-	90	ì	Under section 501	(c), 527, or 49	AHIZALIOH E 947(a)(1) of the int I security number	emai Reve	rus Cods (exc	ept private fo	nuɗayan	RIO	201 Open to	-
nai Rovan	the Tressury rue Service		<u>▶ Go</u>	to www.lra.g	ov/Form990 for in	atructions	and the letest	Information.	11	$\nu \Psi$	Inspec	tion
For the			or tax year begins					19	10.5		tification numb	
Check if a	abblicapie (C Name of organia	- Secretarian	_	rganizatio	n for	Island		I D ER	aproyer roer	INICATION NUME	•
Acriress o	apande			c Engage	ement Inc.				ے ا	. 006	1504	
i Nacins ch	range i	Doing business	reet (or P O box it mail t	le not delibered to	a street address)			Room/suite		5 - 086		
tes lected f	h m	PO Box	•	12 LYOK GRINARISO KO) 51/801 &CC(055)			House	''	100-00-0		
Firste			tale or province, country	, and ZIP or fore:	gn postal code —							
terrunat		St. Th	OTRAS	v	I 00801-10	58			0.66	osa receints S	24	12,030
∫ Amend	led return		dress of principal officer.					i i				(Q)
- Applica	ation pending	Enric	rue Rodrig	niez				H(a) is thus	a group rails	m for subord	nates? Ye	No X
			x 8058	,			اہ	H(b) Are at	subordinal	es included	yei	ı ∐ No
			Chomas		VI 008	301	1/-	[r·	'No." attach	a fist (200	rstructions)	
1 Tov	axempl statu		(cH3) X 501(c) ((4) ∢ nn		17(a)(1) or	527	Ħ				
		N/A	okaj jest solici j	- 1, 45.	1 1 40°	417 4 171) 0	1,1,32,	力 H(e) Group	ezemerlon	number D		
	m ol arcangal		rabon Trust	Association	Other >		1	Year of formation:			State of legal dom	icie: VI
Par		Summary			,		1					
-1			organization's missi	ion or most s	innificant activitie		 	•				
Governance		e Schedu]					1					
é			It ine organizatio			r disposed	of more than 2	5% of its net	assets.			
≈ 8	3 Numb	ber of voting m	embers of the gove	aming body (f	Part VI, line 1a)	B	ECEIV/	ED .	1 }	3 1	·	
Activities	_ 4_Numb	per of jüdebeüd	qeuit vot, ud mempe	rs of the gove	aming body (Part	VI, line 1b)	CCEIVI			4 1		
2	5 Tota	unwoet of tud	ividuais employed i	in calendar ye	ar 2018 (Part V,	(C) ka)		· [8]		5 0		
Ac	6 Total	number of vol	unteers (est mate d	necessary)		<u>6</u> 1	UL 1426	NS-0		6 0		
-	7a Total	unrelated bus	iness revenue from	Part VIII, co	umn (C), line 12	"		38		7a	·	0
	b Net L	inrelated busin	iess taxable income	a irom Form s	390-1, line 38		CDEN		Year	7b	Current Ye	
	9 Cont	ebutions and o	rants (Part VIII, line	e 1n)			GDEN,	 				2,000
Rovenue		_	venue (Part VIII, lin									0
949	10 Inves	stment Income	(Part VIII, column	(A), lines 3, 4	i, and 7d)							30
	11 Othe	r revenue (Par	t VIII, column (A), I	inas 5, 6d, 8d	, 9c, 10c, and 11	e)						0
	12 Total	revenue - ado	lines 8 through 11	l (must equal	Part VIII, column	(A), line 1:	2)				24	2,030
	13 Gran	ts and similar i	ampunts paid (Part	IX, column (A), lines 1–3)							0
			or mambers (Part I									0
2	15 Salar	ies, other com	pensation, employe	ee benefits (f	Part IX, column (#	4), lines 5-	0)			Ţ		0
xpenses	16a Prole	ssionai fundra	ising lees (Part IX,	column (A),	line 11e)							0
×	b Total	fundra'sing ex	penses (Part IX, co	olumo (D), lin	ie 25) ▶		0					
. 1			ert IX, column (A), l		•							<u> 27 ,777</u>
- 1			d lines 13–17 (mus			ne 25)						<u> 27,777</u>
	19 Ravar	nue less exper	ises Subtract line	18 from line	12							14,25
	an Talais	annala (Dart V	lino 16)					Beginning	of Currer		End of	
2.5		assets (Part X Iablittes (Part	· · · · · · · · · · · · · · · · · · ·		•••••				·	_ 0		14,25
Eg.			•	line 24 train	lm= 20		•			0		
Parl		Signature	alances Subtract	HING ZI HOM	IHIO EU	-				0		14,25
							~~					
true o	r penames (correct are	ur pegury, I dec 1 complete: Dec	lare that I have exam claration of preparer	nined talk retu (other than all	m, including accom	rpenying sci	edules and sta	tements, and t	to the bea	st of my kr	bns egbelwo	bellef, it is
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5 1		Signature of office									10/11	2/30%
Sign		•							_	Date	• •	{
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	1	Type or print nam										
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	Firm's 8	COVERS P	or inoma	0, VI	-00002				, B1	Phone no.	340-	110-0
ay the	IRS discu	ss this return	with the preparer	shown ahou	اختراقتها ومعا	ione)		<u> </u>		Phone no.		X Yes

