For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the Treasury 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)

 \blacktriangleright 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.

OMB No. 1545-0047

DLN: 93493318074950

2019

Open to Public Inspection

A F	or th	ne 2019 d	alendar year, or tax year begin	ning 01-01-2019 , and ending 12-	31-2019		
B Che	ck if a	applicable:	C Name of organization ST CROIX FOUNDATION FOR COMMU	INITY		D Employe	r identification number
		change	DEVELOPMENT	1111		66-0480	131
		hange	Doing business as				
	itial re al retu	eturn irn/terminated	_				
		ed return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	suite	E Telephone	number
□Ар	plicat	ion pending	PO BOX 1128			(340) 77	3-9898
			City or town, state or province, coun	try, and ZIP or foreign postal code			
			CHRISTIANSTED, VI 00821			G Gross rece	eipts \$ 4,348,830
			F Name and address of principal	officer:	H(a)	Is this a group retu	urn for
			DEANNE JAMES PO BOX 1128			subordinates?	□Yes 🗹 No
			CHRISTIANSTED, VI 00821		H(b)	Are all subordinate included?	s □Yes □No
I Ta	x-exe	empt status:	: ☑ 501(c)(3) ☐ 501(c)() ◀(nsert no.) 4947(a)(1) or 527	l l		st. (see instructions)
J W	ebsi	ite:▶ WV	WW.STXFOUNDATION.ORG			Group exemption r	
K For	n of c	organization	n: 🗹 Corporation 🔲 Trust 🔲 Associ	ciation Other ►	L Year o	f formation: 1990	M State of legal domicile: VI
			·				
P	art I		nmary				
			scribe the organization's mission or	most significant activities: OPMENT OF TH ISLAND OF ST. CROIX A	NID THRO	HIGHOLIT THE LLS V	VIDGIN ISLANDS
Ce		1010311	ER LEGINOPHIC AND SOCIAL DEVELO	FINENT OF THE ISLAND OF ST. CROIX F	ND IIIKO	OGHOOT THE 0.5	VINGIN ISLANDS.
Ten L							
Governance		-					
γoξ	_			continued its operations or disposed of g body (Part VI, line 1a)			
	3						3 6 6
S a	4		·	the governing body (Part VI, line 1b)			
Activities &	5			endar year 2019 (Part V, line 2a) .			5 8
cti	1		•	essary)			6
٩	1			VIII, column (C), line 12			7a 0
	Ь	Net unre	elated business taxable income from	Form 990-T, line 39	<u> </u>		7b
						Prior Year	Current Year
₫.	8		tions and grants (Part VIII, line 1h)			2,781,93	
Ravenue	9	Program	service revenue (Part VIII, line 2g)			433,85	56 521,777
å	10	Investm	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)		5,15	57 10,991
	11	Other re	venue (Part VIII, column (A), lines 5	i, 6d, 8c, 9c, 10c, and 11e)		55,29	
	12	Total rev	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		3,276,24	4,214,603
	13	Grants a	ınd similar amounts paid (Part IX, co	olumn (A), lines 1–3)		637,90	1,379,361
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)			0
&	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)		328,73	36 402,333
enses	16	a Profession	onal fundraising fees (Part IX, colun	nn (A), line 11e)			0
<u> </u>	b	Total fund	Iraising expenses (Part IX, column (D), li	ne 25) ▶2,748			
Д	17	Other ex	penses (Part IX, column (A), lines 1	la-11d, 11f-24e)		1,360,24	42 2,289,148
	18	Total exp	penses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		2,326,88	4,070,842
	19	Revenue	e less expenses. Subtract line 18 fro	m line 12		949,36	143,761
9 S					Begi	nning of Current Ye	ar End of Year
Net Assets or Fund Balances	_						
Ass Ba	1		sets (Part X, line 16)			4,273,56	
to bu	1		oilities (Part X, line 26)			727,64	
Z . <u>.</u>	22		ets or fund balances. Subtract line 2	1 from line 20		3,545,92	3,409,465
	art II		nature Block	ned this return, including accompanying			
				Declaration of preparer (other than off			
any k	nowl	ledge.			-		
		*****	**			2020-11-13	
Sian		Signat	ture of officer			Date	
Sign Here		, DEAN	NE JAMES EVECUTIVE DIDECTOR				
			NE JAMES EXECUTIVE DIRECTOR or print name and title				
		17	Print/Type preparer's name	Preparer's signature	Date	☐ PT	TIN
Paid	d]			2020-11-1		00606886
Pre		er	Firm's name BERT SMITH & CO			Firm's EIN ► 52-1	094722
Use	•	.s. ⊢	m	16TF 020			
USE	. 01	''y	Firm's address ► 1090 VERMONT AVE NW	/ STE 920		Phone no. (202) 39	93-5600
			WASHINGTON, DC 200	052125			
		D.C. 11	this return with the preparer show	n above? (see instructions)			☐ Yes ☐ No

