have enhual gross receipts first are normally greater than \$100,000, and did the organization solicit any contributions?  6d If 1'Yes, 1' of the organization include with every solicitation an express statement than \$100,000, and did the organization include with every solicitation and such such such as contributions or gifts were not tax deductible?  6d If 1'Yes, 1' of the organization include with every solicitation and such such such as a contribution or gifts were not tax deductible?  7d Organization state and suprement in sucess of \$75 made party as a contribution and partly for gloods and services provided to the payor?  7e Did the organization in scale a suprement in sucess of \$75 made party as a contribution and partly for gloods and services provided to the payor?  7e Did the organization moceives any fundia, directly or indirectly, to pay premium or approach benefit contract?  7 If If Yes, 1' of the organization moceives any fundia, directly or indirectly, to pay premium organization file in the payor organization moceives any fundia, directly or indirectly, to pay premium organization that the organization       |             |  |                 |   |           |  |                  |
| b If "Yes," has it filed a Form 990-T for the year?" **No." to live 35, protyler an explanation in Schriedule O  At any time during the calendar year, did this organization have an interest-in, or a signature or other authority cyer, a financial account in a foreign country (such as a bank account, securities account? or other financial account? **  b If "Yes," stretche name of the foreign country; levil as a bank account, securities account? **  See instructions for filing requirements for FICCIF Form 114, Report of Fóreign Bank and Financial Accounts (FBAR).  See Was the organization a purty to a prohibited tax; shelter transaction at any) time during this tax year?  50 Did any staxable party notify the organization that it was to it as party to a prohibited tax shelter transaction?  60 Does the organization have annual gross neceipta that are normally greater than \$100,000, and did the organization solicit any) cyntifistions that were not tax deductible as charitable contributions?  60 Tyes," did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c):  a bid the organization include with every solicitation an expresse statement that such contributions or gilts were not tax deductible?  71 If "Yes," did the organization include with every solicitation an expresse statement that such contributions or gilts were not tax deductible?  72 Organization that may receive deductible contributions for the section 170(c):  a bid the organization include as a state party as a contribution of party of giods and services provided to the party of the temperature of the selection of the value of the good's researches provided?  73 If "Yes," includes the insure of Forms 8282 filed during the year?  74 If Yes, "includes the insure of Forms 8282 filed during the year?  75 If the organization include accounts of the party of the good's researches provides, and the organization           | 3a          | Did the association bear constituted book and the state of the state o |                 |   | 7.0-2.0   | REPURE .   |                  |
| 4 A any time during the calendary year, did this organization have an interest in, or a eigenture or other authority cyer, a financial account in is foreign country (such as a bank account, securities account, or attent financial account)?  5 Was the organization aparty to a prohibited tax shelest trained for a fireign Bank and Financial Accounts (FBAR).  6 Was the organization of the tone organization that it was or is a party to a prohibited tax shelest trained as a party to a prohibited tax shelest trained on the prohibited tax shelest trained to prohibited tax shelest trained to prohibited tax shelest trained to prohibited tax shelest trained tax shelest trained to prohibited tax shelest trained to prohibited tax shelest trained tax shelest trained to prohibited tax shelest trained tax shelest trained to prohibited tax shelest trained to prohibited tax shelest trained trained tax shelest trained to prohibited tax shelest trained to prohibited tax shelest trained tra           |             | · · · · · · · · · · · · · · · · · · ·  |                 |   |           | <del>                                     </del> | ·                |
| financial account in a foreign country (auch as a bank account, ecurities account, or other financial accountry?  As if Yee, * rater the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Fóreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelete trainacion at any time during the tax year?  5b Did any stable party notify the organization that it was to is a party to a prohibited tax shelete trainacion?  5c I Yee, * to lime 5a or 5b, did the organization file Form 8896-7?  5c Oces the organization have enhant are normally greater than \$100,000, and did the organization solicit any operifications that were hot tax deductible?  5c I Yee, * did the organization include with every solicitation an express stellament that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section (70(6)):  a Did the organization receive any exprent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7e I'Yee,* did the organization include with every solicitation are of the goods' or services provided?  7e Did the organization receive, any funds, directly or indirectly, to pay premiums on a personal benieft contract?  7e I'Yee,* indicate the humber of Forms'8282 Regrigating the year?  10 Did the organization covering the year, pay premiums, directly or indirectly, to na perisonal benieft contract?  7 I'Yee,* indicate the humber of Forms'8282 Regrigation the feet of the Form of the Contract of the organization and party for indirectly or indirectly, on a perisonal benieft contract?  7 I'Yee,* indicate the number of Forms'8282 Regrigation the feet of the Form of the Velocities and the post organization received a contribution of qualified intellectual property, did the organization flower forms of the feet of cars, boats, alphanes, or other velocities, did the organization flower forms of the feet of cars, boats, alphanes,          |             |  | -               |   | -         | ┢  |                  |
| b If "Yea," enter the name of the foreign country; b See instructions for filling requirements for FinCEN Form 114, Report of Fóreign Bank and Einancial Accounts (FBAF).  See instructions for filling requirements for FinCEN Form 114, Report of Fóreign Bank and Einancial Accounts (FBAF).  See instructions of party to a prohibited tax shelter transaction of tax year?  50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  51 If "Yea," oil in See of 50, did the organization file Form 888917?  52 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very solicitation an express stepament that such contributions or gifts were not tax deductible?  53 If "Yea," did the organization include with every solicitation an express stepament that such contributions or gifts were not tax deductible?  54 If "Yea," did the organization include with every solicitation and party tor gloods and services provided to the payor?  55 Did the organization receive a payment in success of \$75 made party as a contribution and party for gloods and services provided to the payor?  56 Did the organization receive a payment in success of \$75 made party as a contribution and party for gloods and services provided to the Form 8282?  56 Did the organization received a payment in success of \$75 made party as a contribution and party for which it was required to file Form 8282?  57 If "Yea," did the organization received a payment in success of \$75 made party as a contribution and party for which it was required to file Form 8282?  57 If "Yea," did the organization received a payment in success of \$75 made party as a contribution of payment in success of \$75 made party as a contribution of payment in success of \$75 made party as a contribution of cardial payment in success of \$75 made party as a contribution of cardial payment in success of \$75 made party as a contribution of cardial payment i |             | ·  |                 |   | 4.5       |  | ×                |
| See Instructions for filling requirements for FinCEN Form 114, Report of Föreign Bank and Einancial Accounts (FBAF).  Was the organization a party to a prohibited tax sheletir transaction at any time during the tax year?  Did any taxable party notify the organization that it was or a party to a prohibited tax sheletir transaction?  Sh X X  Ones the organization have annual gross receipts. that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible?  Organization receive a payment in excess of \$7 made party as a contribution and party for gloods and services provided to the propriation notify the disonor of the value of the goods' or services provided?  Organization receive a payment in excess of \$7 made party as a contribution and party for gloods and services provided to the propriation notify the disonor of the value of the goods' or services provided?  To If Yes, "Indicate the number of Forms 8282? Reg* (turing the year)  If Yes, "Indicate the number of Forms 8282? Reg* (turing the year)  If the organization received a contribution of qualified intellectual property, did the organization intellectual property and the organization received a contribution of qualified intellectual property, did the organization intellectual property and the organization intellectual property in the organization intellectual property in the organization intellectual property in the property in the property organization intellectual property in the propert        | ь           | •  |                 |   |           | 72.5   | 1160             |
| 56 Was the organization a party to a prohibited tax prints transaction at any time-during the tax year?  56 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  56 If Yes,* to line 5e or 55, did the organization file Form 8869-1?  58 Does the organization have annual gross receipts that are normally greater than \$100,000, and:did the organization solicit any operation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  59 Organizations that may receive deductible contributions under section 170(c):  a bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Ordinate organization receive a psyment in excess of \$75 made party as a contribution and party for gloods and services provided to the payor?  60 If Yes,* did the organization include with every solicitation and party for gloods and services provided to the payor?  70 Organization sell, excitaings, or otherwise dispose of tanglible personal property for which it was required to file Form 8282?  61 If Yes,* indicate the frumber of Forms 8282 filed during the year?  62 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  71 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  72 If the organization received a contribution of cars, boats, alignens, or other vehicles, did the organization file is promited a contribution of cars, boats, alignens, or other vehicles, did the organization file is promited and promited or form solicition is a donor, donor advised fund mainfalned by the sponisoring organization in large stry tiscable distributions under section 4966?  8 Sponisoring organization have gioses buildines by bit advised funds. Did a donor advised fund mainfalned by the sponisoring digenization in a donor in the organization file in the section s         | _           | , · · · · · · · · · · · · · · · · · · ·  | ccon            | nta (FBAR).                             |           |  |                  |
| b Did any taxable party notify the organization that it was tor is a party to a prohibited tax shelter (fanasction?  6 If "Yee," to live 5e or 5b, did the organization file Form 8866-T?  6 Does the organization have enhald gross receipts that are normally greater than \$100,000, and did the organization solicit ariy contributions that were not tax deductible?  7 Organizations that were not tax deductible on tributions on express statement that such contributions or gifts were not tax deductible?  8 If "Yee," did the organization receive a deductible contributions under section 170(c):  8 If "Yee," did the organization notify the donor of the value of the goods or services provided?  9 If "Yee," did the organization notify the donor of the value of the goods or services provided?  9 If "Yee," indicate this number of Forms 9222 filed fluing the yeer.  10 Did the organization set, excitaings, or otherwise dispose of tangible personal property for which it was required to file Form 822?  10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal behalf contract?  10 Did the organization received a contribution of qualified Intellectual property, did the organization file, a Form 1086-07 h the originization received a contribution of cars, boast, aiphanes, or other verificias, did the organization file, a Form 1086-07 h Sportispring organizations make a distribution and tribution of cars, boast, aiphanes, or other verificias, did the organization file, a Form 1086-07 h Sportispring organizations make a distribution to divised funds.  10 Did the sponsoring organization make a distribution to divise during the year?  11 Sportispring organization is spinitatining denor advised funds.  12 Did the sponsoring organization make a distribution to divise during the year?  13 Sportispring organizations make a distribution to divise during the year?  14 Did the ponasoring distributions included on Part VIII, line 12 (Total Total Total Total Total Total Total Total Did Did Did Did Did Did Did D          | 5a          |  |                 | •                                       |           | 1200 Part 1                                      |                  |
| c if "Yes," to line 6a or 5b, did the organization file Form 8886-17  6a Oose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c):  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gloods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  b if "Yes," indicate the number of Forms'8282 filed (during the year)  c if if "Yes," indicate the number of Forms'8282 filed (during the year)  b if the organization neceive, any funds, directly or indirectly, to pay premiums on a personal behefit contract?  7 if the organization received a contribution of qualified intellectual property, did the organization file from 8898 si-required?  b) if the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-0?  8 Sponispring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponisoring organizations in maintaining donor advised funds. Did a donor advised fund maintained by the sponisoring organization in make siny tiskable distributions under section \$880?  9 Opponisoring organization is insimilation to a distribution to a diping, donor/advisor, or related person?  10 Section 801(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part Vill, line 12  f) Gross receipts, included on Form 900, Part VIII, line 12  f) Gross receipts, included on Form 900, Part VIII, line 12  f) Gross receipts, included on Form 900, Part VIII, line 12  f) If Yes, "reter the amount of tex-exempt interest*received or accused during the        |             |  |                 |   |           |  |                  |
| 6a Does the organization have enhust gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on a cylindrical property of the organization include with every solicitation an eigenses statement that such contributions or gitts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c):  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for gloods and services provided to the payor?  8 If "Yes," did the organization richity the disnor of the value of the goods or services provided?  9 Did the organization set, exchainge, or otherwise dispose of tangible personal property for which it was required to file Form 822?  1 If "Yes," indicate the number of Forms' 8282 filed (during the yeer)  1 Did the organization, during the year, pay premiums, directly or indirectly, or a personal beniefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization free Property and property, did the organization free Property as a contribution of qualified intellectual property, did the organization free Property as a contribution of card, boats, alphanes, or other vehicles, did the organization free Property and the property or directly organization free Property organization f         |             |  | •               |   |           |  |                  |
| b if "Yes," did the organization include with every solicitation an eigness statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c):  a 0d the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b if "Yes," did the organization incitiv the donor of the value of the goods or services provided?  c-Did the organization sell, excitainge, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate this fumber of Forms 8282 fleet during the year  b Did the organization receive, any funds, directly or indirectly, to pay premiums on a personal behefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization, during the year, pay premiums, directly or indirectly, on a personal behefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsigning organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsigning organization makes a distribution of turids. Did a donor advised fund maintained by the sponsoring organization have gioses bytispies hybridings at any time during the year?  Sponsigning organization makes a distribution to admire during the year?  Sponsigning organization makes a distribution to admire during the year?  Sponsigning organization makes a distribution to admire during the year?  Sponsigning organization makes a distribution to admire section 4986?  Did the aponisoring organization makes a distribution to admire during the year.  Sponsigning organization makes a distribution to admire during the year.  Sponsigning organization makes a distribution to admire during the year and the sponsigning organization file of the part of the sponsigning organization makes a distribution          |             |  |                 |   |           |  |                  |
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| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c):  a Did the organization celve a payment in excess of \$75 made party as a contribution and party for gloods and services provided to the payor?  b If "Yes," did the organization incitify the donor of the value of the goods or services provided?  c Did the organization sell, excitaings, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year.  d Did the organization receive, any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file, a Form 1088-C?  B Sponisoring organizations materialized genor advised funds. Did a donor advised fund maintained by the sponsoring organization have glocas business byticings at any time during the year?  9 Sponisoring organization insignation make a distribution under section 4986?  b. Did the exponsoring organizations. Entire:  a Initiation fees and capital contribution make a distribution under section 4986?  b. Did the exponsoring organizations. Entire:  a Initiation fees and capital contributions included on Part Vijil, line 12  b Gross receipts, included on Form 990. Part Vilil, line 12, for public use of club facilities  11 Section 601(c)(12) organizations. Entire:  a Gross income from other sources (Dr)not ret amounts due or paid to other sources signinet  110  | b           |  |                 |   |           |  |                  |
| 7 Organizations that may receive deductible contributions under section 170(6): a Did the organization receive a payment in excess of \$75 made party as a contribution and party for gloods and services provided to the payor? 7 A   | •           |  |                 | . 3                                     | 6hr       | [ .  | <b>(</b>         |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gloods and services provided to the payor?  Tel.   X   Tel.           | 7           |  |                 |   |           | <b>VAL</b>                                       | 353              |
| b If "Yes," did the organization incitify the donor of the value of the goods or services provided?  c. Did the organization sell, excitaings, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  d If "Yes," indicate the number of Forms 8282 filed (during the year)  e. Did the organization receive, any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  7f  Did the organization received a contribution of qualified intellectual property, did the organization febring 899 as required?  7g  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-C?  8 Sponsigning organizations melintaining donor advised funds. Did a donor advised fund maintained by the aponsoring organization with a property at any time during the year?  8 Sponsigning organization make a distribution to a donor, donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advised person?  9 Section 501(c)(7) organizations. Enter:  a limitation fees and capital contributions included on Part VIII, line 12.  6 Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities.  10 Gross income from other sources (Do not real amounts due or paid to other sources against amounts due or received from them.)  12a Section 601(c)(12) organizations. Enter:  a Gross income from other sources (Do not real amounts due or paid to other sources against amounts due or received from them.)  12a Section 601(c)(29) qualified nonprofit health insuriance issuers.  a Is the organization licensed to issue qualified health, plans in-more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in, which the organization is locensed to issue qualified health plains in-more than one state?  Notes, "has it field a Form 720 to report thinks            | ٠.          |  | rvices          | provided to the bayor                   |           | B. Lader   |                  |
| c. Did the organization sell, exchiange, or otherwise dispose of tangible personal property for which it was required to file Form 2282?  If "Yes," indicate the number of Forms 8282 filed during the yeer.  Did the organization receive, any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Tell Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intelectual property, did the organization file Form 8899 sis required?  If the organization received a contribution of cars, boats, airplanes, or other verificies, did the organization file a Form 1096-C?  Sponsering organizations maintaining donor advised funds. Did a donor advised fund maintained by the exponsioning organization in significant property of the property of the organization file a Form 1096-C?  Sponsering, organization in a significant property of the property of the organization file a Form 1096-C?  The sponsering organization make any tistable distributions under section 4968?  b. Did the exponsoring organization make any tistable distributions under section 4968?  b. Did the exponsoring organization make any tistable distributions under section 4968?  b. Did the exponsoring organization make any tistable distributions under section 4968?  b. Did the exponsoring organization make any tistable distributions under section 4968?  b. Gross income from organizations. Entier:  Gross income from other sources (Do'not net amounts due or patient organization in file of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  It is a section 4947(a)(1) non-exempt charitable trusts is the organization; filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information           | ь           |  |                 |   |           |  |                  |
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|  | <u>b</u>    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul   | <del>υ</del> Ο. |   |           | 900  | (2017)           |

