

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JANUARY 1, 2016, and ending DECEMBER 31, 20 16

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code

GULFPORT, MS 39507

D Employer identification number

26-1578216

E Telephone number

228-697-7257

F Group Exemption

Number ▶ NA

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: ▶ friendsoftheredeemer.orgJ Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 90922

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	84,578
2	Program service revenue including government fees and contracts	2	6,344
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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	
c	Less: direct expenses from gaming and fundraising events	6c	
d	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	
b	Less: cost of goods sold	7b	
c	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	90,922
10	Grants and similar amounts paid (list in Schedule O)	10	6,493
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	68,175
13	Professional fees and other payments to independent contractors	13	2,562
14	Occupancy, rent, utilities, and maintenance	14	4,831
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe in Schedule O)	16	10,221
17	Total expenses. Add lines 10 through 16	17	92,282
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,360
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	45,291
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	43,931

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

594083 0423274550 OCT 31 '17 Process as Original

#002
OCT 13 2017
RECEIVED ENTITY DEPTRECEIVED
OCT 11 2017
IRS-OSC
OGDEN, UT

910 10

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	34,791	22 33,431
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	10,500	24 10,500
25 Total assets	45,291	25 43,931
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)	45,291	27 43,931

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, optional for others)

28 MEDICAL PHYSICAL THERAPY CLINIC - See Schedule O		
MEDICAL GRANTS		
(Grants \$ 548) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	79,025
29 STROKE CAMPS - See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,053
30 READING CAMP - See Schedule O		
(Grants \$ 4,221) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	4,221
31 Other program services (describe in Schedule O)		
(Grants \$ 1,724) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	1,724
32 Total program service expenses (add lines 28a through 31a)	32	92,023

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
DR. AMMIE BROOKE RILEY, DPT PRESIDENT AND TRUSTEE	45	19,200	6,570	2,308
DR. KAREN SAWYER VICE-PRESIDENT AND TRUSTEE	0	0	0	0
JUDITH E. RILEY TREASURER AND TRUSTEE	2	0	0	0
SALLYE KILLEBREW MORGAN SECRETARY AND TRUSTEE	0	0	0	0
ELIZABETH K. BRADLEY TRUSTEE	0	0	0	0
MICHELLE BOGAN BROWN TRUSTEE	0	0	0	0
KARLA PARCHMENT TRUSTEE	0	0	0	0
DEBBIE A. ROBINSON TRUSTEE	0	0	0	0
DR. BETHANY A. WOLF, DPT KEY EMPLOYEE	45	16,800	3,788	1,726
DR. CAITLIN DAY KEY EMPLOYEE	40	3,000	0	0
ELAINE WILTSHIRE KEY EMPLOYEE	40	4,211	0	0
MOYA WILLIAMSON KEY EMPLOYEE	40	3,256	0	1,724

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		✓
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)		✓
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)?		✓
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		✓
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		✓
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
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 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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		✓
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 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		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b 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)		✓

- 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		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 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	(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 business address of each independent contractor	(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 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	Signature of officer <i>Judith E. Riley 04/12/17</i>	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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Employer identification number

FRIENDS OF THE REDEEMER UNITED

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 12, 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 (Form 990 or 990-EZ).)
- 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)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65458	91633	74058	74520	84578	390247
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	65458	91633	74058	74520	84578	390247
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)						287868
6 Public support. Subtract line 5 from line 4						102379

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	65458	91633	74058	74520	84578	390247
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						390247
12 Gross receipts from related activities, etc. (see instructions)					12	36480
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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	26.23 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	28.95 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 VI 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 VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II SECTION C LINE 17a - FORU meets the "facts and circumstances" test in the following way:

1. FORU maintains a continuous and bona fide program for solicitations of funds by maintaining a web site, publishing a newsletter, making presentations to interested groups and churches, and by running 4 stroke camps in Jamaica for teachers and physical therapy students from five major US universities and the University of West Indies in Jamaica.
2. Support comes from individuals, churches and businesses in the US and Jamaica.
3. The FORU board members represent a diverse group of people. Members are from the US and Jamaica and share a concern for the under-served.
4. FORU maintains a full-time physical therapy clinic for the general public in St. Elizabeth Parish, Jamaica. FORU also funds a summer reading program for area children in the Ridge community, St. Elizabeth, Jamaica.