	ganization for Island	1 66-0861594	Page 2
	m Service Accomplishments	. I' i- Abi- Down III	X
		line in this Part III	<u>A</u>
Briefly describe the organization's mis			
See Schedule O			
	gnificant program services during the year		
prior Form 990 or 990-EZ?			🗌 Yes 🗶 No
If "Yes," describe these new services			
B Did the organization cease conducting	g, or make significant changes in how it co	onducts, any program	
services?			
If "Yes," describe these changes on S	ichedule O.		
4 Describe the organization's program s	service accomplishments for each of its th	ree largest program services, as measured by	•
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report	the amount of grants and allocations to others	
the total expenses, and revenue, if an	y, for each program service reported.		
la (Code:) (Expenses \$	227,695 including grants of	\$) (Revenue \$	
To educate the peopl	e of United States V) (Revenue \$ Tirgin Islands on the p	olitical
processes and the in	aportance of voter re	gistration and civic p	articipation
• • • • • • • • • • • • • • • • • • • •			
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b (Code:) (Expenses \$	Including arents of	\$) (Revenue \$	•
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c (Code:) (Expenses \$	Including grants of	(Revenue \$	
N/A		•	
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•• •• •• •• •• •• •• •• •• •• •• •• ••	-		
••• ••• • • • • • • • • • • • • • • • •			
d Other program services (Describe in	Schedule O.)		·
(Expenses \$	including grants of \$) (Revenue \$)
	227,695		



Page 3

: F C	rt IV: Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ļ	
	complete Schedule A	-1-		<u> X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	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	4		
5	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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	-	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
_	"Yes," complete Schedule D, Part I	6	\vdash	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			4.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	complete Schedule D, Part III	8		X
9	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	l		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۳		
		1 40		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	J		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		l
	complete Schedule D, Part VI	11a		X
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		_X
c	Did the organization report an amount for investments—program related in Part X, tine 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•		11d		X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		-	X
e	Did the organization report an amount for other llabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		├ ≏
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ì	٠.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	├	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	X
ъ	Was the organization included in consolidated, independent audited financial statements for the tax year? #	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			┞╌
			1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	}	 ₩
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	├ —	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		LX
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	<u> </u> x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T^{-}	T
		18		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	1	+	†~
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	-
19	II "Ves " complete Schodule G. Part III	19	+-	Т×
	If "Yes," complete Schedule G, Part III			X
19 20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	lacktrians	+==
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	lacktrians	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		lacktrians	x

Pa	nt IV Checklist of Required Schedules (continued)			
			Yes	No
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 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		- 1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		- 1	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	i I	1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	l	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
238	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
		25b		X
	If "Yes," complete Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			x
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	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 instructions for applicable filing thresholds, conditions, and exceptions):			₩
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l		32
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	l		
	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		i	.,
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1	l	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	—
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		L
	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		1	
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<u>X</u>
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a		4 :		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_ '	· hall of	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			100
	reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	X
		F	ım 9 9	0 (2018)

	990 (2018) Volunteer Organization for Island 66-08615			P	<u>age 5</u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	90)	$ \tau$	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		100	7, 7
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	}		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?] 2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	·	3b		
- 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
b	If "Yes," enter the name of the foreign country: ▶				12,1-
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	.:	, -	1,18
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or			
	gifts were not tax deductible?	· · · · · · · · · · · · · · · · · · ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).				l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods			1
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_	1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f	<u> </u>	ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g	<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	1	ŀ	-
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			Į.	1134
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	Ь—	↓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		89	<u> </u>	_
0	Section 501(c)(7) organizations. Enter:	1	1		i
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4	1	1
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4	İ	
1	Section 501(c)(12) organizations. Enter:			1	117
a	Gross income from members or shareholders	11a	4		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1			1
	against amounts due or received from them.)	11b	-1	1	1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		128	 	7.5%
þ	, 100) onto the discount of the control of the cont	12b	4		1 1
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	├-	╂
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	┼	
	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		.	Ι.	10
		13b	-	l '	
C	Enter the amount of reserves on hand	13c	148	+	X
4a	Did the organization receive any payments for indoor tanning services during the tax year?		148 14b	+	╁╇
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		140	+-	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x
	excess parachute payment(s) during the year?		13	,	· 题:
	If "Ye's," see instructions and file Form 4720, Schedule N.	incomo?	16	1	X

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O.