Form 990 (2017) VIRGIN ISLANDS PERINATAL INC. 66-0609857 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.

|              | Check if Cabadula Countains a wanness or note to must fine in this Dort VI   |  |               |        | X           |
|--------------|--|--|---------------|--------|-------------|
| ė            | Check if Schedule O contains a response or note to any line in this Part VI  |  |               |        |             |
| 3 <b>e</b> C | tion A. Governing Body and Management  |  |               | -2     |             |
|              |  | 1.1                                    |               | Yes    | NO          |
| 18           | Enter the number of voting members of the governing body at the end of the tax year  | <u>·1a</u>                             | <b>一 月 矮胖</b> |        | 對步          |
|              | If there are material differences in voting rights among members of the governing body, or if the governing  | -                                      |               |        |             |
|              | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  |  |               |        |             |
| b            | Enter the number of voting members included in line 1a, above, who are independent   | 1b                                     | _9 数體         |        | 魏           |
| 2.           | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | nip with any other                     | 拉着            |        | 2.0         |
|              | officer, director, trustee, or key employee?   |  | 2             |        | X.          |
| 3            | Did the organization delegate control over management duties customarily performed by or under the   | he direct supervision                  |               |        |             |
|              | of officers, directors, or trustees, or key employees to a management company or other person?   |  | 3             |        | X           |
| 4            | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?                         | 4             |        | X           |
| 5            | Did the organization become aware during the year of a significant diversion of the organization's as  |  |               |        | X           |
| A            | Did the organization have members or stockholders?   |  | 6             |        | X           |
| 7a           | Did the organization have members, stockholders, or other persons who had the power to elect or a  |  | ···           |        |             |
|              | man manham of the second or had 0  |  | 7a            |        | x           |
| <b>h</b>     | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |  |               |        |             |
|              | in a second of the second of t |  | 7b            |        | ×           |
| _            | persons other than the governing body?   |  |               | #H 254 | - To 300    |
| 8            | Did the organization contemporaneously document the meetings held or written actions undertaken during the year.   |  |               |        |             |
| 8            | The governing body?  |  | Sta           | X      |             |
| b            | Each committee with authority to act on behalf of the governing body?  |  | 8b            | X      |             |
| 9            | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-  |  |               |        |             |
|              | organization's mailing address? If "Yes," provide the names and addressss in Schedule O  |  | <u>in 9.</u>  |        | X           |
| <u>Sec</u>   | tion B. Policies (This Section B requests information about policies not required by the Internal F  | Revenue Code.)                         |               |        |             |
|              |  |  |               | Yes    | No          |
| 10a          | Did the organization have local chapters, branches, or affiliates?   |  | 10a           |        | X           |
| b            | If "Yes," did the organization have written policies and procedures governing the activities of such of  | chapters, affiliates,                  |               |        |             |
|              | and branches to ensure their operations are consistent with the organization's exempt purposes?  | _                                      | 106           |        |             |
| 11a          | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   | dy before filing the form              | ? 11a.        | X      |             |
| b            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |  |               |        | <b>地</b>    |
| 12a          | Did the organization have a written conflict of interest policy? If "No," go to line 13  |  | 12a           | X      | 100         |
| ь            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | ia to conflicts?                       | 126           | X      |             |
| ~            | Did the organization regularly and consistently monitor and enforce compliance with the policy? If *   |  |               |        |             |
| •            | in Schédule O how this was done  |  | 12c           | x      |             |
| 13           | Did the organization have a written whistleblower policy?  |  |               | X      |             |
| 14           | Did the organization have a written document retention and destruction policy?   |  |               | X      |             |
|              | Did the process for determining compensation of the following persons include a review and approx  |  | 4.5           |        | 712         |
| 15           |  |  |               |        |             |
|              | persons, comparability data, and contemporaneous substantiation of the deliberation and decision   | r                                      |               |        | Water Co.   |
| •            | The organization's CEO, Executive Director, or top management official   |  |               | X      |             |
| Ь            | Other officers or key employees of the organization  |  |               | X      |             |
|              | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | - 4.4                                  |               | 對對     |             |
| 16a          | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ement with a                           | 1 1           | 34.40  | 跳跳          |
|              | taxable entity during the year?  | ······································ | 16a.          | MAL SO | X           |
| b            | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate   |  |               |        |             |
|              | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   | ańization's                            | <b>发现</b>     | 2012   |             |
|              | exempt status with respect to such arrangements?.  |  | 16b           |        |             |
| Sec          | tion C. Disclosure   |  |               |        |             |
| 17           | List the states with which a copy of this Form 990 is required to be filled ▶VI  |  |               |        |             |
| 18           | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990   | T (Section 501(c)(3)s or               | nly) avallab  | lę     | _           |
| -            | for public inspection. Indicate how you made these available. Check all that apply.  |  | ٠             |        |             |
|              |  | n in Schedule O)                       |               |        |             |
| 19           | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  |  | and finan     | cial   |             |
|              | statements available to the public during the tax year.  |  |               |        |             |
| ain.         | State the name available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's be   | ooks and records:                      |               |        |             |
| 20           | VINCENT R. ANDERSON, CPA + 340-713-8083  | Antima mira i Antologia de De -        |               |        |             |
|              | 2162 PRINCE STREET; CHRISTIANSTED, VI 00820  | <del> </del>                           |               |        |             |
|              | ATON: ENTRED STREET; CRRISTIANSTED, VI VUOZU   |  |               |        | <del></del> |

