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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization JUNTA DE ACCION PUERTORRIQUENA, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: 90 JERSEY AVENUE

City or town, state or country, and ZIP + 4: NEW BRUNSWICK, NJ 08901

D Employer identification number: 22-1944440

E Telephone number: (732) 828-4510

G Gross receipts $ 9,768,138.

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PRAB.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1971 **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO HELP IMPROVE QUALITY OF LIFE OF THE LOW-INCOME COMMUNITY OF CENTRAL NEW JERSEY

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	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of employees (Part V, line 2a)	5	252
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,384,847.	9,152,364.
9	Program service revenue (Part VIII, line 2g)	50,437.	100,924.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,506.	4,080.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	523,287.	492,510.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,964,077.	9,749,878.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,199,234.	6,169,124.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,435,492.	3,035,473.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,634,726.	9,204,597.
19	Revenue less expenses Subtract line 18 from line 12	329,351.	545,281.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	6,385,724.	7,513,961.
21	Total liabilities (Part X, line 26)	3,860,565.	4,443,521.
22	Net assets or fund balances. Subtract line 21 from line 20	2,525,159.	3,070,440.

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 — Date 11/12/10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00024514

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WITHUMSMITH+BROWN, P.C. ONE SPRING STREET NEW BRUNSWICK, NJ 08901 — EIN ▶ 22-2027092 — Phone no ▶ 732-828-1614

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 5,293,992. including grants of $ _____) (Revenue $ 100,924)
EARLY CHILDHOOD EDUCATION PROVIDED TO LOW-INCOME ELIGIBLE CLIENTS.

4b (Code _____) (Expenses $ 773,984. including grants of $ _____) (Revenue $ _____)
MULTI-SERVICES PROVIDED TO LOW-INCOME ELIGIBLE CLIENTS.

4c (Code _____) (Expenses $ 1,805,544. including grants of $ _____) (Revenue $ _____)
WEATHERIZATION AND HEATING IMPROVEMENT PROGRAM PROVIDED TO LOW-INCOME RESIDENTS.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3
(Expenses $ 962,634. including grants of $) (Revenue $)

4e Total program service expenses ▶ 8,836,154.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	252		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	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)?	4a			X
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	4		
b	Enter the number of voting members that are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NJ,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JOSE FIGUEROA 90 JERSEY AVENUE NEW BRUNSWICK, NJ 08901
732-828-4510

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BLANQUITA VALENTI CHAIRPERSON	1.00	X		X				0.	0	0.
MICHAEL A. BELTRANENA TREASURER	1.00	X		X				0.	0	0.
STEPHEN EISDORFER SECRETARY	1.00	X		X				0.	0	0.
BETTY REBA VICE-CHAIRPERSON	1.00	X		X				0.	0	0.
MARIO VARGAS EXECUTIVE DIRECTOR	40.00			X				101,826.	0	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								101,826.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue 22-1944440

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 52,793				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 6,846,447.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,253,124.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		9,152,364.			
Program Service Revenue		**Business Code**				
	2a PARENT FEES		100,924	100,924		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		100,924.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5		4,080			4,080
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0.			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 35,644.				
	b Less direct expenses	b 18,260.				
	c Net income or (loss) from fundraising events ATCH. 6.		17,384.	17,384		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0.			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0.			
	Miscellaneous Revenue	**Business Code**				
	11a RENTAL		171,526.	171,526.		
	b OCCUPANCY		303,600	303,600		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		475,126.			
	12 **Total Revenue.** See instructions		9,749,878.	593,434		4,080.

Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	108,118.	108,118.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,865,104.	4,865,104.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	606,799.	606,799.		
10 Payroll taxes	589,103.	589,103.		
11 Fees for services (non-employees):				
a Management	0.			
b Legal	8,055.	7,813.	242.	
c Accounting	34,499.	33,464.	1,035.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	9,238.	8,838.	400.	
13 Office expenses	102,467.	101,459.	1,008.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	525,831.	525,831.		
17 Travel	48,722.	48,722.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	196,356.	35,355.	161,001.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	194,923.	23,275.	171,648.	
23 Insurance	97,722.	97,722.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MAINTENANCE AND REPAIRS	239,576.	239,576.		
b UTILITIES	163,779.	146,434.	17,345.	
c FOOD	266,320.	266,282.	38.	
d CONTRACT LABOR AND MATERIALS	672,588.	672,588.		
e MATERIALS AND SUPPLIES	94,993.	92,993.	2,000.	
f All other expenses	380,404.	366,678.	13,726.	
25 **Total functional expenses.** Add lines 1 through 24f	9,204,597.	8,836,154.	368,443.	0.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	798,438.	2	1,538,138.
	3	Pledges and grants receivable, net	981,561.	3	1,364,879.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	92,811.	9	76,639.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 6,459,657.			
	b	Less accumulated depreciation — 10b: 1,957,559.	4,482,666.	10c	4,502,098.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	30,248.	15	32,207.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,385,724.	16	7,513,961.
Liabilities	17	Accounts payable and accrued expenses	376,815.	17	482,458.
	18	Grants payable		18	
	19	Deferred revenue ATCH 7	194,061.	19	825,163.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 8	3,289,689.	23	3,135,900.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	3,860,565.	26	4,443,521.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,496,096.	27	3,023,877.
	28	Temporarily restricted net assets	29,063.	28	46,563.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,525,159.	33	3,070,440.
	34	Total liabilities and net assets/fund balances	6,385,724.	34	7,513,961.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2009

Open to Public Inspection

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC.
(PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

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 - Other

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?

		Yes	No
(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?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s)

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,247,991.	5,399,451.	5,644,905.	6,384,847	9,152,364	31,829,558.
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	5,247,991.	5,399,451.	5,644,905.	6,384,847.	9,152,364.	31,829,558.
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)						
6 **Public support.** Subtract line 5 from line 4						31,829,558.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,247,991.	5,399,451	5,644,905	6,384,847	9,152,364	31,829,558
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	475	652.	618	5,506	4,080	11,331
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 IV)						
11 **Total support.** Add lines 7 through 10						31,840,889.

12 Gross receipts from related activities, etc (see instructions) 12 2,928,794

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.96%

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 99.99%

16a **33 1/3% support test - 2009.** 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 . . . . . ▶ ☒

b **33 1/3% support test - 2008.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 ▶ ☐

b 33 1/3% support tests - 2008. 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		666,332.		666,332.
b Buildings		5,039,564.	1,578,637.	3,460,927.
c Leasehold improvements		163,602.	14,063.	149,539.
d Equipment		367,281.	293,484.	73,797.
e Other		222,878.	71,375.	151,503.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c)).* ▶				4,502,098.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,749,878.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,204,597.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	545,281.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	545,281.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,768,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	18,260.		
e	Add lines **2a** through **2d**			2e	18,260.
3	Subtract line **2e** from line **1**			3	9,749,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	9,749,878.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,222,857.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	18,260.		
e	Add lines **2a** through **2d**			2e	18,260.
3	Subtract line **2e** from line **1**			3	9,204,597.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,204,597.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

OTHER REVENUE NOT ON BOOKS

PART XII LINE 2D

SPECIAL EVENTS OF $18,260

OTHER EXPENSES NOT ON BOOKS

PART XIII LINE 2D

SPECIAL EVENTS OF $18,260

FIN 48 FOOTNOTE

PRAB ADOPTED THE ACCOUNTING PRONOUNCEMENT DEALING WITH UNCERTAIN TAX POSITIONS, AS OF JANUARY 1, 2009. UPON ADOPTION OF THIS ACCOUNTING PRONOUNCEMENT, PRAB HAD NO UNRECOGNIZED TAX BENEFITS. FURTHERMORE, PRAB HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2009.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC.
(PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	35,644.			35,644.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	35,644.			35,644.
Direct Expenses	4 Cash prizes	1,851.			1,851.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,409.			16,409.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(18,260.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				17,384.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain.			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address of the third party:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number: 22-1944440

ATTACHMENT 1

FORM 990 PART VI LINE 12

ON AN ANNUAL BASIS EACH BOARD MEMBER SUBMITS A CONFLICT OF INTEREST DISCLOSURE DOCUMENT TO THE EXECUTIVE DIRECTOR.