VI 00801

20

Enrique Rodriguez

St. Thomas

financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

PO Box 8058

DAA

OVOICE 06/11/2	021 3 [.] 16 PM							
Form 990 (2	018) Völunt'eer	Organi	zation	for I	sland	66-086	1594	Page 7
Part VII	Compensation o Independent Cor		irectors,	Trustees	, Key Em	ployees, High	nest Compensated E	mployees, and
	Check if Schedule	O contains a	a respons	e or note	to any line	e in this Part V	<u> W.,, , ,,</u>	
Section A.	Officers, Directors,	Trustees, Key E	mployees,	and Highes	t Compens	ated Employees		
1a Complete organization	e this table for all persor 's tax year.	ns required to be	listed. Rep	ort compens	sation for the	calendar year er	nding with or within the	
compensation	on. Enter -0- in columns	(D), (E), and (F)	if no compa	ensation was	s paid.	•	s), regardless of amount of	
	of the organization's cu					•		
who received	e organization's five cur d reportable compensati and any related organiz	on (Box 5 of For	npensated a m W-2 and	employees (or Box 7 of	other than a Form 1099-	n officer, director, MISC) of more th	trustee, or key employee) an \$100,000 from the	
• List all \$100,000 of	of the organization's for reportable compensation	rmer officers, ke on from the orga	y employee nization and	s, and highed any related	est compens I organizatio	sated employees ns.	who received more than	
 List all organization 	of the organization's fo , more than \$10,000 of i	rmer directors of reportable compo	or trustees ensation fro	that receive m the organ	d, in the cap Ization and	pacity as a former any related organ	director or trustee of the lizations.	
compensate	in the following order: in demployees; and forme	r such persons.		•	•			
X Check th	is box if neither the orga	anization nor any	related org	anization co	mpensated	any current office	er, director, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related	(do not ches box, unless officer and a	(C) osition at more than one person is both a director/trustee	n))	(D) Reportable empensation from the organization -2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
		organizations below dotted line)	Institutional trus or director	Highest compo	~			and related organizations

	hours per week (list any	too of	ix, unti	ess pa	rson	than o is both or/truste	an	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Enrique Rodrigue	10.00									
President/Treasurer	0.00	X	L	X		Ш		0	0	0
(2)										
(3)										
									_	
(4)										
(5)			Γ						•	
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(9)						1				
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(10)		Γ	Γ				Γ			
(11)		Γ	Γ	Γ		T				

_Pa	rt VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(de	o not o	Pos check sss pa	C) illion more	than o	en en	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estuna amoun othe impens	ted t of r sation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	8	from t rganiza and ret rganiza	ation ated	
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·														
1b c <u>d</u>	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, \$	Secti					▶ ▶						
2 	Total number of individuals (ir reportable compensation from				thos	e lis	ted a	abov	ve) who received more than	\$100,000 of			Yes	No
3	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin organization and related organization and related organization."	" complete Sche e 1a, is the sum nizations greater	dule of re than	J for port 1 \$15	suc able 60,00	th ind com 00? i	dividu npens If "Ye	ual satio ss,"	on and other compensation complete Schedule J for su	from the		3		x
5	Individual Did any person fisted on line for services rendered to the original of the original of the original of the original of the original of the original of the original of the original of the original of the original origi	rganization? If "	rue (/es,*	com com	pens plet	ation <u>e Sc</u>	n fror chedu	n ai	ny unrelated organization of I for such person	r individual		5	-	x
1	Complete this table for your fi compensation from the organ	ve highest comp ization. Report c							dar year ending with or with	nin the organization's tax y	ear.			
	Name and	(A) I business address						╀	Descrip	(B) ption of services		<u>c</u>	(C) ompensa	ition
		. <u>-</u>				<u> </u>		-						
		<u> </u>						-			_			
	Total number of independent received more than \$100,000	contractors (incli	uding	g but	not	limit	ted to	the	ose listed above) who	0			ر. اور الماري اور الماري	
DAA		verriperisauti		4111	. UI	-UI 174	-uull					Fo	m 99	0 (2018)

