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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **January 1**, 2009, and ending **December 31**, 20 **10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**FRIENDS OF THE REDEEMER UNITED**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

6001 VISTA CIRCLE

City or town, state or country, and ZIP + 4

GULFPORT, MS 39507-4635**D** Employer identification number**26-1578216****E** Telephone number**228-697-7257****F** Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► **WWW.friendsoftheredeemer.org****J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **0****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50193
	2	Program service revenue including government fees and contracts	2	1428
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>50193</u> of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	51621	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	3253
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	12835
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	851
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe ► <u>NP MEM& CONF, TOYOTA VAN PURCHASE, GAS, MAINT, FEES</u>)	16	14160
	17	Total expenses. Add lines 10 through 16	17	31099
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20522
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	100
	20	Other changes in net assets or fund balances (attach explanation)	20	12600
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33222

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100	20622
23 Land and buildings	0	0
24 Other assets (describe ► <u>Toyota Van</u>)	0	12600
25 Total assets	100	33222
26 Total liabilities (describe ►)		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		33222

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Medical Clinic - Bull Savannah Jamaica See Attachment		
	\$1265 was specific assistance to individuals		
	(Grants \$ 1265) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	28a	27815
29	Reading Camp - Ridge Jamaica See Attachment		
	\$460 was specific assistance to individuals for food		
	(Grants \$ 460) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	29a	1472
30	Community Center - Ridge Jamaica See Attachment		
	\$1528 was for building supplies		
	(Grants \$ 1528) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	30a	1528
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	30815

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation	
---	--

(e) Expense account and other allowances

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b 0	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a NA	
b Gross receipts, included on line 9, for public use of club facilities	39b NA	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► MISSISSIPPI		
42a The organization's books are in care of ► JUDITH E RILEY Telephone no. ► 228-697-7257		
Located at ► 6001 VISTA CIRCLE GULFPORT MS ZIP + 4 ► 39507-4635		
b 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)?	42b	✓
If "Yes," enter the name of the foreign country: ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ► MEDICAL CLINIC IN JAMAICA		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	0
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	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	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

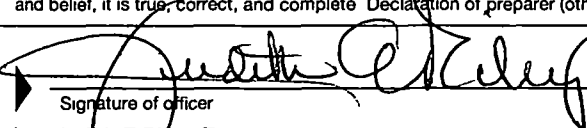
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **0**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer Judith E. Riley, Treasurer Type of preparer name and title		Date 5/7/2010	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FRIENDS OF THE REDEEMER UNITED

Employer identification number

26 1578216

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				100	50193.00	50293.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
4 Total. Add lines 1 through 3				100	50193.00	50293.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21573.00
6 Public support. Subtract line 5 from line 4.						28720.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				100	50193.00	50293.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				0	0	0
11 Total support. Add lines 7 through 10						50293.00
12 Gross receipts from related activities, etc. (see instructions)					12	1428.00
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33⅓% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Attachments for 990EZ

Part I - Line 20

In October 2009, FORU purchased a Toyota Van for \$12600.00. This van is used for patient transport to and from the medical clinic and for home visits.

Part III – Line 28-30

Line 28 -Medical Clinic - Pro Bono Physical Therapy:

FOR U supports physical therapy services provided by Dr. Brooke Riley, DPT in rural Jamaica. Services include out-patient and homecare physical therapy in the parish of St. Elizabeth. Dr. Riley treats patients at Vincent Strambi Health Center in Bull Savannah four days a week and does home visits throughout the parish once per week. FOR U also supports two local employees. They work as an office manager and a physical therapy tech for Dr. Riley. In July of 2010 FOR U will be employing another U.S. physical therapist to assist with the growing caseload. In 2009, Dr. Riley treated 60 patients in 540 total visits over forty weeks.

Dr. Riley ran two stroke camps in 2009, for her patients suffering from stroke or head injury. The camps consisted of five full days of intensive rehabilitation where patients worked on improving their balance, gait, and arm/hand function. Pre/Post-testing was done on the first and last days of the camp to measure functional change in these areas. (See Attachment A for Nov Stroke Camp statistics) Twenty volunteers, both physical therapists and physical therapy students from the U.S. flew down to Jamaica to help Dr. Riley run the camps in June and November. A total of fifteen patients were served, all of which made dramatic functional gains in their balance, gait, and arm function. This program serves to further our exempt purposes by supporting charitable medical services to under-served populations. Our objective of improving the quality of life of those we serve was met by improving their functional mobility and helping them to return to their normal activities of daily living. Our long-term goal is to reduce the incidence of stroke in Jamaica through education and preventative medicine.

