

2017

Open to Public  
Inspection

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)

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest informationDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2017 calendar year, or tax year beginning</b>		JANUARY 1	, 2017, and ending	DECEMBER 31	, 2017
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		THE PUERTO RICO MISSION INC		710489120	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		E Telephone number	
<input checked="" type="checkbox"/> Initial return		HC 4, BOX 47171		787-596 3306	
<input type="checkbox"/> Final return terminated		City or town state or province country and ZIP or foreign postal code		F Group Exemption Number	
<input type="checkbox"/> Amended return		AGUADILLA (PR)00603 RD 63		G	
<input type="checkbox"/> Application pending				H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
<b>I Website</b> ►					
<b>J Tax-exempt status</b> (check only one) —		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( )	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K Form of organization</b>		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	— <input type="checkbox"/> Association <input type="checkbox"/> 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 ► \$ 130,302 00					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) <input checked="" type="checkbox"/> 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	120,302 90
	2	Program service revenue including government fees and contracts		2	00
	3	Membership dues and assessments		3	00
	4	Investment income		4	00
	5a	Gross amount from sale of assets other than inventory		5a	00
	b	Less cost or other basis and sales expenses		5b	00
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	00
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a	00
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b	00	
c	Less direct expenses from gaming and fundraising events		6c	00	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	00	
7a	Gross sales of inventory, less returns and allowances		7a	00	
b	Less cost of goods sold		7b	00	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	00	
8	Other revenue (describe in Schedule O) —		8	10,000 00	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c 6d 7c, and 8		9	130,302 90	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	44,806 06
	11	Benefits paid to or for members		11	00
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>		12	43,495 24
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>		13	00
	14	Occupancy, rent, utilities, and maintenance		14	1,827 00
	15	Printing, publications, postage, and shipping		15	701 25
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>		16	46,651 90
	17	<b>Total expenses</b> Add lines 10 through 16		17	147,615 47
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(17,312 57)
	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	61,539 71
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	00 00
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	44,227 14

**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	61 539 71	22 44,227 14
23	Land and buildings	00 23	00
24	Other assets (describe in Schedule O)	00 24	00
25	<b>Total assets</b>	61 539 71	25 44,227 14
26	<b>Total liabilities</b> (describe in Schedule O)	00 26	00
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	61,539 71	27 44,227 14

**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? \_\_\_\_\_

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

28 DEVELOPED AND PASTORED A CHURCH, PREPARED 150 SERMONS AND LESSONS DEVELOPED A CHURCH CALENDAR SUPERVISED 15 CHURCH MINISTRIES, MADE MANY HOSPITAL AND HOUSE CALLS PROVIDED SPIRITUAL GUIDANCE, ORGANIZED AND SUPERVISED HURRICANE MARIA RELIEF EFFORTS

(Grants \$ ) If this amount includes foreign grants, check here ►  28a 43,495 24

29 GIFTS TO THE IGLESIA CRISTIANA DE AGUADILLA THAT MINISTERS TO HUNDREDS DURING THE YEAR PERFORMED BENOVENENT WORK SUCH AS HELPING THE HOMELESS, HOSPITAL VISITS, OLD FOLKS HOMES PROVIDED RELIEF FOR HUNDREDS IMPACTED BY HURRICANE MARIA

(Grants \$ ) If this amount includes foreign grants, check here ►  29a 31,456 06

30 GIFTS TO NATIVE MINISTRY A NON-PROFIT CORPORATION ASSOCIATED WITH THE IGLESIA CRISTIANA DE AGUADILLA THE ORGANIZATION WORKS TRANSDENOMINATIONALLY HELPING CHURCHES AND INDIVIDUALS IN A VARIETY OF WAYS

(Grants \$ ) If this amount includes foreign grants, check here ►  30a 13350 00

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a 00

32 **Total program service expenses** (add lines 28a through 31a) ►  32 88,301 30

**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
BILL ARCHER TREASURER THROUGH JUNE	00	00	00	00
JOHN N MONTGOMERY	00	00	00	00
DOUG LAY	00	00	00	00
TERRY ALLCORN	00	00	00	00
BART NEWTON	00	00	00	00
JOHNATHAN E REECE	50	28,201 36	15,293 88	00
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-----	-----	-----	-----	-----
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**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		
34		
35a		
b		
c		
36		
37a		
b		
38a		
b		
39		
a		
b		
40a		
b		
c		
d		
e		
41		
42a	Telephone no	423-284-8880
Located at	ZIP + 4	37312
b		
c		
d		
43		
44a		
b		
c		
d		
45a		
b		

		Yes	No
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	1	✓

**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

		Yes	No
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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
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 ►

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 ►

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 <input checked="" type="checkbox"/>	Signature of officer JOHNATHAN E. REECE (KEY EMPLOYEE)	Date APRIL 10, 2018
	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 ►	
	Firm's address ►			Phone no.	

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  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

PUERTO RICO MISSION INC

Employer identification number

710489120

**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)**. 07

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)(vi)** (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 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)

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)						
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	65,580	61,919	61,971	79,481	120,303	389,191
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	00	00	00	00	00	00
3 The value of services or facilities furnished by a governmental unit to the organization without charge	00	00	00	00	00	00
<b>4 Total</b> Add lines 1 through 3	<b>65,580</b>	<b>61,919</b>	<b>61,971</b>	<b>79,481</b>	<b>120,303</b>	<b>389,191</b>
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)						76070
<b>6 Public support</b> Subtract line 5 from line 4						313,121

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	65,580	61,919	61,971	79,418	120,303	389,191
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 VI)	0	0	0	0	0	0
<b>11 Total support</b> Add lines 7 through 10						389,191
12 Gross receipts from related activities, etc (see instructions)					12	
<b>13 First five years</b> 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 <b>stop here</b>						► <input type="checkbox"/>

**Section C Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	76 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	76 %
<b>16a 33 1/3% support test—2017</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2016</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2017</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2016</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>18 Private foundation</b> 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"/>	

**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
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Name of the organization  
**PUERTO RICO MISSION INC**Employer identification number  
**710489120****PART 1 REVENUE LINE 8**

\$10 000 00 was moved from one account to another account/bank when the primary office

moved locations the computer program listed it as income when in reality it was a transfer

**PART 1 EXPENDITURES LINE 10**

\$ 30 706 06 Iglesia Cristiana de Aguadilla

\$ 13 350 00 Native Ministry

\$ 750 00 Lync 8

\$ 44 806 06 TOTAL FOR LINE 10

**PART 1 EXPENDITURES LINE 16**

\$ 25,857.96 was listed as an expenditure when a bank account was closed and another opened in

conjunction with the office location move to another state

\$ 20 000 00 Refund of grant from IDES grant not needed or used

**PART 1 EXPENDITURES LINE 16**

\$793.94 Expenses related to travel to report to contributors churches/individuals

\$ 46 651.90 TOTAL EXPENDITURES FOR LINE 16