| Form 990 (2017). | VIRGIN | ISLANDŚ | PERINATAL | INC | 66-0609857          | Page 7 |
|------------------|--------|---------|-----------|-----|---------------------|--------|
|                  |        |         |           |     | Highest Companyated |        |

#### Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year:
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any! See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization | on nor any related | orga                          | nizz                  |                |  | mpe                             | <u>18at</u> |                                       | irector, or trustee. |                       |
|--|--------------------|-------------------------------|-----------------------|----------------|--|---------------------------------|-------------|---------------------------------------|----------------------|-----------------------|
| (A)  | (B)                |                               |                       | _(             | C)<br>litior                                 |                                 | •           | <b>(</b> O)                           | (E)                  | <b>(F)</b>            |
| Name and Title                             | Average            | (do                           | nat c                 | heck           | more   | then :                          | one         | Reportable                            | Reportable           | Estimated             |
|  | hours per          | lièm                          | ملصد                  | 86.04          | mon  | is bot<br>or/trus               | h ein       | compensation                          | compensation         | amount of             |
|  | week               | ├──                           |                       |                | 1  | JI/0 U.9                        | -           | from                                  | from related         | other                 |
|  | (list.any          | 를                             |                       |                | ŀ  | L                               |             | the organization                      | organizations        | compensation from the |
|  | hours for related  | 5                             |                       |                |  | ₹.                              | ŀ           | (W-2/1099-MISC)                       | (W-2/1099-MISC)      | organization          |
|  | organizations      | 를                             | 1                     |                | 2  |                                 |             | (44-5) iosa-ianoc)                    |                      | and related           |
|  | below              | Ī                             | \$                    | _              | 툍  | E E                             | ÷           |                                       |                      | organizations         |
|  | line)              | todhidual trustes or efractor | in stitutions in stee |                | Key employee                                 | Highest compensated<br>employee | Pormer      |                                       |                      |                       |
| (1) KIM JEROME                             | 1.00               |                               |                       |                |  |                                 |             |                                       |                      |                       |
| BOARD CHAIR                                |                    | X                             |                       | X              | <u>.                                    </u> | 上                               |             | . 0.                                  | 0.                   | 0:.                   |
| (2) ESTHER M. JOSEPH                       | 1.00               |                               | i I                   | ł              | l  |                                 | -           | ,                                     |                      |                       |
| VICE CHAIR                                 |                    | X                             |                       | X              | <u> </u>                                     | $ldsymbol{oxed}$                |             | 0.                                    | 0.                   | 0.                    |
| (3) ANDREA O'NEAL                          | 1.00               |                               |                       | 1              | ŀ  | 1                               |             | _                                     | _                    | _                     |
| BOARD MEMBER                               |                    | X                             |                       | <u> </u>       | L  | L                               |             | ·0 <u>.</u>                           | <u> </u>             | <u>.0.</u>            |
| (4) JUDY M. PHILLIP                        | 1.00               | İ                             |                       |                | i  |                                 |             | l' _                                  |                      | _                     |
| SECRETARY                                  |                    | X                             | <u> </u>              | X              | <u> </u>                                     | Ш                               |             | 0.                                    | 0.                   | <u> </u>              |
| (5) SAM VAUGE                              | 1.00               | l                             |                       |                |  |                                 | •           |                                       | _                    | _                     |
| BOARD MEMBER                               |                    | X                             |                       | <u> </u>       | ļ  | _                               |             | 0.                                    | 0.                   | 0.                    |
| (6) MARGARET SHEAHAN                       | 1.00               |                               |                       | ŀ              |  |                                 |             | _                                     | _                    | Α.                    |
| BOARD MEMBER                               |                    | X                             | _                     | <del>├</del> ─ | ┢  | -                               |             | 0.                                    | 0.                   | 0.                    |
| (7) MOLETO A. SMITH JR.                    | 1.00               |                               |                       | ł              | ١.   | 1                               |             | 1                                     |                      | o'                    |
| BOARD MEMBER                               |                    | X                             | -                     | <u> </u>       | <b>-</b>                                     |                                 |             | 0.                                    | 0.                   | . 0.                  |
| (8) BUNICE BEOMINSTER                      | 100                | يزا                           |                       |                | l  |                                 | ŀ           |                                       |                      | •                     |
| BOARD MEMBER                               | 4 25               | X                             | _                     | ├—             | ├-   | -                               | _           | 0.                                    | 0.                   | 0.                    |
| (9) ARCHIE JENNINGS                        | 1.00               |                               |                       |                | 1  |                                 |             | . o.                                  | 0.                   | 0.                    |
| BOARD MEMBER                               | 40:00              | X                             | Ŀ                     | ├-             | <del> </del>                                 | ┢                               | _           |                                       |                      | <u></u>               |
| (10) EURKRES RALLINGS                      | 40.00              |                               |                       | x              | j-   |                                 |             | 90125.                                | . 0.                 | 11918.                |
| EXECUTIVE DIRECTOR                         |                    | -                             | $\vdash$              | 4              | -  | Н                               |             | 30123 •                               | . 0.                 | 11910.                |
|  |                    |                               | ľ                     |                |  |                                 |             |                                       |                      |                       |
|  |                    |                               |                       |                |  |                                 |             |                                       | •                    |                       |
|  |                    |                               | -                     | _              |  | Н                               |             | · · · · · · · · · · · · · · · · · · · |                      |                       |
|  | <u>.</u>           | •                             | ليا                   | _              | L  |                                 |             |                                       |                      |                       |
|  |                    |                               |                       |                |  |                                 |             | <u>-</u>                              |                      |                       |
|  |                    |                               | H                     |                | $\vdash$                                     |                                 |             | •                                     |                      |                       |
| <del>-</del>                               |                    |                               |                       |                | -  | H                               |             |                                       |                      | <del></del>           |
|  |                    |                               |                       |                |  |                                 |             | •                                     |                      |                       |
|  |                    |                               |                       |                |  |                                 |             |                                       |                      |                       |
|  | <u> </u>           | لـــا                         | ш                     |                | <u> </u>                                     | لِــا                           |             | <del>!</del>                          |                      | Form 990 (2017)       |

**7** .....

Name and title

c Total from continuation sheets to Part VII. Section A

\$100,000 of compensation from the organization

(A) Name and businëss address

Total number of iridependent contractors (including but not limited to those listed above), who received more than

compensation from the organization

d Total (add lines 1b and 1c) .....

Section B. Independent Contractors

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

Form 990 (2017)

