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

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2012 calendar year, or tax year beginning January 1, 2012, and ending December 31, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

D Employer identification number
26-1578216

E Telephone number
228-697-7257

F Group Exemption Number **▶**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) **▶**

I Website: **▶ www.friendsoftheredeemer.org**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

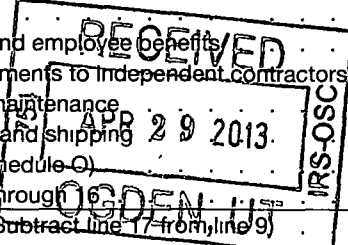
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	85458
	2	Program service revenue including government fees and contracts	2	14029
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
Expenses	6c	Less: direct expenses from gaming and fundraising events	6c	0
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	7b	Less: cost of goods sold	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99487
	10	Grants and similar amounts paid (list in Schedule O)	10	30550
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	32377
Net Assets	13	Professional fees and other payments to independent contractors	13	3256
	14	Occupancy, rent, utilities, and maintenance	14	960
	15	Printing, publications, postage, and shipping	15	1541
	16	Other expenses (describe in Schedule O)	16	15442
	17	Total expenses. Add lines 10 through 16	17	84126
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15361
	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	17194
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	32555

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6694	22 22055
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	10500	24 10500
25 Total assets	17194	25 32555
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17194	27 32555

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 <u>MEDICAL PT CLINIC - BULL SAVANNAH JAMAICA</u>		
<u>5058 WAS FOR SPECIFIC MEDICAL ASSISTANCE TO INDIVIDUALS OUTSIDE OF THE CLINIC</u>		
(Grants \$ <u>5058</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	56991
29 <u>COMMUNITY CENTER - COMPLETION OF FIRST FLOOR</u>		
<u>BUILDING SUPPLIES AND LABOR</u>		
(Grants \$ <u>20521</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	20521
30 <u>READING CAMP</u>		
<u>683 WAS SPECIFIC ASSISTANCE TO INDIVIDUALS FOR FOOD</u>		
(Grants \$ <u>3134</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	3134
31 Other program services (describe in Schedule O)		
(Grants \$ <u>1836</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	1836
32 Total program service expenses (add lines 28a through 31a)	32	82482

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>DR. AMMIE BROOKE RILEY, PRESIDENT/PHY THERAPIST</u>	<u>40 HRS</u>	<u>15886</u>	<u>3816</u>	<u>491</u>
<u>DR. KAREN SAWYER, VICE PRES</u>		<u>0</u>		
<u>JUDITH E RILEY, TREASURER</u>	<u>5 HRS</u>	<u>0</u>		
<u>SALLYE KILLEBREW, SECRETARY</u>		<u>0</u>		
<u>ELIZABETH KILLEBREW BRADLEY, TRUSTEE</u>		<u>0</u>		
<u>MICHELLE BOGAN BROWN, MSPT, TRUSTEE</u>		<u>0</u>		
<u>DEBBIE A ROBINSON, TRUSTEE</u>		<u>0</u>		
<u>KARLA PARCHMENT, TRUSTEE</u>		<u>0</u>		
<u>DR. JENNIFER BRENNEN, PHYSICAL THERAPIST</u>	<u>40 HRS</u>	<u>9280</u>		<u>100</u>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶ PHYSICAL THERAPY CLINIC IN JAMAICA		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		<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 checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

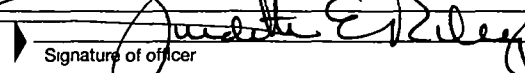
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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.

Sign Here  **4/15/2013**
 Signature of officer Date
JUDITH E. RILEY, TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ 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

2012

**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—Non-functionally integrated
- 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? ☐
- h Provide the following information about the supported organization(s).

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100	50193	34670	36400	65458	186821
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	100	50193	34670	36400	65458	186821
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)						100944
6 Public support. Subtract line 5 from line 4.						85877

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	100	50193	34670	36400	65458	186821
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	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	0	0	0
11 Total support. Add lines 7 through 10						186821
12 Gross receipts from related activities, etc. (see instructions)					12	7758
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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% 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—2012. 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—2011. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

FRIENDS OF THE REDEEMER UNITED

Employer identification number

26-1578216

PART 1 LINE 10 - LIST OF GRANTS

\$20,521-COMMUNITY CENTER - RIDGE JAMAICA-COMPLETION OF 1ST FLOOR

\$5058-MEDICAL GRANTS TO 5 JAMAICAN PATIENTS

\$3134-READING CAMP FOR RIDGE JAMAICA AREA CHILDREN

\$786-HOUSING FOR NURSING STUDENT

\$550-BAKING PROGRAM START-UP MONEY

\$500-SEA AIR GIRLS HOME FOR ABUSED CHILDREN

PART 1 LINE 16 - OTHER EXPENSES

\$4639 - MEDICAL CLINIC VAN GAS AND MAINT. \$53 - PAY PAL FEES \$50 MS STATE CHARITY REGISTRATION

\$8900 - STROKE CAMP FEES, FOOD, LODGING, TRANSPORTATION

\$1800 - PHYSICAL THERAPY STUDENTS FOOD, LODGING AND TRANSPORTATION

PART 11 - LINE 24 OTHER ASSETS TOYOTA VAN USED FOR CLINIC TRANSPORTATION

PART 111-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS TO ENCOURAGE THE HEALING PROCESS THROUGH INVOLVEMENT IN SPIRITUAL,
SOCIAL, EDUCATIONAL, AND HEALTH RELATED SERVICES IN RURAL JAMAICA**

