

Form **990-PF**

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation GRATITUDE AMERICA LTD ROYAL PALMS PROFESSIONAL BUILDING		A Employer identification number [REDACTED]
Number and street (or P O box number if mail is not delivered to street address) 9053 ESTATE THOMAS SUITE 101	Room/suite	B Telephone number (see instructions) [REDACTED]
City or town, state or province, country, and ZIP or foreign postal code ST THOMAS, VI 00802		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 10,006,564	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc, received (attach schedule) . . . . .	10,003,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	4,332	4,332	4,332	
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
b Less Cost of goods sold . . . . .					
c Gross profit or (loss) (attach schedule) . . . . .					
11 Other income (attach schedule) . . . . .					
12 Total. Add lines 1 through 11 . . . . .	10,007,332	4,332	4,332		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc . . . . .				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .	543			543
	b Accounting fees (attach schedule). . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
22 Printing and publications . . . . .					
23 Other expenses (attach schedule). . . . .	225			200	
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	768	0		743	
25 Contributions, gifts, grants paid . . . . .	0			0	
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	768	0		743	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements . . . . .	10,006,564				
b Net investment income (if negative, enter -0-) . . . . .		4,332			
c Adjusted net income (if negative, enter -0-) . . . . .			4,332		