|                                 | A, W . |   | Check if Schedule O cont                | aine a meno  | nee or note to any li | ne in this Part VIII         |  |  |  |
|---------------------------------|--------|---|---|--------------|-----------------------|------------------------------|--|--|--|
| 源                               |        |   | Orisca W Scristicis O Contr             |              |                       | (A) Total revenue            | (B),<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue  | Revenue excluded from tax under sections   |
| 22                              | 1      | 8 | Federated campaigns                     | 1a           | -                     |                              |  |  |  |
|                                 | •      |   | Manufact At A                           |              |                       |                              |  |  |  |
| Gra<br>Hour                     |        | - | Fundraising events                      | ·····        |                       |                              |  |  |  |
| Gifts<br>Fire                   | ĺ      |   |   |              | ļ                     |                              |  |  |  |
| <u> </u>                        |        | q |   | <u>1d</u>    | 504100                |                              |  |  |  |
| Contributions,<br>and Other Sim |        | • | Government grants (contribut            |              | 5041.09               |                              |  |  |  |
| ξě                              |        | f | All other contributions, gifts, grant   |              | 2.50                  |                              |  |  | 海里海里拉  |
| 동                               |        |   | similar amounts not included abor       | ve <u>1f</u> | 26083                 |                              |  |  |  |
| E P                             |        | 9 | Noncash contributions included in lines |              | <u> </u>              |                              |  |  |  |
| <u>⊘ ē</u>                      |        | h | TotalAdd lines 1a-1f                    |              |                       | 530192.                      |  |  |  |
|                                 | ľ      |   |   |              | Business Code         |                              |  |  | THE PERSONAL PROPERTY OF THE PERSONAL PROPERTY |
| 8                               | 2      | 8 |   |              |                       | <u></u>                      |  | <b>_</b>   | <u> </u>   |
| Program Service<br>Revenue      |        | þ |   |              | _                     |                              |  |  |  |
| 5 5                             |        | ¢ |   |              |                       |                              |  |  |  |
| <b>E S</b>                      |        | đ |   |              |                       |                              |  |  | · · ·  |
| 5                               |        |   |   |              |                       |                              |  |  |  |
| ď.                              |        | f | All other program service reve          | nue          |                       |                              |  |  |  |
| _ i                             |        | a | Total. Add lines 2a-2f                  |              |                       |                              | <b>等是被某种的</b>                                    | <b>建筑建筑建筑</b>  | THE CASE   |
|                                 | 3      | - | Investment income (including            |              |                       |                              |  |  |  |
|                                 | _      |   | other similar amounts)                  |              |                       | 768.                         | 768.   | 1  | •  |
| - 1                             | 4      |   | income from investment of tax           |              |                       |                              |  |  |  |
| 1                               | ĸ      |   | Royalties                               | -            | =                     |                              |  |  |  |
|                                 | Ŭ      |   | 11070000                                | (i) Real     | (il) Personal         | <b>建筑和建筑地</b>                |  | 130 10 10 10 TW  | WEST OF SELECTION  |
|                                 | 6      |   | Gross rents                             | M LAGRA      | Till 1 di Sorial      | <b>"在"和"</b> "               |  | <b>一种事</b>   |  |
|                                 | •      | - | Less: rental expenses                   |              |                       |                              |  |  |  |
|                                 |        |   |   | <del> </del> | -+                    |                              | <b>中国的特色</b>                                     |  | 26   |
| ĺ                               |        |   | Rental income or (loss)                 | Ĺ            |                       | DESCRIPTION OF THE PROPERTY. | <b>特别特尼亚州地大公司</b>                                | AND THE PERSON OF THE PERSON O |  |
| l                               | _      |   | Net rental income or (loss)             |              | 55.00                 |                              | CHERNIA THE TANK A STATE OF                      |  | 2.49% (Sept. 2.58)   |
|                                 | 7      | 8 | Gross amount from sales of              | (i) Securiti | es (ii) Other         |                              |  |  | MAN STATE OF THE S |
| l                               |        |   | assets other than inventory             |              |                       |                              |  |  |  |
|                                 |        | þ | Less: cost or other basis               | i            |                       |                              | 4  |  |  |
| j                               |        |   | and sales expenses                      | <u> </u>     |                       |                              |  | <b>基础法科斯</b>   | e dant.  |
| - 1                             |        | C | Gain or (loss)                          | L            | <del></del>           |                              | <b>《四百五五世》</b>                                   | <b>到他是一种的</b>  | <b>经过来的现在分</b>   |
| - 1                             |        | d | Net gain or (loss)                      |              |                       |                              |  |  |  |
| 3                               | 8      |   | Gross Income from fundraising           | events (no   | : }                   |                              |  | THE PERSON   |  |
| ٤                               |        |   | including \$                            | of           |                       |                              |  |  |  |
| Other Rev                       |        |   | contributions reported on line          | -            |                       |                              |  |  |  |
| 5                               |        |   | Part IV, line 18                        |              | 1.                    |                              |  | <b>计程序设计</b>   | 图1222 经国际  |
| 8                               |        |   | Less: direct expenses                   |              |                       |                              |  | 新國語語記載   | 2000年代中華   |
| _                               |        |   | Net income or (loss) from fund          | _            | ts                    | ALCOHOL MANAGEMENT           |  |  | THE OWNER WAS A PARTY OF   |
| - 1                             | 9      | • | Gross income from gaining ac            |              | ŀ                     |                              |  |  |  |
| ł                               |        |   | Part IV, line 19                        |              |                       |                              |  |  |  |
|                                 |        |   | Less: direct expenses                   |              |                       | <b>李连续,李连</b>                | <b>经验的证据</b>                                     |  | <b>新州北京湖西</b>  |
| ŀ                               |        |   | Net income or (loss) from game          |              |                       |                              |  |  |  |
| i                               | 10     | a | Gross sales of inventory, less i        |              | 1                     |                              |  | <b>新建筑设置</b>   |  |
| ı                               |        |   | and allowances                          |              | a                     |                              |  |  |  |
| 1                               |        | b | Less: cost of goods sold                |              | b                     | <b>建設的電腦</b>                 | <b>阿里拉里里里</b>                                    |  | 超级光彩建  |
| Į                               |        |   | Net income or (loss) from sales         |              | v — .                 |                              |  |  |  |
|                                 |        |   | Miscellaneous Revenue                   | <u> </u>     | Business Code         |                              | <b>新聞歌歌詩</b>                                     | <b>建筑</b>  | <b>一个工程</b>  |
| ſ                               | 11     | a |   |              |                       |                              |  |  |  |
|                                 |        | b |   |              |                       |                              |  |  |  |
| 1                               |        | C |   |              |                       |                              |  |  |  |
| 1                               |        | d | All other revenue                       |              |                       |                              | ·  |  |  |
|                                 |        |   | Total. Add lines 11a-11d                |              |                       |                              | のでは、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大     | <b>建设的</b>   | <b>《文学》</b>  |
| 1                               | 12     |   | Total revenue, See instructions.        |              |                       | 530960.                      | 768.   | . 0 .  | 0.   |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|             | Check if Schedule O contains a response nature amounts reported on lines 6b, 7b, and 10b of Part VIII. | (A) Total expenses | (B)<br>Program service<br>expenses | (C).<br>Management and<br>general expenses   | (D)<br>Fundraising<br>expenses |
|-------------|--|--------------------|------------------------------------|--|--------------------------------|
|             | nts and other assistance to domestic organizations domestic governments. See Part IV, line 21          |                    |                                    |  |                                |
|             | unts and other assistance to domestic  |                    |                                    |  |                                |
|             | ividuals. See Part IV, line 22   |                    | :                                  |  |                                |
|             | ants and other assistance to foreign   |                    | <del></del>                        |  |                                |
|             | anizations, foreign governments, and foreign   |                    | •                                  |  | <b>建筑建筑建筑</b>                  |
|             | ividuals. See Part IV, lines 15 and 16   |                    | ,                                  |  |                                |
|             | nefits paid to or for members  |                    |                                    | <b>医性性性性</b>                                 |                                |
|             | mpensation of current officers, directors,   |                    |                                    | ,  |                                |
|             | stees, and key employees   | 90125.             | 18025.                             | 72100.                                       |                                |
|             | npensation not included above; to disqualified   |                    |                                    |  |                                |
|             | sons (as defined under section 4958(f)(1)) and   |                    |                                    |  |                                |
|             | sons described in section 4958(c)(3)(B)  |                    |                                    |  | 1                              |
|             | er salaries and:wages  | 286790.            | 284780.                            | 2010.  |                                |
|             | sion plan accruals and contributions (include  |                    |                                    |  |                                |
| •           | tion 401(k) and 403(b) employer contributions)   | .9073.             | 5286.                              | 3787.  |                                |
|             | ner employee benefits  | 75821.             | 67365.                             | 8456.  |                                |
|             | roll-taxes   | 33350.             | 26793.                             | 6557.  |                                |
|             | es for services (non-employees):   |                    |                                    | 7  |                                |
| a Mai       | nagement   |                    |                                    |  |                                |
|             | al   |                    |                                    | _  |                                |
|             | counting   | 16980.             |                                    | 16980.                                       |                                |
|             | obylng   |                    |                                    |  |                                |
|             | fessional fundraising services. See Part IV, line 17   |                    | <b>全经过多种类型的</b>                    | <b>的数据的数据</b>                                |                                |
|             | estment management fees  |                    |                                    |  |                                |
|             | er. (If line 11g amount exceeds 10% of line 25,  |                    |                                    |  |                                |
| _           | ımrı (A) amount, list line 11g expenses on Sch O.)   | 37300.             | 35000.                             | 2300.  |                                |
| 2 Adv       | vertising and promotion  |                    |                                    |  |                                |
|             | ce expenses  | 7643.              |                                    | 7643.  |                                |
| 4 info      | ormation-technology  | 1266.              | 1266.                              |  |                                |
|             | /alties  |                    |                                    |  |                                |
|             | cupancy  | 36486.             | 36486.                             |  |                                |
| 7 Trad      | vei  | 385.               | 385.                               |  |                                |
|             | ments of travel or entertainment expenses  |                    | -                                  |  |                                |
| for         | any federal, state, or local public officials  |                    | <u> </u>                           |  |                                |
| 19 Cor      | nferences, conventions, and meetings   |                    |                                    |  |                                |
| -           | prest  | <u> </u>           | ····                               | <u> </u>                                     |                                |
|             | ments to affiliates  |                    |                                    | <del></del>                                  | <del>,</del>                   |
| 2 Dep       | preciation, depletion, and amortization  |                    |                                    |  | <del></del>                    |
| 3 insu      | urance   | 8938.              |                                    | 8938.  |                                |
|             | er expenses, Itemize expenses not covered  | <b>计算器基础器</b>      |                                    |  | <b>新新工程</b>                    |
| 200<br>240  | ve. (List miscellaneous expenses in line 24e. If line 3<br>amount exceeds 10% of line 25, column (A)   |                    |                                    | <b>美工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</b> |                                |
| amo         | ount, list line 24e expenses on Schedule (0.)  | <b>在黑灰星球多点</b>     |                                    |  | <b>光作的音子表现</b>                 |
|             | LEPHONE  | 5016.              | 5016                               |  | <del></del>                    |
|             | HICLE EXPENSE  | 4214.              | 4214.                              | <del></del>                                  | <u> </u>                       |
|             | OGRAM DEVELOPMENT  | 2271.              | 2271.                              |  |                                |
| d <u>DI</u> | RECT PROGRAM SUPPLIES  | 493.               | 49.3.                              |  | -                              |
|             | other expenses   |                    |                                    |  |                                |
|             | il functional expenses. Add lines 1 through 24e  | 616151.            | 487380.                            | 128771.                                      | 0                              |
|             | it costs: Complete this line only if the organization  |                    |                                    |  |                                |
|             | orted in column (B) joint costs from a combined  |                    |                                    |  |                                |
|             | cational campaign and fundraising solicitation.  |                    |                                    |  |                                |
| Chec        | * here If following SOP.96-2 (ASC.958-720)   |                    |                                    |  | Form <b>990</b> (20            |