Line 29 - Reading Camp:

In July/August of 2009, FOR U partnered with its sister organization, FOR U Jamaica to help support its first annual summer reading camp in Ridge, St. Elizabeth. In February 2009, two volunteer educators donated their time and traveled to St. Elizabeth to administer the Informal Reading Inventory to the children in Ridge and surrounding communities. Ninety-three children aged 5-15 were tested and community educators were taught how to administer the reading inventory. Results from the inventory revealed that only seven of the children tested were reading at the age-appropriate level. FOR U Jamaica held a community meeting and identified local educators to help run the summer reading program. The summer reading camp was held at the FOR U community center four days a week for four weeks from 9 am – 1pm and was overseen by community leader and FOR U board member, Anna Edwards. Twenty local volunteers as well as six U.S. volunteers participated. Children were divided up into three

Friends of the
Redeemer United
EIN: 26-1578216

categories based on their reading level (beginner, intermediate and advanced) and then sub-divided into classrooms of 10-15 children each. Each day consisted of two, one and a half hour sessions with a twenty-minute break in between where children could play on the basketball court and eat a snack. Lunch was provided by FOR U at the end of each day. Local volunteers were paid a small stipend for their assistance with the program which deferred their daily travel expense to and from the community center.

At the end of the camp some children were re-tested to evaluate the success of the program and to identify ways to improve for the future. Unfortunately, only 29 of the 93 children were able to be re-tested due to a lack of attendance on post-testing day as it was held just after a Jamaican holiday. (See Attachment B for Reading Camp statistics) FOR U plans to remedy this problem by starting a week earlier next year so there will be no scheduling conflicts with the holiday. This program furthers our exempt purposes by improving the education of the children living in an underserved population and empowering them to become more productive citizens. Our long-term goal is to eliminate illiteracy in Ridge and the surrounding rural communities.

Line 30 - Community Center:

To continue our partnership with FOR U Jamaica in the building of the community center, FOR U bought materials for the completion of a kitchen, bathroom and meeting room (phase-one) in the community center. Construction began in July 2009 and was complete in August 2009. FOR U Jamaica organized several community work-days where volunteer laborers who donated their time completed phase-one construction. This construction enabled FOR U and FOR U Jamaica to host our first annual summer reading camp within the community center and surrounding areas. This activity serves to further our exempt purposes by helping to meet the needs of an underserved population. Our long-term goal is to continue to partner with FOR U Jamaica throughout the completion of the community center and to support its programs that encompass our exempt purposes.

Attachment A: November Stroke Camp Statistics

	Fugl-Meyer			Berg Balance Test			Functional Gait Assessment		
	pre	post	%change	pre	post	%change	pre	post	%change
Ken	17	20	18%	26	40	54%			
Kaye	27	34	26%				19	20	5%
Gladys	35	48	37%	38	44	16%			
Ernel	20	41	105%	35	42	20%			
Sheldon	36	52	44%				22	26	18%
Leroy	31	53	71%				27	30	11%
Angella	58	64	10%				25	28	12%

	Six Minute Walk Test			Timed Up and Go			10m Walk			3m Backward Walk		
	pre	post	%change	pre	post	%change	pre	post	%change	pre	post	%change
Ken	95	160	68%	103	84	-18%	82	78	-5%	162	46.2	-71%
Kaye	535	900	68%	29.25	12.94	-56%	27	10.18	-62%	8.19	4.28	-48%
Gladys	400	500	25%	29.69	19.81	-33%	19	15.88	-16%	16.47	12.81	-22%
Ernel	235	550	134%	33.35	23.91	-28%	38.15	18.72	-51%	29.66	23.16	-22%
Sheldon	1400	1850	32%	10.79	8.91	-17%	5.78	6.12	6%	7.47	5.53	-26%
Leroy	1335	1710	28%	11.32	6.41	-43%	8.22	5.4	-34%	3.41	1.94	-43%
Angella	1350	1600	19%	10.22	8.78	-14%	8.4	9	7%	3.47	2.5	-28%

(-) % change on last three tests indicates less time taken to complete task

June Stroke Camp statistics were comparable

Attachment B: Reading Camp Statistics

Informal Reading Inventory used:

Reading levels start at Pre-primmer (PP) and go up to grade 12

Inventory uses two categories: Word List (WL) and Reading comprehension (RC)

29 kids post-tested

Out of 29 kids only 1 was reading at the age appropriate level before testing

17 kids were reading at or above grade level after testing

23 improved at least one grade level on their word list

20 improved at least one grade level on reading comprehension

All the kids who made no change were reading at the lowest level (PP)

8/29 jumped 1 grade on WL

8/29 jumped 1 grade on RC

7/29 jumped 2 grades on WL

3/29 Jumped 2 grades on RC

3/29 jumped 3 grades WL

1/29 Jumped 3 grades on RC

3/29 jumped 4 grades on WL

1/29 Jumped 4 grades on RC

2/29 jumped 5 grades on WL

4/29 jumped 5 grades on RC

2/29 Jumped 6 grades on RC

1/29 jumped 7 grades on RC