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# SCANNED MAY 2 3 7017

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

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

Information about Form 600 E7 and its instructions is at course in secultary 600

Open to Public Inspection

Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other expenses in net assets or fund balances (explain in Schedule O).	Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990.											
Interest contract   Interest   Int	A For the 2016 calend		2016 calend	r year, or tax year beginning Janua	ry 10, , 2	2016, a	ınd ending	Dec	ember :	31 ,	20	16
Martine and any extra return control   Martine and street (or P.O. Doc. II mail is not delivered to street address)   Roomhoutine   Telephone sembler   Roomhoutine   Ro	_			C Name of organization				D Emp	loyer ide:	ntification nu	mber	
Past rearm Final rearm/remarked   Past rearm Final renarm/remarked   Past rearm/remarked   Past rearm Final renarm/remarked   Past rearm/remarked   Past rearm/remarked   Past rearm/remarked   Past rearm/remarked   Past rearm/remarked   Past remarked   Past re		Address c	hange	Friends of Puerto Rico					81-	-11439 <del>9</del> 5		
Protection temperaturated   Annotation   Continuous	_		•	Number and street (or P.O. box, if mail is not delivered	to street address)		Room/suite	E Tele	phone nur	nber		
City or town, sate or province, country, and ZIP or foreign postal code    Machine   M	_			818 Connecticut Ave NW		ľ	1100	•	787	-314-7228		
Appetition   Murstington, D.C. 20006   Accounting Mishot.   Cash   Account Other (specify)   H Check   If the organization is not required to attach Schedule B (Form 980, 1990-EZ, or 990-PP).	=		-	City or town, state or province, country, and ZIP or fore	ign postal code			F Gro	up Exem	ption		
Website:   www.friendsofpuertorico.org   Tax-exempt status (check only one)   Z   So1(c)   1 (insert nc.)   14947(a)(1) or     527   February   So2   So2   So2   So3	_			Washington, D.C. 20006				Nur	nber 🕨			
Tox-exempt status (check only one)	G A	Account	ting Method:				Н	Check	<b>▶</b> 🗸 if i	the organiza	ation i	is not
Revenue   Componization   Corporation   Trust   Association   Other	1 4	Vebsite	× www.	riendsofpuertorico.org	<del></del>					•		
Add lines 50, 6c, and 7b to line 8 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets   Part II   Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	J T	ax-exen	npt status (che	ck only one) - <pre></pre>	(insert no.) 🖸 4947(a	a)(1) or	<b>□527</b>	(Form 9	90, 990-	EZ, or 990-	PF).	_
Part   Column (8) below) are \$500,000 or more, file Form 990 Instead of Form 990-EZ.   Section												
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 1 38,588 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment Income 4 4 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from gaming (attach Schedule G if greater than \$15,000)								l assets				
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14 Occupancy, rent, utilities, and maintenance	Expenses	_					• • • •					
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For Paperwork Reduction Act Notice, see the senarate instructions.	_				nes 18 inrough 20			· •	21	E 000		1,753