FORM 990 PART VI LINE 15

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PERFORMS AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR AND APPROVES THE COMPENSATION.

FORM 990 PART VI LINE 19

THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO HELP IMPROVE THE QUALITY OF LIFE OF THE LOW-INCOME COMMUNITY OF CENTRAL NEW JERSEY BY PROVIDING CHILD CARE ASSISTANCE, WEATHERIZATION OF HOMES, COMMUNITY ADVOCACY, CRISIS INTERVENTION, YOUTH DEVELOPMENT, JOB PLACEMENT OPPORTUNITIES, REHABILITATION AND OTHER EFFECTIVE SOCIAL SERVICES TO ECONOMICALLY DISADVANTAGED INDIVIDUALS AND FAMILIES THROUGHOUT CENTRAL NEW JERSEY.

ATTACHMENT 3

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
LOW-INCOME		142,772.	
H.D.A. OTHER		5,669.	
HOUSING COALITION		303,216.	
YOUTH DEVELOPMENT		510,977.	
TOTALS		962,634.	

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TROOPER FOODS, INC 53-08 108TH STREET CORONA, NY 11368	FOOD FOR DAYCARE	157,109.
BUSCO BROTHERS INC 258 GATZMER AVE JAMESBURG, NJ 08831	HEATING SYSTEMS	121,075.
EDDIE O'S PLUMBING & HEATING 578 KROCHMALLY AVE PERTH AMBOY, NJ 08861	HEATING SYSTEM	142,935.
TOTAL COMPENSATION		421,119

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	4,080			4,080
TOTALS	4,080.			4,080.

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	35,644.	18,260.	17,384.
TOTALS	35,644.	18,260.	17,384.

ATTACHMENT 7

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
REFUNDABLE ADVANCES	194,061.	825,163.
TOTALS	194,061.	825,163.

ATTACHMENT 8

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: WACHOVIA BANK
ORIGINAL AMOUNT: 340,000.
INTEREST RATE: 6.350000
DATE OF NOTE: 02/01/2010
MATURITY DATE: 03/01/2015
REPAYMENT TERMS: $2,090 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: DAY CARE CENTER TOWNSEND ST NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE DAY CARE CENTER

BEGINNING BALANCE DUE ..... 192,803.
ENDING BALANCE DUE ..... 177,127.

LENDER: MAGYAR SAVINGS BANK
ORIGINAL AMOUNT: 153,000.
INTEREST RATE: 7.500000
DATE OF NOTE: 12/01/1998
MATURITY DATE: 12/01/2028
REPAYMENT TERMS: $1,070 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: HOUSES 302/304 TOWNSEND ST NEW BRUNSWICK, NJ
PURPOSE OF LOAN:

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC.
(PUERTO RICAN ACTION BOARD, INC.)

Employer identification number
22-1944440

ATTACHMENT 8 (CONT'D)

FINANCE THESE MULTI-FAMILY DWELLINGS

BEGINNING BALANCE DUE	132,758.
ENDING BALANCE DUE	129,777.

LENDER: MAGYAR SAVINGS BANK
ORIGINAL AMOUNT: 112,500.
INTEREST RATE: 8.500000
DATE OF NOTE: 11/04/1998
MATURITY DATE: 12/01/2013
REPAYMENT TERMS: $1,108 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: TWO FAMILY HOUSE 145 WELTON ST NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE PURCHASE

BEGINNING BALANCE DUE	53,972.
ENDING BALANCE DUE	44,918.