Form 990,(2017) Part X Balance Sheet

|                             | AND LINE AND | Check if Schedule O contains a response or not       | e to any line in this Part X            |  |   |  |
|-----------------------------|--------------|--|---|--|---|--|
|                             |              |  |   | (A)<br>Beginning of year   |   | End of year<br>(B)   |
|                             | 1            | Cash - non-interest-bearing                          |   | 20576  | 4   | 29291.   |
|                             | 2            | Savings and temporary cash investments               |   | 572304.  | 2   | 438383.  |
|                             | 3            | Pledges and grants receivable, net                   |   | 56856.   | . 3                                       | 124363.  |
|                             | 4            | Accounts receivable, net                             |   | 2129.  | 4   | 1263.  |
|                             | 5            | Loans and other receivables from current and fo      |   |  |   | <b>(大学工作的基本工作)</b>   |
|                             |              | trustees, key employees, and highest compensa        | • • •                                   |  |   |  |
|                             | ł            | Part II of Schedule L                                | J. Martin Property and Company          | 5  | singer down to hill in fall continues the |  |
|                             | 6            | Loans and other receivables from other disquali      |   | SHIP OF THE PARTY  | 2   |  |
|                             | _            | section 4958(f)(1)), persons described in section    | •                                       |  |   | <b>对证据对于</b>   |
|                             | 1            | employers and sponsoring organizations of sect       |   |  |   |  |
| #                           | ļ            | employees' beneficiary organizations (see instr).    | • • • •                                 | ■ 100 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日  | 6   | Br. Sel Children in the addition of the property of the Addition of the Additi |
| 2                           | 7            | Notes and loans receivable, net                      | -                                       | <del></del>  | 7   |  |
| Ş                           | 8            | Inventories for sale or use                          |   |  | 8   |  |
|                             | و ا          | Prepaid expenses and deferred charges                | ••••••••••••••••••••••••••••••••••••••• | 10693.   |   | 9082.  |
|                             |              | Land, buildings, and equipment: cost or other        | 1 i                                     |  | XXXXX                                     | E ESTAGA  |
|                             | l loa        |  | 40-                                     |  |   |  |
|                             |              | basis. Complete Part VI of Schedule D                |   | THE VIEW OF THE PARTY OF THE PA | 灵运动                                       | 1000 1000 1000 1000 1000 1000 1000 100   |
|                             |              | Less: accumulated depreciation                       |   | ·  | 10c                                       | <u></u>  |
|                             | 11           | Investments · publicly traded securities             |   |  | 11  |  |
|                             | 12           | Investments - other securities. See Part IV, line 1  |   |  | 12  | <del> </del>   |
|                             | 13           | Investments - program-related. See Part IV, line     |   | 13   | <del></del>                               |  |
|                             | 14           | Intangible assets                                    |   | 14   |   |  |
|                             | 15           | Other assets. See Part IV, line 11                   |   |  | 15  | 50000  |
|                             | 16           | Total assets, Add lines 1 through 15 (must equa      |   |  |   | 602382.  |
|                             | 17           | Accounts payable and accrued expenses                |   | 31435.   | 17  | 18455.   |
|                             | 18           | Grants payable                                       |   |  | 18  |  |
|                             | 19           | Deferred revenue                                     |   | 6657.  | 19  | 44652.   |
|                             | 20           | Tax-exempt bond llabilities                          |   |  | 20  | <u> </u>   |
|                             | 21           | Escrow or custodial account liability. Complete F    | •                                       | A CONTRACTOR OF THE PROPERTY OF THE PARTY OF | 21  | or functions a restaurant Salary Affect to Chica   |
| 80                          | 22           | Loans and other payables to current and former       |   |  |   |  |
| Liabilities                 | ŀ            | key employees, highest compensated employee          | • | The thirth makes and and the state of the st |   |  |
| 道                           | 1            | Complete Part II of Schedule L                       |   |  | 22  | <u></u>  |
| _                           | 23           | Secured mortgages and notes payable to unrela        | •                                       | <del> </del>   | 23  |  |
|                             | 24           | Unsecured notes and loans payable to unrelated       |   | <u> </u>   | 24  | · · · · · · · · · · · · · · · · · · ·  |
|                             | 25           | Other liabilities (including federal income tax, pay |   |  |   |  |
|                             |              | parties, and other liabilities not included on lines |   |  |   |  |
|                             | i            | Schedule D   |   |  | 25  |  |
|                             | 26           | Total liabilities. Add lines 17 through 25           | []                                      | 38092.   | 26  | 6.310.7.   |
|                             |              | Organizations that follow SFAS 117 (ASC 968)         |   | <b>医医验验</b> 经超期  |   |  |
| 8                           | ļ            | complete lines 27 through 29, and lines 33 and       |   |  |   |  |
| Ė                           | 27           | Unrestricted net assets                              |   | 624466.  | 27  | 539275.  |
|                             | 28           | Temporarily restricted net assets                    |   | <u> </u>   | 28  | · · · · · · · · · · · · · · · · · · ·  |
| 2                           | 29           | Permanently restricted net assets                    |   |  | 29  | The second special rest and the same second  |
| 3                           |              | Organizations that do not follow SFAS 117 (At        | SC 958), check here 🏲 📖                 |  |   |  |
| Net Assets or Fund Balances |              | and complete lines 30 through 34.                    |   | <b>计算程序</b> 大流 4.30 位  | 學學  |  |
| 를                           | 30           | Capital stock or trust principal, or current funds   |   |  | ∵30                                       | <u></u>  |
| Pe Pe                       | 31           | Paid-in or capital surplus, or land, building, or eq |   | <u> </u>   | 31  | <u> </u>   |
| <u> </u>                    | 32           | Retained earnings, endowment, accumulated inc        |   |  | 32  | <del> </del>   |
| Z                           | 33           | Total net assets or fund balances                    |   | 624466.  | 33_                                       | 539275.  |
|                             | 34           | Total liabilities and net assets/fund balances       |   | 662558.  | 34  | 602382.  |

|           | n 990 (2017) VIRGIN ISLANDS PERINATAL INC   | 66-060       | 9857 Page 12                            |
|-----------|---|--------------|---|
| Pe        | Reconciliation of Net Assets  |              |   |
|           | Check if Schedule O contains a response or note to any line in this Part XI                                     |              |   |
|           |   | 1 1          |   |
| 1         | Total revenue (must equal Part VIII, column (A), line 12)   |              | <u>530960.</u>                          |
| 2         | Total expenses (must equal Part IX, column (A), line 25)  |              | 616151.                                 |
| 3         | Revenue less expenses. Subtract line 2 from line 1  |              | <u>-85191</u>                           |
| 4         | Net assets or fund balances at beginning of year (must equal Part X, line 33; column (A))                       |              | 624466.                                 |
| 5         | Net unrealized gains (losses) on investments  | . 5          | - <del></del>                           |
| 6         | Donated services and use of facilities  | . 6          |   |
| 7         | Investment expensés   | . 7          |   |
| 8         | Prior period adjustments  | . 8          |   |
| 9         | Other changes in net assets or fund balances (explain in Schedule O)  | . 9          | Ű.                                      |
| 10        | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,              | t 1          |   |
|           | column (B))   | . 10         | <u>539275.</u>                          |
| <u>P</u>  | Financial Statements and Reporting  |              |   |
|           | Check if Schedule O contains a response or note to any line in this Part:XII                                    |              |   |
|           |   |              | Yes No                                  |
| 1         | Accounting method used to prepare the Form 990: Cash X Accrual Other  |              |   |
|           | If the organization changed its method of accounting from a prior year of checked, "Other," explain in Sched    | ule O.       |   |
| <b>2a</b> |   |              | . 2a X                                  |
|           | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review   | ved on a     |   |
|           | separate basis, consolidated basis, or both:  |              |   |
|           | Separate basis Consolidated basis Both consolidated and separate basis  |              | 200 EN 200                              |
| b         |   |              | . 26 X                                  |
|           | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa    | rate basis,  |   |
|           | consolidated basis, or both:  |              |   |
|           | Separate basis Consolidated basis Doth consolidated and separate basis  |              |   |
| C         | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |              | 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
|           | review, or compilation of its financial statements and selection of an independent accountant?                  |              | . 2c                                    |
|           | If the organization changed either its oversight process or selection process during the tax year, explain in S |              |   |
| 3a        | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | Single Audit | <b>西班拉斯</b>                             |
|           | Act and OMB Circular A-133?   | ,            | 3a X                                    |
| b         | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re | quired audit |   |
|           | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                        |              | 36                                      |

Form **990** (2017)