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

FRIENDS OF THE REDEEMER UNITED

Employer identification number

26-157816

PART 1 LINE 10 - LIST OF GRANTS \$4221 - READING/ARTCAMPFORRIDGE,JAMAICAAREASTUDENTS

\$1724 - SCHOOLFEEFORCOLLEGESTUDENT

\$548 - MEDICALGRANTSTOJAMAICAPATIENTS

PART 1 LINE 16 - OTHEREXPENSES

\$2749 - MEDICALCLINICVAN/GAS/MAINT. \$52 - MSCHARITYFEE \$158 - PAYPAL \$209-JAMAICANGOVFEES

\$7053 - STROKECAMPFOOD/LODGE/TRANSPORT

PART II - LINE 24 - OTHERASSETS- TOYOTAVAN USED FORCLINICTRANSPORTATION

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO

ENCOURAGE THE HEALING PROCESS THROUGH INVOLVEMENT IN SPIRITUAL, SOCIAL, EDUCATIONAL AND HEALTH RELATED

SERVICES IN RURAL JAMAICA.

PART III - LINE 28 - MEDICAL PHYSICAL THERAPY CLINIC- FORU supports ongoing physical therapy services by Dr. Brooke Riley, PT, DPT;

Dr. Beth Wolf, PT, DPT and other visiting therapists in rural Jamaica. Dr. Caitlin Day, PT, DPT joined the FORU therapy staff in August with a

focus in Pediatrics. In June, Dane Simpson, a young man from the local community was hired as a PT aide working alongside the therapists

in the clinic. Orville Morgan, a stroke survivor who had finished his rehabilitation joined the FORU team as a farmer and grounds keeper.

Services provided at the clinic include rehabilitation for orthopedic, neurological, and developmental diagnoses. Home care is also provided

one or two days per week in St. Elizabeth Parish. In 2016, the FORU staff completed a total of 1,324 patient visits at the St. Vincent Strambi

Health Center and 82 home visits throughout ST. Elizabeth Parish.

PART III - LINE 29 - STROKE CAMPS- In 2016, FORU ran three stroke camps in March, May, and December. The September camp had to be

canceled due to an increase in incidence of the Zika virus in the area. The structure of the camps was changed from five to seven full days of

intensive neurological rehabilitation patients work to improve their gait, balance and arm/hand function. This change allowed the

implementation of home visits and community outings with patients which helped to increase their function in the community. Pre/post

testing was done in the first and last days of the camp to measure functional changes in the areas addressed. Fifty-one US/Jamaican

volunteer physical therapist and physical therapy students from six different universities participated in the camps. A total of twenty-three

patients were served, all of which made dramatic gains in their functional mobility. This program serves to further FORU's exempt purposes

by supporting charitable medical services to underserved populations and providing opportunities for volunteers to be involved with

improving the quality of life for those living in underserved areas. Our objective of improving the quality of life of the people we serve was

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

FRIENDS OF THE REDEEMER UNITED

Employer identification number

26-1578216

was met by improving their functional mobility and helping them to become more independent with their activities of daily living. Our long term goal is to reduce the incidence of stroke in Jamaica through raising awareness and offering health education to the public. In the future, we also aim to provide more comprehensive rehabilitation services including speech and occupational therapy as well as nutrition education and counseling.

PART III - LINE 30 - SUMMER READING CAMP - In the summer of 2016 FORU partnered with its sister organization, FORU Jamaica to help support the eighth annual summer reading camp in ridge, St. Elizabeth. The reading camp was held at the FORU Community Center four days a week for two weeks from 8am-1pm. The camp did not run for the entire eight weeks secondary to an increase in the Zika Virus in the area. The camp was run by local teachers and high school students living in the community. The camp was overseen by an early childhood education instructor, who also developed the curriculum. Children were divided into five classrooms based on their reading level and each class had one to two teachers and one teacher's aide. To enrich their learning, the children participated in a craft activity each day. Lunch and snacks were provided by FORU for all participants. Local volunteers were provided lunch and paid a small stipend for their assistance. Post testing was not conducted at the 2016 camp due to the camp being closed early. This program helps to empower these children to become more productive community members and continues to further our goal of eliminating illiteracy in Ridge and the surrounding communities. Note: Leftover art and reading supplies were stored for the 2017 camp.

PART III - LINE 31 - STUDENT AID - FORU granted its office manager financial assistance toward her college tuition in order for her to complete her bachelor's degree in English. Her passion for teaching began as a high school student volunteer at our summer reading camps. Without this assistance, this highly motivated student would not have been able to finish her degree.