Cat. No. 11282Y

Form **990** (2019)

Form 990 (2019)	
Forn	

Page 2

П	Partill Statement of Program Service Accomplishments	ce Accomplist	ıments		
	Check if Schedule O contains a response		or note to any line in this Part III .		
- 0	1 Briefly describe the organization's mission: TO FOSTER ECONOMIC AND SOCIAL DEVELOPMENT	NT OF THE ISLANDS OF	ST.	CROIX AND THROUGHOUT THE UNITED STATES	STATES VIRGIN ISLANDS.
7	Did the organization undertake any significant pr the prior Form 990 or 990-EZ?	ant program serv	ogram services during the year which were not listed on	were not listed on	☐ Yes ☑ No
m	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	hedule O. nake significant c	hanges in how it conducts:	s, any program	; 5 ;
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three 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	le O. e accomplishmen ons are required	ts for each of its three large to report the amount of gi	gest program services, as measure	☐ Yes ☑ No d by expenses. total
4a	(Code:) (Expenses \$	79,078 includi	including grants of \$) (Revenue \$	
4 _b	(Code:) (Expenses \$ See Additional Data	1,257,363	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$	
	(Code:) (Expenses \$ OTHER PROGRAMS: THE FUNDS ARE USED TO SUP	2,122,058 SUPPORT COMMUNITY	including grants of \$ ' DEVELOPMENT THROUGH VA	2,122,058 including grants of \$ 1,379,361) (Revenue \$ COMMUNITY DEVELOPMENT THROUGH VARIOUS ACTIVITIES AND EVENTS.	
4 d	Other program services (Describe in Scl (Expenses \$ 2,122,058	nedule O.) including grants of \$		1,379,361) (Revenue \$	
4e	Total program service expenses ▶	3,458,499	66		000 (2010)

Par	t 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," complete Schedule A $\ref{20}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	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 or accounts? If "Yes," complete Schedule D,Part 2	6	Yes	
7	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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 2	8		No
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	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 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	

Pai	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		No	
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? <i>If "Yes," complete Schedule J </i>	23		No	
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 through 24d and complete Schedule K. If "No," go to line 25a	24a		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part	25a		No	
	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? <i>If "Yes," complete Schedule L, Part I </i>	25b		No	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
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		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No	
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		No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No	
b	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No	
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		No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes		
Pa	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>	
1 =	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37		Yes	No	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	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		'
b	Note. See the instructions for additional information the organization must report on Schedule O. 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			
r	When the organization is neclised to issue qualified health plans.			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. ✓ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Nο 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Νo Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes 8h Yes Each committee with authority to act on behalf of the governing body? . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No ${f b}$ Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Nο Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Nο 14 Did the organization have a written document retention and destruction policy? . Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Nο Other officers or key employees of the organization 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Uother (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

policy, and 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: ►ST CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT PO BOX 128 CHRISTIANSTED, VI 00821 (340) 773-9898

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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.

 See instructions for the order in which to list the persons above

See instructions for the order in which to list the persons above.