			unteer (niza	tion for	or Is	land	66-	086159	4					Page 9
Pa	ırt V	III Stater	nent of Reve if Schedule	e <mark>nue</mark> O con	tains a	resnonse	or note	to any line	in this	Part VIII						
		Oncor	Contoduio		icanis a	response		(A) al revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue			(D) Revenue xcluded from under section 512-514	
5 5	1a	Federated car	npaigns	1a	····	· · · · · · · · · · · · · · · · · · ·		£		TOVERIDO	7				3/2	
Program Service Revenue Contributions, Gifts, Grants	ь	Membership d		1b			1		[- [•	
Ağ, C	c	Fundraising e	vents	1c] ,	14 4		٠٠ کابر ۲۰۰۰	- 12:00		ار ،) केंद्र •
<u>S</u>	ď	Related organ		1d				1		•	1	F.,	·			" -
ğΈ	e	Government grants	(contributions)	1e			ł	_			1					
it is	f	All other contribution					· .i.	(146	١,	, <u>L</u>	1.			,	1	134.5
₹	1	and similar amounts	not included above	11		242,000	,		İ	-	1		į	ł	-	
a se	9		ns included in lines 1a		\$											*,-
<u>Q</u> ₽	<u>h</u>	Total. Add line	<u> 1a–1f</u>	<u> </u>		<u>, </u>		242,000	17		1 1 1	- 1 ¹		Ţ.	1-7	<u>'₽-å-</u>
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5			es 2a-2f						_					<u> </u>		
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		and other simi				oo., ▶		30		3	0			}		
	4		nvestment of tax													
	5															
		•	(i) Real			Personal										
	6a	Gross rents									1					
	ь	Less rental exps.] .		ĺ		ſ			ĺ		٠.
	C	Rental inc. or (loss)							}		ł			•		
	d		me or (loss)		<u> </u>	<u> </u>										
	/a	Gross amount from sales of assets	(i) Secunties		(ii	i) Other]		٠,		l	•			•	
	l	other than inventory														
	Ь	Less: cost or other					1									
		basis & sales exps.			ļ				İ		1.				-	-
	c	Gain or (loss)			L		1		•		İ			-		
			ss)			<u> </u>					_			-		
9	8a		om tundraising eve	ents				1			ŀ					1 1
Ven	!	(not including \$	 reported on line 1c	, ···		•	ļ				1			ļ	-	
Other Revenue	l	See Part IV, line	4.				1			_				İ	-	-
řě	١؞		18 Openses				1							1		
õ			(loss) from fund		events		i				- 1			1		
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			(loss) from gan	•	tivities .	>]							<u> L</u>		
	i		f inventory, less	- 1							I	-				-
			lowances				1								• ~	
	Ь	Less: cost of		h			1			٠,	<i>::</i>			-		
	<u>۔</u>		(loss) from sale		ventory.		<u> </u>		<u> </u>					↓		
	<u> </u>		cellaneous Revenue			Busn. Code				-	-			1		
	11a					<u> </u>	 -		 					- -		
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			Nue			<u> </u>	 		-		+	, ,		+-		
			es 11a–11d e. See Instructio				 	242,030	 		30		Ö	, 		0

Statement of Functional Expenses 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 or note to any line in this Part IX (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b. Program service expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign الآيا organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ... 9 10 Payroll taxes Fees for services (non-employees): Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 218,780 218,764 16 (A) amount, list line 11g expenses on Schedule O.) 8,931 8,931 Advertising and promotion 12 66 66 13 Office expenses Information technology 14 Rovalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion; and amortization 22 Insurance 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) e All other expenses 227,777 227,695 82 0 25 Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the organization reported in column (B) Joint costs from a combined educational campaign and fundralsing solicitation. Check here ▶ if

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash—non-interest bearing 1 14,253 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section i de fir 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 Grants payable ... 18 18 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 14,253 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Fund Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and 5 complete lines 30 through 34. . .:. . Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 33 14,253 Total liabilities and net assets/fund balances

Form	990 (2018) Volunteer Organization for Island 66-0861594	_			Pag	ge 12
Pε	rt XI Reconciliation of Net Assets	_				
	Check if Schedule O contains a response or note to any line in this Part XI		••••			
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		2	42,0	030
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	27,	777
3	Revenue less expenses. Subtract line 2 from line 1	3			14,	253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			14,	<u> 253</u>
Pa	rt XII 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: X Cash Accrual Other			١.	3: /	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				12.5cm	1
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Ш	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				-	}
	reviewed on a separate basis, consolidated basis, or both:					_
	Separate basis Consolidated basis Both consolidated and separate basis				11 -	
b	Were the organization's financial statements audited by an Independent accountant?	,		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		1		.5.	ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			l	, 1	
	of the audit, 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			-	= 1	3-
	Schedule O.			ł		1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b		
				Fo	m 990	(2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