PART 111 LINE 28 - PRO BONO PHYSICAL THERAPY PROGRAM

**FORU SUPPORTS ONGOING PHYSICAL THERAPY SERVICES PROVIDED BY DR. BROOKE RILEY,PT,DPT, AND OTHER VOLUNTEER
THERAPISTS IN RURAL JAMAICA. SERVICES INCLUDE OUT-PATIENT AND HOMECARE IN ST ELIZABETH PARISH. IN 2012, DR RILEY AND
DR. BRENNEN COMPLETED A TOTAL OF 712 PATIENT VISITS AT THE VINCENT STRAMBI HEALTH CENTER AND 54 HOME VISITS
THROUGH OUT ST. ELIZABERTH PARISH. DR. JENNIFER BRENNEN, EMPLOYED SINCE JULY 2010, COMPLETED HER WORK WITH FORU
AND RETURNED TO THE US IN AUGUST. IN THE ABSENCE OF DR. BRENNEN, DR. RILEY HIRED AN OFFICE MANAGER IN SEPTEMBER
AND A PT AIDE IN OCTOBER TO HELP MAINTAIN THE CURRENTCASELOAD. IN 2012, \$5058 WAS GRANTED TO FIVE INDIVIDUALS FOR
MEDICAL TESTS, SPECIALISTS VISITS, PRESCRIPTIONS, CANCER TREATMENTS AND SURGERY OUTSIDE OF THE CLINIC.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Employer identification number

FRIENDS OF THE REDEEMER UNITED**26-1578216****PRO BONO PHYSICAL THERAPY CONT.**

DR. RILEY RAN THREE STROKE CAMPS IN MARCH, JUNE AND NOVEMBER OF 2012. 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 CHANGES IN THESE AREAS. FORTY US VOLUNTEER PHYSICAL THERAPISTS AND PHYSICAL THERAPY STUDENTS FROM FIVE DIFFERNT PT PROGRAMS FLEW TO JAMAICA TO HELP DR RILEY RUN THE CAMPS. A TOTAL OF TWENTY TWO 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 AND PROVIDING OPPORTUNITIES FOR VOLUNTEERS TO BE INVOLVED IN IMPROVING THE QUALITY OF LIFE FOR THOSE LIVING IN UNDERSERVED AREAS. 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.

PART 111 LINE 29 - COMMUNITY CENTER PROJECT

TO CONTINUE OUR PARTNERSHIP WITH FORU JAMAICA IN THE BUILDING OF THE RIDGE COMMUNITY CENTER, FORU BOUGHT MATERIALS AND COVERED LABOR COSTS FOR COMPLETION OF THE FIRST FLOOR OF THE CENTER THROUGH A \$20000 GIFT GIVEN BY NAZARETH LUTHERN CHURCH IN CEDAR FALLS, IOWA. THIS GRANT PROVIDED OVER FORTY JOBS IN THE COMMUNITY AND INFUSED MUCH EXCITEMENT AND ANTICIPATION ABOUT THE COMMUNITY CENTER. CONSTRUCTION BEGAN IN JANUARY AND WAS COMPLETE WITH A GRAND OPENING IN APRIL 2012. THE FIRST FLOOR OF THE CENTER HOUSES A KITCHEN, LARGE MULTIPURPOSE ROOM, TWO BATHROOMS, OFFICE, STORAGE AND A CISTERN. FUTURE PLANS INCLUDE BUILDING A SECOND LEVEL ON THE CENTER WHICH WOULD INCLUDE A LIBRARY, COMPUTER LAB, AND EXERCISE ROOM. FOLLOWING THE GRAND OPENING, COMMUNITY MEMBERS BEGAN USING THE FACILITY TO HOST MOVIE NIGHTS, A WOMEN'S BAKING GROUP, AND OTHER COMMUNITY ACTIVITIES. FORU ALSO PARTNERED WITH A TEAM OF TWENTY-TWO VOLUNTEERS FROM FOREST BROOK COMMUNITY CHURCH IN TORONTO, CANADA. THE TEAM HELPED BUILD A VERANDA AND GUTTER SYSTEM ON THE BACK OF THE COMMUNITY CENTER. THE VERANDA HAS PROVIDED A LARGE COVERED AREA FOR THE COMMUNITY TO UTILIZEWHILE WATCHING SPORTS EVENTS ON THE PLAYFIELD BELOW. THE GUTTER SYSTEM ALLOWS US TO STORE RAIN WATER FOR USE DURING CENTER ACTIVITIES. THIS GRANT SERVES TO FURTHER OUR EXEMPT PURPOSES BY PROVIDING OPPORTUNITIES FOR VOLUNTEERS TO BE INVOLVED IN IMPROVING THE QUALITY OF LIFE FOR THE UNDER-SERVED AND HELPING TO MEET THE NEEDS OF AN UNDERSERVED POPULATION. OUR LONG TERM GOAL IS TO CONTINUE TO PARTNER WITH FORU JAMAICA THROUGHOUT THE COMPLETION OF THE CENTER AND TO SUPPORT ITS PROGRAMS