Check this box if neither the organization no		ganizat	tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u n of or/t	t ch unle: ficer rust	ss pers	son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEANNE JAMES EXECUTIVE DI	40.00			x				104,300	0	0
(2) MR MIKE DUNHAM VICE CHAIRPE	2.00	X		х				0	0	0
(3) MR WILLARD JOHN CHAIRPERSON	4.00	X		x				0	0	0
(4) MR SHOMARI MOOREHEAD TREASURER	4.00	Х		х				0	0	0
(5) TAMI NAVARRO PHD BOARD MEMBER	2.00	Х						0	0	0
(6) MRS BRENDA PEDERSEN SECRETARY	4.00	Х		х				0	0	0
(7) MR MIGUEL TRICOCHE BOARD MEMBER	2.00	Х						0	0	0

P	art VII Section A. Officers, Direct	ors, Trustees	, Key I	Emp	loye	es,	and I	High	nest Con	npensat	ted Employees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	than c is b	ne b	ox, ι n of	t che inles ficer	and a	son	Repo compe fron organ	rtable nsation n the ization	(E) Reportable compensation from related organizations	5	(F) Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- SC)	(W-2/1099- MISC)		organizat relat organiza	ed
												_		
	Sub-Total	 art VII Section			•		>							
	Total (add lines 1b and 1c)			<u></u>	<u>.</u>		•		1	04,300				
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived mor	e than \$	100,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>						oyee, o			npensate • •	d employee on	3		No
4	For any individual listed on line 1a, is			comp	ensa	ation	and c	ther	· compens	ation fro	m the	•		No
	organization and related organizations individual	s greater than \$	150,00	0? <i>If</i> •	"Yes	," c	omplet •	te Sc	hedule J	for such		4		N-
5	Did any person listed on line 1a receiv	/e or accrue cor	npensat	tion f	rom	anv	unrela	ated	organizat	ion or inc	dividual for	4		No
	services rendered to the organization	?If "Yes," compl	ete Sch	edule	J fo	r su	ich per	rson				5		No
	ection B. Independent Contract													
1	Complete this table for your five higher from the organization. Report comper											mpens	sation	
	Name a	(A) and business addre	ess							Des	(B) scription of services		(C Comper	
2	Total number of independent contractor compensation from the organization ▶	s (including but	not lim	ited t	o th	ose	listed	abov	/e) who re	eceived r	nore than \$100,00	00 of		

Form 990 (2019) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Total revenue Revenue excluded from Related or Unrelated business exempt tax under sections 512 - 514 function revenue revenue 1a Federated campaigns . **1**a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues . 1b ${f c}$ Fundraising events . 1c d Related organizations 1d e Government grants (contributions) 374,581 1e f All other contributions, gifts, grants, and similar amounts not included 3,369,880 1f above **g** Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 3,744,461 Business Code 195,54 195,548 2a PROGRAM INCOME Program Service Revenue 172,139 172,139 b OTHER REVENUE 154,090 154,090 c MANAGEMENT FEES f All other program service revenue. **9 Total.** Add lines 2a–2f. ▶ 521.777 ${\bf 3}$ Investment income (including dividends, interest, and other 10,991 10,991 similar amounts) . 4 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a 71,601 **b** Less: rental 6b 134,227 expenses c Rental income 6c -62,626 or (loss) **d** Net rental income or (loss) -62,626 -62,626 (i) Securities (ii) Other 7a Gross amount from sales of 7a assets other than inventory b Less: cost or other basis and 7b sales expenses 7c c Gain or (loss) \boldsymbol{d} Net gain or (loss) . . 8a Gross income from fundraising events Other Revenue (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses . . . 8b \boldsymbol{c} Net income or (loss) from fundraising $\overline{\boldsymbol{e}}$. **9a** Gross income from gaming activities. See **Part** IV, line 19 . . . 9a 9b **b** Less: direct expenses . . . c Net income or (loss) from gaming activities . 10aGross sales of inventory, less returns and allowances . . 10a ${f b}$ Less: cost of goods sold . . 10b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a d All other revenue e Total. Add lines 11a-11d . . . 12 Total revenue. See instructions 4,214,603 470,142