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Pa	til Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to a	ny question in this			<u> </u>
00	Coch poulose and inventments		<u> </u>	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments				22	1,753
24	Other assets (describe in Schedule O)		· · · · · ·		24	0
25	Total assets				25	1,753
26	Total liabilities (describe in Schedule O)				26	1.733
27	Net assets or fund balances (line 27 of colum		<u> </u>		27	1,753
Par	t III Statement of Program Service Accord					
	Check if the organization used Schedul				_	Expenses
Wha	t is the organization's primary exempt purpose?	Foster economic & c	ducational sustainal	oility exchanges.		uired for section :)(3) and 501(c)(4)
Desc	ribe the organization's program service accomp	lishments for each o	f its three largest p	rogram services,	orga	rizations; optional for
as n	neasured by expenses. In a clear and concise i	manner, describe the	services provided	, the number of	other	s.)
	ons benefited, and other relevant information for e	each program title.				
20	The Kinesis Foundation					†
	(Grants \$ ) If this amoun	t includes foreign ora	ints, check here	▶ □	28a	12,500
29	Reach for Success				200	12,300
						ļ
	***************************************					
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	▶ 🖸	29a	12,500
30						
	***************************************					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			*******		
		t includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
20	(Grants \$ ) If this amoun Total program service expenses (add lines 26a	t includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	31a	17.23
	List of Officers, Directors, Trustees, and Ke				32	36.835
	Check if the organization used Schedule				isu uc	
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	1	
Ange	elique Sina					
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46	Did to ca	he organization engage, directly or in Indidates for public office? If "Yes," o	ndirectly, in political complete Schedule C	ampaign activities on	behalf of or in o	pposition	46		
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	stions 47-49b and	52, and comple		_	or lin	es
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u> </u>	<u></u>		
47	Did 1	the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during	n the tax		Yes	No
	year'	7 If "Yes," complete Schedule C, Par	t II				47		1
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete:	Schedule E .		48		1
49a		he organization make any transfers t					49a		1
ь 50	If "Ye	es," was the related organization a se	ection 527 organization	on?			49b	L	ا
30	empl	plete this table for the organization's loyees) who each received more than	i live nignest compen i \$100.000 of comper	sated employees (oth	er than officers, o nization. If there i	directors, s none e	, truste: enter "N	es, an Ione "	а кеу
		Name and title of each employee	(b) Average hours per week devoted to position	(e) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to emp benefit plans, and de compensation	ts, ployee (e)	Estimate	d amo	unt of
			-			_			
	******					1			
51	\$100	plete this table for the organization ,000 of compensation from the organization Name and business address of each independent	nization. If there is no	ensated independent one, enter "None." (b) Type of sen			mpensati		+ than
			•••••••••						<del>_</del>
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				<u> </u>					
52	Did	number of other independent control the organization complete Schedu pleted Schedule A	_	•	nizations must				
Under pe	maitles	of perjury, I declare that I have examined this	return, includina accompan	ving schedules and statement	ents, and to the best of		☐ Yes		No . it is
true, con	rect, ar	d complete Declaration of preparer (other than	n officer) is based on all info	ermation of which preparer i	has any knowledge.	1 1		ِ ص	
Sign		Signature bi officer	,		Date	<u> 10 [</u> 7	101		
Here		Angelique Sina Type or print name and title	ecutive 1	Dilector	, Cate				
Paid		Print/Type preparer's name	Preparer's signature	DE DE		eck 🗾 if	PTIN		
Prepa		Joseph Fuentes Firm's name ► Fuentes-Fernandez &	Company		<del></del>	-employed		71200	123
Use C	Jnly	Firm's name ► Fuentes-Fernandez & Firm's address ► 1701 Pennsylvania A		ington, D.C. 2000s	Firm's EIN		<u>66-062</u> 202-861	_	
May th	e IRS	discuss this return with the prepare	shown above? See	instructions		<u></u> ►	✓ Yes		No
		· · · · · · · · · · · · · · · · · · ·					Form <b>99</b>	_	(2016)

Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	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	163	140	
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)?	34 35a		1	
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c 36		<b>✓</b>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			ź	
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		$oldsymbol{\checkmark}$	
39 b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
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				
ь	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	40b		✓	
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				
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on fine 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	40e		1	
41	List the states with which a copy of this return is filed ▶ Puerto Rico				
42a		787-31		<u>B</u>	
h	Located at ► Washington, D.C. ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	200	Yes	No.	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	<u> </u>	
	If "Yes," enter the name of the foreign country: ▶			الأد	
	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:	42c		✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·	. 1	<b>▶</b> □	
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	Yes	No	
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		<b>√</b>	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√ √	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
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).	45b		J	

### SCHEDULE O (Form 990 or 990-EZ)

## 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.

2016

Department of the Treasury Internal Revenue Service

➤ 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.

Open to Public Inspection

Name of the organization	Employer identification number
Friends of Puerto Rico	81-1143995
e vacalore.	
EXPENSES:	
1) Grants and similar amounts paid: The Kinesis Foundation \$12,500; Reach for Success \$12,500 for a	total of \$25,000 paid
31 Okhov grannaga	
2) Other expenses:	
Organization of American States Rental \$5,300	~~~
JetBlue \$1,293	
Jeibrie \$1,293	
Misc FPR's Administrative expenses \$920	
Elimina Catering \$4,322	
	***************************************
Total Other Expenses: \$11,835	
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