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THAT ENCOMPASS OUR EXEMPT PURPOSES.

PART 111 LINE 30 - READING CAMP

IN JULY/AUGUST OF 2012, FORU PARTNERED WITH ITS SISTER ORGANIZATION, FORU JAMAICA TO HELP SUPPORT THE FOURTH ANNUAL SUMMER READING CAMP IN RIDGE, ST. ELIZABETH. THE READING CAMP WAS HELD AT THE FORU COMMUNITY CENTER, FOUR DAYS A WEEK FOR THREE WEEKS FROM 9AM-2PM. THE CAMP WAS OVERSEEN BY A VOLUNTEER AMERICAN TEACHER WHO HAD PREVIOUSLY SPENT TWO YEARS WORKING IN THE RIDGE COMMUNITY. FIFTEEN LOCAL VOLUNTEERS, AS WELL AS SIXTEEN US VOLUNTEERS PARTICIPATED. CHILDREN WERE DIVIDED INTO THREE CATEGORIES BASED ON THEIR READING LEVEL (BEGINNER, INTERMEDIATE AND ADVANCED) AND THEN SUB-DIVIDED INTO CLASSROOMS OF 7-10 CHILDREN EACH. EACH DAY CONSISTED OF TWO, ONE AND ONE HALF-HOUR SESSIONS WITH A 20 MINUTE BREAK IN THE MORNING. AT BREAK, CHILDREN COULD PLAY ON THE BASKETBALL COURT AND EAT A SNACK. LUNCH WAS PROVIDED BY FORU AFTER THE SECOND SESSION EACH DAY. LOCAL VOLUNTEERS WERE PAID A SMALL STIPEND FOR THEIR ASSISTANCE TO DEFER THEIR DAILY TRAVEL EXPENSE. A TOTAL OF 53 CHILDREN WERE REGISTERED FOR THE CAMP AND 39 COMPLETED BOTH PRE AND POST TESTING. INCONSISTENCY IN ATTENDANCE WAS A FACTOR AFFECTING OUR ABILITY TO POST-TEST ALL CHILDREN WHO WERE REGISTERED. OF THE 39 STUDENTS WHO COMPLETED THE PROGRAM, 32 SHOWED IMPROVEMENT ON THEIR TEST SCORES. TWENTY STUDENTS INCREASED THEIR READING LEVELS IN INCREMENTS LESS THAN ONE FULL GRADE LEVEL. TWELVE STUDENTS INCREASED THEIR LEVEL IN INCREMENTS FROM 1.0 TO 2.3 GRADES ABOVE WHAT THEY WERE READING. THIS PROGRAM HELPS EMPOWER THESE CHILDREN TO BECOME MORE PRODUCTIVE CITIZENS AND CONTINUE OUR LONG TERM GOAL OF ELIMINATING ILLITERACY IN RIDGE AND SURROUNDING AREAS.

PART 111 LINE 31 - SEA AIR GIRLS HOME \$ 500, COMMUNITY CENTER BAKING PROGRAM \$500, ASSISTANCE TO NURSING STUDENT \$786

IN SEPTEMBER 2012, FORU PARTNERED WITH A LOCAL JAMAICAN CHURCH TO HELP PROVIDE CLOTHING AND RESOURCES FOR SEA AIR GIRLS HOME. SEA AIR PROVIDES A LOVING, NURTURING ENVIRONMENT FOR YOUNG TEENAGE GIRLS WHO ARE FROM ABUSIVE HOME ENVIRONMENTS.

SEED MONEY WAS GRANTED TO A GROUP OF LOCAL WOMEN TO START A BAKING PROGRAM IN THE COMMUNITY. BASED AT THE COMMUNITY CENTER, THIS GROUP BAKES AND DELIVERS BREAD IN THE RIDGE AREA TWICE A WEEK.

A LOCAL SECOND YEAR NURSING WAS GRANTED ASSISTANCE WITH HOUSING SO THAT SHE COULD COMPLETE HER INTERNSHIP IN KINGSTON. WITHOUT THIS ASSISTANCE, THIS OUTSTANDING STUDENT WOULD HAVE BEEN UNABLE TO CONTINUE HER STUDIES.