#### 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.irs.gov/Form990 for instructions and the latest information.

2017 2017

Name of the organization

Employer identification number

| 401 | ite Oi t      | ile (i Yailitaudi)  |                         |  |                                    |                | j'  |             | L KORUMIKSINDÜÜ URUÜDE                              |
|-----|---------------|---|-------------------------|--|------------------------------------|----------------|---|-------------|---|
|     |               | VIRG  | IN ISLANDS              | PERÍNATAL I  | NC                                 |                |   | 6           | <u> 6-0609857</u>                                   |
|     | THE S         | Reason for Public   |                         |  |                                    |                |   | <u> </u>    |   |
| Πhe | organi        | zation is not a private found   |                         |  |                                    |                |   | 1           |   |
| 1   | $\square$     | A church, convention of ch  |                         |  |                                    |                | IXAXII.   |             |   |
| 2   | $\sqsubseteq$ | A school described in sect  | tion 170(b)(1)(A)(ii).  | (Attachi Schedule E (Fon                               | n 990 or 9                         | 90 EZ).)       | ( ).  | 1           |   |
| 3   |               | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |                         |  |                                    |                |   |             |   |
| 4   |               | A medical research organiz  | zation operated in co   | onjunction with a hospita                              | l describe                         | d in sectio    | on 170(b)(1)(A)                                   | ill). Enter | the hospital's name,                                |
|     |               | city, and state:  |                         |  |                                    |                | <u> </u>  |             |   |
| 5   |               | An organization operated f  | or the benefit of a co  | ollege or university owner                             | d or ópera                         | ted bÿ a∙g     | iu, latnemmevo                                    | nit deecrii | þed in  |
|     |               | section 170(b)(1)(A)(iv). (0  | Complete Part II.)      |  |                                    |                |   |             |   |
| 6   |               | A federal, state, or local go   | vemment or governi      | mental unit described in                               | section 17                         | 70(b)(1)(A)    | )(v).   |             |   |
| 7   | $\mathbf{x}$  | An organization that norma  | _                       |  |                                    |                | •   | e general   | public described in                                 |
|     |               | section 170(b)(1)(A)(vi). (C  | -                       |  |                                    |                |   | _           | •   |
| 8   |               | A community trust describe  | -                       | /1YAYvi). (Complete Pa                                 | t II.)                             |                |   |             |   |
| ٥   | $\sqcap$      | An agricultural research on   |                         | : · · · · · · · · · · · · · · · · · · ·                |                                    | ad in cook     | inction with a li                                 | and-orant   | college   |
| •   |               | or university or a non-land-  |                         |  |                                    |                |   |             |   |
|     |               | university:   | à musonada or adur      | CONTROL (COO HIGH COCK)                                | . 2.110. 410                       | , 100, 010,    | y, and dialo of                                   | Ooneg       | Jo., <del>j.</del>                                  |
| 10  |               | An organization that norma  | illy receives: (1) mori | then 32 1/394 of its sim                               | nort from                          | côntributi     | ione memberel                                     | nin foos' s | and since receipte from                             |
| 10  | ш.            | activities related to its exer  | -                       |  |                                    |                | ••  |             |   |
|     |               |   |                         | •  |                                    |                | •   |             | -   |
|     |               | income and unrelated business   |                         | (leas section o may).                                  | aw prisme                          | asesi incdr    | nueci pà me orb                                   | ai ization  | arres, arrise aci. (812).                           |
|     |               | See section 509(a)(2). (Co  |                         | Contract describile ex                                 | det. O.s.                          |                |   |             |   |
| 11  |               | An organization organized   |                         |  |                                    |                |   |             |   |
| 12  |               | An organization organized   |                         |  |                                    |                |   |             |   |
|     |               | more publicly supported or  |                         |  |                                    |                |   |             | SUBCK MB DOX III                                    |
|     |               | lines 12a through 12d that  |                         |  |                                    |                |   |             | hu  |
| a   | <u> </u>      | Type I. A supporting orga   |                         |  |                                    |                |   |             |   |
|     |               | the supported organization  |                         |  | a urálouta o                       | ot tive, que   | ctols of trastee                                  | s or the s  | supporting  |
|     | г             | organization. You must o  |                         |  |                                    | _              |   |             |   |
| b   |               | Type II. A supporting org   |                         |  |                                    |                |   |             |   |
|     |               | control or management of  |                         |  | ame perso                          | ons that co    | ontrol or manag                                   | e the sur   | ported  |
|     | _             | organization(s). You mus  |                         |  |                                    |                |   |             |   |
| C   | L             | Type III functionally inte  |                         |  |                                    |                |   | y integrat  | ed with,  |
|     | _             | its supported organizatio   |                         |  |                                    |                |   |             |   |
| d   | Щ.            | Type III non-functionally   | · .                     | •  |                                    | -              |   |             |   |
|     |               | that is not functionally int  | ,                       | •                | ٠.                                 | •              |   | an attent   | iveness   |
|     |               | requirement (see instruct   |                         | •  |                                    |                |   |             |   |
| .6  |               | Check this box if the orga  |                         |  |                                    |                | a.Type I, Type I                                  | i, Type III |   |
|     |               | functionally integrated, or   | r Type.İll.non-functio  | nally integrated support                               | nd∙òdäup                           | zation.        |   |             | r   |
| f   |               | the number of supported o   | • •••••                 |  |                                    |                |   |             | . L   |
| _9  |               | de the following information  | about the supporte      | ed organization(s).                                    | T TOTAL THE ACTOR                  | ALTERNATION IN | 1 4 5 5 5 5                                       |             |   |
|     | _(0)          | Name of supported<br>organization   | (II) EIN                | (iii) Type of organization<br>(described on lines;1-10 | (IV) IS the orga<br>in your govern |                | (v) Amount of r                                   |             | (vii) Amount of other<br>support (see Instructions) |
|     |               | Organization  |                         | above (see instructions))                              | Yes.                               | No             | arbbirtage in                                     | in          | and bout feed a situation in                        |
|     |               |   |                         |  |                                    |                | ļ   |             | Ì   |
|     |               |   |                         |  |                                    |                |   | :           |   |
|     |               |   |                         | ļ  | <b>,</b>                           |                | }   |             | ļ   |
|     |               |   |                         |  | <del></del>                        |                | ļ <u></u>   |             | <u> </u>  |
|     |               | į   |                         | ·  |                                    |                |   |             |   |
|     |               |   |                         |  |                                    |                | <del>  `                                   </del> |             | ļ   |
|     |               |   |                         |  |                                    |                | 1   |             |   |
|     |               | ·   |                         |  |                                    |                | ļ   |             | <u> </u>  |
|     |               |   |                         |  | [                                  |                | 1   |             |   |
|     |               |   |                         |  |                                    |                |   | ·           |   |
| ota | d .           | · .   | <b>经验证证</b>             |  |                                    | 大學             |   |             |   |

Schedule A (Form 990 or 990-EZ) 2017 VIRGIN ISLANDS PERINATAL INC 66-0609857 Page 2
Partill 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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se   | ction A. Public Support   |                           |                                       |   |   |                     |                 |
|------|---|---------------------------|---------------------------------------|---|---|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)                               | (a) 2013                  | (b) 2Õ14                              | (c) 2015                                | (d) 2016                                | (e),2017.           | (f) Total       |
| 1    | Gifts, grants, contributions, and                                     |                           |                                       |   |   |                     |                 |
|      | membership fees received. (Do not                                     |                           |                                       |   |   |                     |                 |
|      | include any "unusual grants.")  | 551462.                   | 523035                                | 621638.                                 | 473884.                                 | 530192.             | 2700211.        |
| 2    | Tax revenues levied for the organ-                                    |                           |                                       |   |   |                     |                 |
|      | ization's benefit and either paid to                                  |                           |                                       |   |   |                     |                 |
|      | or expended on its behalf   |                           |                                       |   |   |                     |                 |
| я    | The value of services or facilities                                   | •                         |                                       |   |   |                     |                 |
| •    | furnished by a governmental unit to                                   |                           |                                       |   |   |                     |                 |
|      | the organization without charge                                       |                           |                                       |   |   |                     |                 |
| 4    | Total. Add lines 1 through 3  | 551462.                   | 523035.                               | 621638.                                 | 473884.                                 | 530192.             | 2700211.        |
| 5    | The portion of total contributions                                    |                           | THE THE PLANT                         |   |   |                     | Z/OUZII         |
| 0    | by each-person (other than a  |                           | 4.4                                   |   |   |                     | •               |
|      |   |                           |                                       |   | <b>第三级</b> 连续                           |                     | •               |
|      | governmental unit or publicly   |                           |                                       |   | 差。比如                                    |                     |                 |
|      | supported organization) included                                      |                           |                                       |   |   |                     |                 |
|      | on line 1 that exceeds 2% of the                                      |                           |                                       | <b>经工程的</b>                             |   |                     |                 |
|      | amount shown on line 11,  | <b>到新了市场</b>              | 型                                     | "是"是美国                                  |   |                     |                 |
|      | column (f)  | はは、                       |                                       |   |   |                     | 0-0000          |
|      | Public support. Subtract line 5 from line 4.                          | <b>北京和北京工作</b>            | <b>《大学》</b>                           |   |   |                     | 2700211.        |
|      | tion B. Total Support   |                           | · · · · · · · · · · · · · · · · · · · |   |   | A                   |                 |
|      | ndar year (or fiscal year beginning in)                               | (a) 2013                  | <b>(b)</b> 2014                       | (c) 2015                                | (d) 2016                                | (e) 2017            | (f) Total       |
| 7    | Amounts from line 4   | 551462.                   | 523035.                               | 621638.                                 | 473884.                                 | 530192.             | <u>2700211.</u> |
| 8    | Gross income from interest,   |                           |                                       | 1                                       | j                                       |                     |                 |
|      | dividends, payments received on                                       |                           |                                       | ĺ                                       |   |                     |                 |
|      | securities loans, rents, royalties,                                   |                           |                                       | 1                                       |   |                     |                 |
|      | and income from similar sources                                       | 4950.                     | 3931.                                 | 3434.                                   | 2983.                                   | .768.               | <u> 16066.</u>  |
| 9    | Net income from unrelated business                                    | İ                         |                                       | Í                                       | •                                       |                     |                 |
|      | activities, whether or not the  |                           |                                       |   |   |                     |                 |
|      | business is regularly carried on                                      |                           |                                       |   |   |                     |                 |
| 10   | Other income. Do not include gain                                     |                           |                                       |   | 1                                       |                     |                 |
|      | or loss from the sale of capital                                      |                           |                                       | ],                                      |   |                     |                 |
|      | assets (Explain in Part VI.)  |                           |                                       |   |   |                     |                 |
| 71   | Total support. Add lines 7 through 10                                 | は経過を構造し                   | とは他には最                                | <b>正正是此</b>                             |   | 2000年,              | 2716277.        |
| 12   | Gross receipts from related activities,                               | etc. (see instruction     | ons)                                  |   |   | 12:                 |                 |
| 13   | First five years. If the Form 990 is for                              | the organization's        | first, second, third                  | i, fourth; or fifth ta                  | x.year as a section                     | 1 501(c)(3)         |                 |
| Sec  | organization, check this box and stop<br>tion C. Computation of Publi | here<br>c.Support Per     | rcentage                              | <del> </del>                            | *************************************** |                     | <b>&gt;</b>     |
|      | Public support percentage for 2017 (                                  |                           |                                       | olumn (f))                              |   | 14                  | 99.41 %         |
| 15   | Public support percentage from 2016                                   | Schedule A. Part          | II, line 14                           | ************************                |   | 15:                 | 99.20 %         |
| 16a  | 33 1/3% support test - 2017. If the o                                 | rganization did no        | t check the box on                    | line 13, and line 1                     | 4 is 33 1/3% or m                       | iore, check this bo |                 |
|      | stop here. The organization qualifies                                 | as a publicİy supp        | orted organization                    | • |   |                     |                 |
| b    | 33 1/3% support test - 2016. If the o                                 | rganization did no        | t check a box on ā                    | ne 13 or 16a, and                       | line 15 is 33 1/3%                      | or more, check the  | is box          |
|      | and stop here. The organization quali                                 | fies as a publicly s      | upported organiza                     | tion                                    | harring                                 |                     | <u>:</u> ▶└     |
| 17a  | 10% -facts-and-circumstances test                                     | - <b>2017.</b> If the org | anization did not c                   | heck a box on line                      | 13, 16a, or 16b, a                      | ind line 14 is 10%  | or more,        |
|      | and if the organization meets the "fac                                | ts-and-circumstan         | ces" tešt, chečk th                   | is bọx ảng <b>stop h</b> ị              | ire. Explain in Par                     | t:VI how the organ  | ization         |
|      | meets the "facts-and-circumstances"                                   |                           |                                       |   |   |                     |                 |
| b    | 10% -facts-and-circumstances test                                     |                           |                                       |   |   |                     |                 |
|      | more, and if the organization meets th                                | e. "facts-and-circu       | mstances" test, ch                    | eck this box and s                      | ntop here. Explain                      | ịn Pạrt VI hów the  |                 |
|      | organization meets the "facts-and-circ                                |                           |                                       |   |   |                     |                 |
| 18   | Private foundation, if the organization                               | n did not check a l       | box on line 13, 16s                   | , 16b, 17a, or 17b                      |   |                     |                 |
|      |   |                           |                                       |   | Sche                                    | dule A (Form 990    | or 990-EZ) 2017 |