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

ATTACHMENT 8 (CONT'D)

LENDER: MAGYAR SAVINGS BANK
ORIGINAL AMOUNT: 111,600.
INTEREST RATE: 8.500000
DATE OF NOTE: 11/18/1998
MATURITY DATE: 12/01/2013
REPAYMENT TERMS: $1,099 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: TWO FAMILY HOUSE 141 WELTON ST NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE PURCHASE

BEGINNING BALANCE DUE	53,530.
ENDING BALANCE DUE	44,547.

LENDER: MAGYAR SAVINGS BANK
ORIGINAL AMOUNT: 251,575.
INTEREST RATE: 8.060000
DATE OF NOTE: 09/01/2001
MATURITY DATE: 08/01/2021
REPAYMENT TERMS: $2,119 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: FACILITY AT 137-139 WELTON ST., NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE PURCHASE

BEGINNING BALANCE DUE	201,087.
ENDING BALANCE DUE	191,764.

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

ATTACHMENT 8 (CONT'D)

LENDÈR: WACHOVIA
ORIGINAL AMOUNT: 990,000.
INTEREST RATE: 5.500000
DATE OF NOTE: 05/01/1999
MATURITY DATE: 03/01/2015
REPAYMENT TERMS: $7,531 PER MONTH PLUS INTEREST
SECURITY PROVIDED: FACILITY AT 18 DRIFT STREET, NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE CONSTRUCTION

BEGINNING BALANCE DUE	714,351.
ENDING BALANCE DUE	646,710.

LENDER: NJ REDEVOLOPMENT AUTHORITY
ORIGINAL AMOUNT: 247,500.
INTEREST RATE: 5.000000
DATE OF NOTE: 10/01/2006
MATURITY DATE: 04/01/2011
REPAYMENT TERMS: $1,619 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: FACILITY AT 18 DRIFT ST, NEW BRUNSWICK, NJ
PURPOSE OF LOAN: CONVERSION OF WAREHOUSE TO CHILD CARE FACILITY

BEGINNING BALANCE DUE	183,261.
ENDING BALANCE DUE	172,763.

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

ATTACHMENT 8 (CONT'D)

LENDER: NJ ECONOMIC DEVELOPMENT AUTHORITY
ORIGINAL AMOUNT: 337,500.
INTEREST RATE: 3.000000
DATE OF NOTE: 03/29/2001
MATURITY DATE: 03/01/2011
REPAYMENT TERMS: $1,962 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: FACILITIES AT 18 DRIFT&287 TOWNSEND ST., NEW BRUNS
PURPOSE OF LOAN: CONVERSION OF WAREHOUSE TO CHILD CARE FACILITY

BEGINNING BALANCE DUE	239,927.
ENDING BALANCE DUE	223,450.

LENDER: NJ DEVELOPMENT AUTHORITY
ORIGINAL AMOUNT: 75,000.
INTEREST RATE: 5.000000
DATE OF NOTE: 03/29/2001
MATURITY DATE: 04/01/2011
REPAYMENT TERMS: $498 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: FACILITY AT 18 DRIFT STREET, NEW BRUNSWICK, NJ
PURPOSE OF LOAN: CONVERSION OF WAREHOUSE INTO CHILD CARE FACILITY

BEGINNING BALANCE DUE	54,708.
ENDING BALANCE DUE	51,430.

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC.
(PUERTO RICAN ACTION BOARD, INC.)

Employer identification number
22-1944440

ATTACHMENT 8 (CONT'D)

LENDER: MAGYAR SAVINGS BANK
ORIGINAL AMOUNT: 40,000.
INTEREST RATE: 7.750000
DATE OF NOTE: 09/01/2001
MATURITY DATE: 09/01/2011
REPAYMENT TERMS: $497 PER MONTH INCLUDING INTEREST
SECURITY PROVIDED: FACILITY AT 137-139 WELTON ST., NEW BRUNSWICK
PURPOSE OF LOAN: FINANCE

BEGINNING BALANCE DUE	14,198.
ENDING BALANCE DUE	9,243.

