

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Survivors Pathway Corporation**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **80-0796422**
1801 SW Coral Way Ste 200 E Telephone number: **786-275-4364**
 City or town, state or province, country, and ZIP or foreign postal code
Miami FL 33145 G Gross receipts: **349,126**

F Name and address of principal officer:
Francesco Duberli Rivera
1801 Coral Way Ste 200
Miami FL 33145

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.survivorspathway.org** H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **2013** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **5**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **1**

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** **5**

6 Total number of volunteers (estimate if necessary) **6** **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	614,534	349,126
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	614,534	349,126
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	100,005	89,241
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	513,369	265,316
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	613,374	354,557
19 Revenue less expenses. Subtract line 18 from line 12	1,160	-5,431
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	965	138
	21 Total liabilities (Part X, line 26)	3,611
22 Net assets or fund balances. Subtract line 21 from line 20	-2,646	-8,077

Part II Signature Block

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: **Francesco Duberli Rivera** Date: _____
 Type or print name and title: **President & CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Robert McConnell** Preparer's signature: **Robert McConnell** Date: **06/22/17** Check if self-employed PTIN: **P00541631**

Firm's name: **Robert McConnell, CPA** Firm's EIN: **20-4244669**
 7815 SW 97th Pl
 Firm's address: **Miami, FL 33173** Phone no: **305-595-1809**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)