| Sch<br>Pa       | edule A (Form 990 or 990 EZ) 2017 Virtill; Support Schedule for (  | IRGIN ISI<br>Organizations | ANDS PERI<br>Described in                        | NATAL INC<br>Section 509(a | 5)(2)  | 66-060   | 985'7 Page 3'                           |
|-----------------|--|----------------------------|--|----------------------------|--|--|---|
|                 | (Complete only if you checked  | the box on line 1          | 0 of Part I or if the                            | organization failed        | d to qualify under I                             | Part II. If the organi   | zation fails to                         |
|                 | qualify under the tests listed b   | elow, please com           | plete Part II.)                                  |                            |  |  |   |
| Sec             | tion A. Public Support   |                            |  | <del></del>                | <u> </u>   |  |   |
| Cale            | ndar year (or fiscal year beginning in) 🕨  | (a) 2013                   | (b) 2014   | (c) 2015                   | (d) 2016   | (e) 2017   | (f) Total                               |
| 1               | Glfts, grants, contributions, and  | <u>[</u>                   | Ì  |                            |  |  | /                                       |
|                 | membership fees received. (Do not  | l                          |  |                            | 1  |  |   |
|                 | include any "unusual, grants.")  |                            |  |                            |  |  |   |
| 2               | Gross receipts from admissions, merchandise sold or services per-  |                            |  |                            |  |  |   |
|                 | formed, or facilities fulmished in<br>any activity that is related to the<br>organization's tax-exempt purpose                           |                            |  |                            | <u> </u>   |  |   |
| 3               | Gross receipts from activities that  |                            |  |                            | 1  |  | <u> </u>                                |
|                 | are not an unrelated trade or bus-   | j                          | İ  | Į                          |  | <b>/</b>   | ]                                       |
|                 | iness under section 513  |                            | <u> </u>   |                            |  | 1  |   |
| 4               | Tax revenues levied for the organ-   |                            |  |                            |  |  |   |
|                 | ization's benefit and either paid to or expended on its behalf   |                            |  |                            | . /  |  |   |
| =               | The value of services or facilities  |                            |  | - <del>-</del>             | <del>                                     </del> | <del></del>  | ***                                     |
| 5               | furnished by a governmental unit to  |                            | ŀ  |                            | /  | 1  | 1                                       |
|                 | the organization without charge  |                            | i  |                            |  |  |   |
| _               | •  |                            |  | <del></del>                | <del>!/</del>                                    | <del> </del>   |   |
|                 | Total. Add lines 1 through 5   |                            | ļ  | <del>/</del>               | <del> </del>                                     | <del> </del>   | <u> </u>                                |
| 7 <b>a</b>      | Amounts included on lines 1, 2; and  |                            |  |                            |  |  |   |
| <b>.</b>        | 3 received from disqualified persons   |                            | ļ  | <del>/-</del>              | <del> </del>                                     | <del> </del>   |   |
| U               | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that  |                            |  |                            |  |  |   |
|                 | excess the greater of \$5,000 or 1% of the   |                            |  |                            | ł  | Į.   |   |
|                 | amount on liné 13 for the year   |                            | ļ  | ·-/                        | <del> </del>                                     | <del> </del>   |   |
|                 | Add lines 7a and 7b  | ovale before the some      | B. Jacob and American                            | MENTEN SERVICE             | · Service Andread Comment                        |  |   |
|                 | Public support, (Sintititine 7c from line &)   |                            |  | <b>上海社会院理会员上</b> 书刊        | <b>第四条线</b>                                      | A STATE OF THE STA |   |
|                 | tion B. Total Support  |                            | /  |                            | T  | 1  | · · · · · · · · · · · · · · · · · · ·   |
|                 | ndar year (or fiscal year beginning in)  | (a) 2013                   | (b) 2014   | (c) 2015                   | (d) 2016.  | (e) 2017   | (f) Total                               |
|                 | Amounts from line 6  |                            | <del>                                     </del> |                            | <del></del>                                      | <del> </del>   |   |
| 10 <b>a</b>     | Gross income from interest,<br>dividends, psyments received on<br>securities loans, rents, royalties,<br>and income from similar sources |                            |  |                            |  |  |   |
| b               | Unrelated business taxable income  |                            |  |                            | •  |  |   |
|                 | (less section 511 taxes) from businesses   |                            | /  |                            |  |  |   |
|                 | acquired after June 30, 1975   |                            | /  |                            |  |  |   |
| c               | Add lines 10s and 10b  | /                          |  |                            |  |  |   |
|                 | Net income from unrelated business activities not included in line 10b, whether or not the business is                                   |                            |  |                            |  |  | • |
| 12              | regularly carried on  Other income. Do not include gain or loss from the sale of capital   | <del></del>                |  |                            |  |  |   |
|                 | assets (Explain in Part VI.)   | ļ <u>/</u>                 | ļ  | <u> </u>                   | <del></del>                                      | ļ  |   |
| 13              | Total support. (Add thes 9, 100, 11, and 12.)  |                            | <u> </u>   | <u></u>                    |  | <u> L,</u>   | L                                       |
| 14              | First five years, if the Form 990 is for   | the organization's         | s first, second, thir                            | d, fourth, or fifth t      | ex`year as a sectio                              | n 501(c)(3):organiz  | ation,                                  |
|                 | check this box and stop here   |                            |  |                            |  |  | <b>.</b>                                |
|                 | tion C. Computation of Publi   |                            |  |                            | <u> </u>   | <del> </del>   |   |
| 15              | Public support percentage for 2017 (   | ine 8; column (f) d        | ivided by line 13, c                             | òlumn (f))                 |  | 16   | <u>%</u>                                |
|                 | Public support percentage from 2016  |                            |  |                            |  | 16   | %                                       |
| Sec             | tion D. Computation of Inves   | stment incom               | e Pércentage                                     |                            |  |  |   |
|                 | investment income percentage for 20  |                            |  |                            |  | 17   | %                                       |
| 18              | Investment income percentage from 2  | 2016 Schedule A,           | Part III, line 17                                |                            | . , -  | 18   | %                                       |
| 19a             | 33 1/3% support tests - 2017. If the   | organization did n         | not check the box                                | on line 14, and line       | e 15 is more than :                              | 33 1/3%, and line 1  | 7 is not                                |
|                 | more than 33 1/3%, check this box as   | nd stop here. The          | organization qual                                | ifies as a publicly        | supported ordaniz                                | ation  | ▶□                                      |
| К               | 33 1/3%-aupport tests - 2016: If the   | organization did n         | not:check a box on                               | line 14 or line 19         | a, and line 16 is me                             | ore than 33 1/3%.  | and                                     |
|                 | line 18 is not more than 33/1/3% , che   |                            |  |                            |  |  |   |
|                 | Private foundation: If the organization  |                            |  |                            |  |  |   |
| <u>. 2400</u> 0 | A AS AS AS   |                            |  |                            |  | edule À (Form 99)  |   |