▶ Complete if the organization is described below.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

if the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	section 501(c)(4), (5), or (6) organizations: Complete Part III.				
Nam	of organization Volunteer Organizati	on for Island			fication number
	Civic Engagement Inc			66-08615	94
Pai	t I-A Complete if the organization is exem	pt under section 501(c) or is a section	n 527 organizatio	<u>n</u>
1	Provide a description of the organization's direct and indirect	ct political campaign activitie	s in Part IV. (see ins	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶\$	
3		ctions)			
Pai	t I-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organization				
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			
4a	Was a correction made?				. Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exem			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
	activities			▶\$	
2	Enter the amount of the filing organization's funds contribut	<u>-</u>			
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enti	er nere and on Form 1120-P	UL,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	? _.			Yes X No
5	Enter the names, addresses and employer identification nu				
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action committee	ee (PAC). If additional space			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds, if none, enter -0	promptly and directly
				101103, 11 110110, 01101	delivered to a separate
					political organization. If none, enter -0
			_		111070, 01101 0.
(1)					
					
(2)					
			· · · · · ·		
(3)					
					<u> </u>
(4)			-		
			- 	 	
(5)			1		[
				 	
(6)		1	1	1	Į.

Schedule C (Form 990 or 990-EZ) 2018 Volunteer Organization for Island 66-0861594	Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	
section 501(h)).	
A Check > if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's na	me,
address, EIN, expenses, and share of excess lobbying expenditures).	
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.	
	Affiliated oup totals
1a Total lobbying expenditures to Influence public opinion (grass roots lobbying)	<u> </u>
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both	
columns.	
	1,45
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	, , , ,
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000 St. not over \$17,000,000 St.,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	Yes No
4-Year Averaging Period Under Section 501(h)	
(Some organizations that made a section 501(h) election do not have to complete all of the five columns bel	
See the separate instructions for lines 2a through 2f.)	ow.
,	ow.
	ow.
Lobbying Expenditures During 4-Year Averaging Period	ow.
	(e) Total
Calendar year (or fiscal year	
Calendar year (or fiscal year	
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018	
Catendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 2a Lobbying nontaxable amount	
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 2a Lobbying nontaxable amount b Lobbying ceiling amount	
Catendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e))	
Catendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots ceiling amount e Grassroots ceiling amount	
Catendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount	

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Раπе	- 3
· wyv	•

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state, or local	,	a)	(b)		
During the year, did the filing organization attempt to influence foreign, national, state, or local	Yes	No		Amount	
	7		10,	-4	4 11 1
legislation, including any attempt to influence public opinion on a legislative matter or	1		-		1
referendum, through the use of:		a	9.9.	1-1	, 0
a Volunteers?	-		· ·	1	- L
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	.		· .	•	
c Media advertisements?					
d Mailings to members, legislators, or the public?	·			-,	
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	·		├──		—
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
					
i Other activities?	·	`			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	,	;	<u> </u>		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5).	or se	ection		
501(c)(6).	\-/\- <i>/</i> ,				
				Ye	s
Were substantially all (90% or more) dues received nondeductible by members?				1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	ᆚ
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yea	r?	<u> </u>		3	ᆚ
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members	UN (L) Par	I		- -
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		 '-	 		
political expenses for which the section 527(f) tax was paid).			1		
- Current year		2a			
b. Commissions from background		2b			
	• • • • • • • • • • • • • • • • • • • •	2c			_
e Total	• • • • • • •		 		
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		I 3			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3_			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•	3_			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		3 4			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					

Schedule C (Form	990 or 990-EZ) 2018	_ Volunteer	Organizatio	n for	Island	66-0861594	Page 4
Part IV	Supplemental	Information (co.	ntinued)				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMR No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number Volunteer Organization for Island Civic Engagement Inc. 66-0861594 Form 990 - Organization's Mission or Most Significant Activities Organizations mission is to promote the common good and general welfare of the USVI community through education on the social and economic benefits, pending legislation, political processes and the importance of voter registration and civic participation. Form 990 - Organization's Mission Organizations mission is to promote the common good and general welfare of the USVI community through education on the social and economic benefits, pending legislation, political processes and the importance of voter registration and civic participation. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 11g - Other Fees for Services Description Tot/Prog Service Mgt & General Bank Service Charges Program Services 218,764

Schedule O (Form 99 Name of the organization	0 or 990-EZ) (2018)	Page 2 Employer identification number
-	Organization for Island	66-0861594
	Total	
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