Form 990 (2019)

D-4 IV	Statement	of Europiana	LEvnone
Partix	Statement	or Functiona	i Expens

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	

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,379,361	1,379,361		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	328,506	21,667	306,839	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	50,476	18,179	32,297	
10	Payroll taxes	23,351		23,351	
11	Fees for services (non-employees):				
ā	a Management				
ŀ	DLegal				
c	Accounting				
c	il Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	994,104	994,104		
12	Advertising and promotion	77,884	77,884		
13	Office expenses	176,610	11,937	164,673	
14	Information technology				
15	Royalties				
16	Occupancy	45,465	23,082	22,383	
17	Travel	85,286	83,529	1,757	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	5,562		5,562	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	13,898	8,362	5,536	
24	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.)				
	a OTHER EXPENSES	386,112	336,167	47,197	2,748
	b GRANT AWARDS	378,813	378,813		
	c PROGRAM EXPENSES	125,414	125,414		
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,070,842	3,458,499	609,595	2,748
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X	Balance	Sheet
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		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		[2,276,597	2	2,081,050
	3	Pledges and grants receivable, net		,		3	
	4	Accounts receivable, net		[159,714	4	191,460
	5	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons	ontribu	tor, or 35% controlled		5	
	6	Loans and other receivables from other disqualit section $4958(f)(1)$, and persons described in se				6	
S	7	Notes and loans receivable, net		[7	
Assets	8	Inventories for sale or use				8	
45	9	Prepaid expenses and deferred charges				9	
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,440,126			
	b	Less: accumulated depreciation	10 b	540,989	1,831,073	10 c	1,899,137
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	27,583
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11		[6,180	15	5,180
	16	Total assets. Add lines 1 through 15 (must equ	ual line	: 34)	4,273,564	16	4,204,410
	17	Accounts payable and accrued expenses			156,489	17	329,452
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity		22	
≔	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· —	516,620	24	465,493
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables I).	s to related third parties,	54,534	25	
	26	Total liabilities. Add lines 17 through 25			727,643	26	794,945
nces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	ieck h	ere ▶ ☑ and			
ala	27	Net assets without donor restrictions			1,891,569	27	1,755,113
ĕ	28	Net assets with donor restrictions			1,654,352	28	1,654,352
or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, d	check here ▶ ☐ and			
	29	Capital stock or trust principal, or current funds				29	
Net Assets	30	Paid-in or capital surplus, or land, building or eq	•	<u> </u>		30	1
ASS	31	Retained earnings, endowment, accumulated inc	ome,	or other funds		31	
et,	32	Total net assets or fund balances	•		3,545,921	32	3,409,465
Ž	33	Total liabilities and net assets/fund balances .			4,273,564	33	4,204,410

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Form 990 (

Page **12**

Part XI Reconcilliation 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		4,	4,214,603
2 Total expenses (must equal Part IX, column (A), line 25)			4,	4,070,842
3 Revenue less expenses. Subtract line 2 from line 1	м			143,761
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		3,5	3,545,921
5 Net unrealized gains (losses) on investments				
6 Donated services and use of facilities	9			
7 Investment expenses				
8 Prior period adjustments	&		17-	280,217
9 Other changes in net assets or fund balances (explain in Schedule O)	6			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, colum	33, column (B)) 10		3,4	3,409,465
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		•	•	
			Yes	No
Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				8
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	r reviewed on a			
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
 Were the organization's financial statements audited by an independent accountant? 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: 	a separate basis,	2b		S S
\Box Separate basis \Box Consolidated basis \Box Both consolidated and separate basis				
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	ersight ntant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	lain in Schedule O.			
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?	th in the Single	3a	_	No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	go the required	3b		

Form **990** (2019)