# Schedule A (Form 990 or 990-EZ) 2017 VIRGIN ISLANDS PERINATÁL INC

#### Part: N: 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.)

## Section A. All Supporting Organizations

- 1 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.
- 2 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (5)? If "Yes," answer (b) and (c) below.
- b 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.
- c 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.
- 4a 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.
- c 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "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).
- b 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?
- c 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
- 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).
- 8 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).
- 9a 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.
- b 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.
- c 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.
- 10a 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.
- b 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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| Sche   | edule A (Form 1990 or 990-EZ) 2017 VIRGIN ISLANDS PERINATAL INC  | 66-060985°             | 7 <u>P</u> 8                                 | age 5         |
|--------|--|------------------------|--|---------------|
| Pa     | Supporting Organizations (continued)   |                        |  |               |
|        |  | (Manager 19            | Yes  | No            |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?                                |                        |  |               |
| a      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)           |                        |  |               |
|        | below, the governing body of a supported organization?   | 11a                    |  | <u> </u>      |
| b      | A family member of a person described in (ä) above?  | 11b                    |  | Ľ             |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 110                    |  | <u>L</u>      |
| Sec    | tion B. Type I Supporting Organizations  |                        |  |               |
| •      | •  | France Marie           | Yes  | No            |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                    |                        |  |               |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the     |                        |  |               |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or          |                        |  |               |
|        | controlled the organization's activities. If the organization had more than one supported organization,                |                        | <b>是</b> 图                                   |               |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported              | <b>阿那</b>              | 把助   | <b>原数</b>     |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                 | ij<br>Samoni           | er t   | No. 20027     |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                    |                        |  |               |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in             |                        |  |               |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,            | 1000000                |  | 300           |
|        | supervised, or controlled the supporting organization.   | 2                      |  |               |
| Sec    | tion C. Type II Supporting Organizations   | ·                      |  |               |
|        | •  |                        | Yes  | No            |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors       |                        | 33   | 42.4          |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control          |                        |  |               |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                 | 200                    |  | 数据            |
|        | the supported organization(s).   | . 1                    |  | Ĺ             |
| Sec    | tion D. All Type III Supporting Organizations  | ···                    |  |               |
|        | ·  |                        | Yes  | No            |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |                        |  |               |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  | (                      |  | 数             |
|        | year, (ii),a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 2                      | **   |               |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1                      | ar walled.                                   | 14 A Sec. 12. |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       | 32.3/1                 |  |               |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part.VI how     |                        |  |               |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2                      | - P. T.                                      | -0.5-4-       |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                  |                        |  | £ 40          |
|        | significant voice in the organization's investment policies and in directing the use of the organization's             |                        |  |               |
|        | Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |                        |  | 4             |
|        | supported organizations played in this regard.   | 3                      |  | L             |
| Sec    | tion E. Type III Functionally Integrated Supporting Organizations  |                        |  |               |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee Inc   | structions).           |  |               |
| 3      | The organization satisfied the Activities Test. Complete line 2 below.   |                        |  |               |
| þ      | The organization is the parent of each of its supported organizations. Compléte line 3 below.                          |                        | _  |               |
| C      | The organization supported a governmental entity. Describe in Partifit how you supported a government entity.          |                        |  |               |
| 2      | Activities Test. Answer (a) and (b) below.   | IN SUCH                | Yes  | No<br>MORSE   |
| 3      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of     |                        |  |               |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify             |                        |  |               |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,               |                        |  |               |
|        | how the organization was responsive to those supported organizations, and how the organization determined              |                        |  |               |
|        | that these activities constituted substantially all of its activities.   | 28                     | #:250-1                                      | 7246          |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more    |                        |  |               |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part Vi the           |                        |  |               |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                 | 6-133V                 |  |               |
|        | activities but for the organization's involvement.   | 2b                     |  | 101-201       |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |                        |  |               |
| 2      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or            | 15 李明天                 | 西科士  | <b>新兴</b>     |
|        | trustees of each of the supported organizations? Provide details in Part VI.   | 3a .                   | 4 1 100                                      | 2.3           |
| Þ      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each    | 1.                     | 2.1.3e                                       | a hadin       |
|        | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.      | A (Form 990 or 99      | <u>.                                    </u> | 304           |
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|                    | Edulo A (Form 990 or 990 EZ) 2017 VIRGIN ISLANDS PERINATA  Type III Non-Functionally integrated 509(a)(3) Supporti  |                |                               | 6-0609857 Page 6                            |
|--------------------|---|----------------|-------------------------------|---|
| والمناسبة المناسبة |   |                |                               | Dort'/// One In-t                           |
| 1                  | Check here if the organization satisfied the Integral Part Test as a qualifying the Time III has a qualifying the satisfied the Integral Part Test as a qualifying the Integral Part Test as a qualifying the |                |                               | Part VI.) <b>See i<u>n</u>structions.</b> A |
| Sect               | other Type III non-functionally integrated supporting organizations must of tion. A - Adjusted Net Income   | onipiete       | (A) Prior Year                | (B) Current Year<br>(optional)              |
| 1                  | Net short-term capital gain   | 1              |                               |   |
| 2                  | Recoveries of prior-year distributions  | 2              |                               |   |
| 3                  | Other gross income (see instructions)   | 3              |                               | <del></del>                                 |
| 4                  | Add lines 1 through 3   | 4              |                               | <u> </u>                                    |
| 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  | - 1            |                               |   |
|                    | maintenance of property held for production of income (see instructions)  | . 6            | Ì                             |   |
| 7                  | Other expenses (see instructions)   | 7              | <del></del>                   |   |
| 8                  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | B              | <del></del>                   | <del></del>                                 |
|                    | Ion B - Minimum Asset Amount  |                | (A) Prior Year                | * (B) Current Year<br>(optional)            |
| 1                  | Aggregate fair market value of all non-exempt-use assets (see   |                |                               |   |
|                    | instructions for short tax year or assets held for part of year):   | 10.75          |                               | <b>到在北京</b> (1982年)                         |
| a                  | Average monthly value of securities   | 1a             |                               |   |
| <u>b</u>           | 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             |                               |   |
| •                  | Discount claimed for blockage or other  |                |                               |   |
|                    | factors (explain in detail in Part VI):   |                |                               | <b>电影文献新教</b> 文学                            |
| 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)  |                | ·                             |   |
|                    | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                               |   |
| 8                  | Multiply line 5 by .035   | 6              |                               |   |
| 7                  | Recoveries of prior-year distributions  | 7              | <del></del>                   | <del></del>                                 |
|                    |   | <del>  '</del> |                               |   |
| 8<br>Sect          | Minimum Asset Amount (add line 7 to line 6)  Ion C - Distributable Amount   | <u>y</u>       |                               | Current Year                                |
| 1                  | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1              | VISION NAMED IN               |   |
| 2                  | Enter 85% of line 1   | 2              |                               |   |
|                    | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3              | <b>美国社会区域</b>                 |   |
| 4                  | Enter greater of line 2 or line 3   | 4              |                               |   |
|                    | Income tax imposed in prior year  | 5              |                               |   |
| 6                  | Distributable Amount. Subtract line 5 from line 4, unless subject to  |                |                               |   |
| -                  | emergency temporary reduction (see instructions)  | 6              |                               |   |
| 7                  |   | illy Integr    | ated Type III supporting orga | anization (see                              |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

|            | dulg A (Form 990 or 990-EZ) 2017 VIRGIN ISLAND  Type III Non-Functionally Integrated 509              |  |  | 66-0609857 Page 7  |
|------------|---|--|--|--|
|            | ion D - Distributions   | A TOTO TOTO TOTO TOTO  | ITILIA CONTUNIDAD                              | Current Year   |
| 1          | Amounts paid to supported organizations to accomplish exe   | ampt purposes  | <del></del>                                    | OCHOIN ICE   |
| 2          | Amounts paid to perform activity that directly furthers exem  |  |  |  |
| _          | organizations, in excess of income from activity  |  |  |  |
| _ <u>.</u> | Administrative expenses paid to accomplish exempt purpos  | es of supported organization   | s  |  |
| 4          | Amounts paid to acquire exempt use assets   |  |  |  |
| 5          | Qualified set-aside amounts (prior IRS approval required)   | •  |  |  |
| 8          | Other distributions (describe in Part VI). See instructions.  |  |  |  |
| _7_        | Total annual distributions. Add lines 1 through 6.  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| 8          | Distributions to attentive supported organizations to which t   | he organization is responsive  | 1  |  |
|            | (provide details in Part VI). See Instructions.   |  |  |  |
| 9          | Distributable amount for 2017 from Section C, line 6  |  | <u> </u>                                       |  |
| 10         | Line 8 amount divided by line 9 amount  |  | <u> </u>                                       | <u> </u>   |
| Sect       | ion E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2017         | (iii) Distributable . Amount:for 2017  |
| _1_        | Distributable amount for 2017 from Section C, line 6  | <b>三年,1987年,1988年</b>  | <b>选择的证据上述系统</b>                               | 1  |
| 2          | Underdistributions, if any, for years prior to 2017 (reason-  |  |  | <b>可能性地位于</b>  |
|            | able cause required explain in Part VI). See instructions.  | <b>全国的企业企业</b>   |  |  |
| 3          | Excess distributions carryover, if any, to 2017   |  | 是實施主任批准  |  |
| _ <u>a</u> | 大学: 1. A. M. M. C. C. C. C. C. C. C. C. C. C. C. C. C.  | <b>创作的图像是一个一个</b>  |  |  |
| <u>b</u>   | From 2013   |  | <b>是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一</b> |  |
| C          | From 2014   |  |  |  |
| <u>d</u>   | From 2015   |  |  |  |
| . 0        | From 2016   |  |  | <b>对最近是原文化。</b>  |
| _          | Total of lines 3a through e   |  |  |  |
|            | Applied to underdistributions of prior years  |  |  |  |
| <u>h</u>   | Applied to 2017 distributable amount  |  |  |  |
| <u></u>    | Carryover from 2012 not applied (see instructions)  |  |  |  |
|            | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |  |  |
| 4          | Distributions for 2017 from Section D.  |  |  |  |
|            | line 7: \$  | <b>2011年中央共和国的共和国的</b>   |  |  |
|            | Applied to underdistributions of prior years  |  |  |  |
|            | Applied to 2017 distributable amount.   |  | <b>建筑的工程的一个工作。</b>                             | <b>联系统设计</b>   |
|            | Remainder. Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2017, if |  |  | Mark Street Street Street  |
| 5          | 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  |  |  |  |
| _          | and 4b from line 1. For result greater than zero, explain in  |  |  |  |
|            | Part VI. See instructions.  |  | <b>建筑和大型的</b>                                  |  |
| 7          | Excess distributions carryover to 2018, Add lines 3j  |  |  | <b>图图 共產黨的</b>   |
|            | and 4c.   |  | 的主体证明工作的                                       |  |
| 8          | Breakdown of line 7:  |  | <b>经工程的</b>                                    | <b>建建筑工作设置</b>   |
|            | Excess from 2013  |  |  |  |
|            | Excess from 2014  | <b>经实际经验的</b>  |  |  |
| C          | Excess from 2015  | <b>计划的                                    </b>   | <b>建設的開始的工程的</b>                               |  |
| d          | Excess from 2016  |  |  |  |
|            | Excess from 2017  | TO CHARGE STATE OF THE PARTY OF | <b>《美国中国公司中国</b>                               | PART OF THE PART O |

京海等的人的表现了一个一个数据,可以不是这个方式。1917年12日,在1917年12日

| Schedule A  | (Lown agn of Ann-F  | Z) 2017 VIRGII   | <u>n tettunde</u>  | PERINATA   | TI TINC  | 00   | -0609857 Page 8  |
|-------------|---|--|--|--|--|--|--|
| Part VI     | Supplemental<br>Part IV, Section A,<br>line 1; Part IV, Sec<br>Section D, lines 5,<br>(See instructions.) | Information. Pr<br>lines 1, 2, 3b, 3c, 4<br>stion D, lines 2 and 3<br>6, and 8; and Part \ | rovide the explanate, 4c, 5a, 6, 9a, 9b; Part IV, Section E, lines 2 | tions required by<br>, 9c, 11a, 11b, a<br>E, lines 1c, 2a, 2b<br>2, 5, and 6. Also ( | Part II, line 10; Part IV, S<br>, 3a, and 3b; Part<br>complete this part | art (I, line 17a or 17b;<br>ection B, lines 1 and :<br>V, line 1; Part V, Sec<br>t for any additional in | Part III, fine 12;<br>2; Part IV, Section C,<br>tion B, line 1e; Part V,<br>formation. |
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## **SCHEDULE 0** (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.

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

Department of the Tressury Internal Revenue Service Name of the organization

VIRGIN ISLANDS PERINATAL INC

Employer identification number 66-0609857

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:               |
|---|
| THE DISTRIBUTION OF FOOD, WATER, CLOTHING, AND PERSONAL HYGIENE ITEMS.      |
| ·   |
| FORM 990, PART VI, SECTION B, LINE 11B:                                     |
| PRIOR TO FILING, THE COMPLETED FORM 990 IS PRESENTED AT A MEETING OF THE    |
| BOARD OF DIRECTORS OR VIA EMAIL FOR REVIEW, DISCUSSION AND QUESTIONS.       |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |
| ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO SIGN A FORM  |
| DISCLOSING ANY POTENTIAL CONFLICT OF INTEREST OR LACK THEREOF.              |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |
| THE BOARD OF DIRECTORS CONDUCTS THE EVALUATIONS ON AN ANNUAL BASIS, AND     |
| DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE PROCESS INCLUDES |
| 1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS 2) USE OF DATA AS TO       |
| COMPARABLE COMPENSATION AND 3) CONTEMPORANEOUS DOCUMENTATION AND            |
| RECORDKEEPING.  |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |
| THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL  |
| STATEMENTS ARE AVAILABLE TO THE PUBLIC, UPON REQUEST, AT THE ORGANIZATION'S |
| MAIN OFFICE   |
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