LENDER: NJ DIVISION OF FAMILY DEVELOPMENT
ORIGINAL AMOUNT: 200,000.
DATE OF NOTE: 10/28/1999
MATURITY DATE: 10/28/2009
REPAYMENT TERMS: PRINCIPAL DUE AT MATURITY
SECURITY PROVIDED: FACILITY AT 18 DRIFT STREET NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE PURCHASE & RENOVATIONS TO PROPERTY

BEGINNING BALANCE DUE	200,000.
ENDING BALANCE DUE	200,000.

Name of the organization JUNTA DE ACCION PUERTORRIQUENA, INC. (PUERTO RICAN ACTION BOARD, INC.)

Employer identification number 22-1944440

ATTACHMENT 8 (CONT'D)

LENDER: COMMUNITY LOAN FUN OF NJ
ORIGINAL AMOUNT: 1,250,158.
INTEREST RATE: 7.250000
DATE OF NOTE: 09/01/2009
MATURITY DATE: 08/01/2013
REPAYMENT TERMS: 9,036 PER MONTH, $1,170,000 DUE AT MATURITY
SECURITY PROVIDED: FACILITY AT 90 JERSEY AVE, NEW BRUNSWICK, NJ
PURPOSE OF LOAN: FINANCE

BEGINNING BALANCE DUE	1,249,094.
ENDING BALANCE DUE	1,244,171.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	3,289,689.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	3,135,900.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return

JUNTA DE ACCION PUERTORRIQUENA, INC.

Identifying number

22-1944440

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	190,812.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	190,812.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
SEE AMORTIZATION DETAIL		6,069.			1,214.
43 Amortization of costs that began before your 2009 tax year				43	2,897.
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	4,111.

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
FURNITURE & EQUIP	07/01/1981	2,992.	100 000			2,992	2,992	2,992	SL		10.000				
FURNITURE & EQUIP.	07/01/1983	4,631.	100 000			4,631	4,631.	4,631.	SL		5.000				
FURNITURE & EQUIP.	07/01/1984	5,510.	100 000			5,510	5,510.	5,510	SL		5 000				
FURNITURE & EQUIP.	07/01/1986	1,495.	100.000			1,495.	1,495	1,495	SL		5.000				
FURNITURE & EQUIP.	07/01/1987	2,250	100.000			2,250.	2,250	2,250.	SL		5 000				
FURNITURE & EQUIP	07/01/1988	3,085.	100.000			3,085	3,085.	3,085	SL		5.000				
FURNITURE & EQUIP.	07/01/1989	4,143	100.000			4,143.	4,143	4,143	SL		5 000				
FURNITURE & EQUIP.	07/01/1990	10,291.	100.000			10,291	10,291.	10,291.	SL		5.000				
FURNITURE & EQUIP.	07/01/1991	14,493.	100 000			14,493	14,493	14,493.	SL		5.000				
FURNITURE & EQUIP.	07/01/1992	3,624.	100.000			3,624	3,624	3,624	SL		5.000				
FURNITURE & EQUIP	07/01/1993	3,349	100 000			3,349.	3,349.	3,349	SL		5.000				
FURNITURE & EQUIP.	07/01/1994	5,233	100.000			5,233.	5,233	5,233	SL		5 000				
BUILDING COMPONENT	09/01/1994	320,107	100.000			320,107.	152,938.	163,608.	SL		30 000				10,670.
BUILDING - ALLOC.	01/01/1995	6,000.	100.000			6,000.	2,898	3,105	SL		29 000				207.
FURNITURE & EQUIP	07/01/1996	1,809	100.000			1,809	1,809	1,809	SL		5.000				
IMPROVEMENT	07/01/1996	2,100	100 000			2,100	1,750	1,890	SL		15.000				140
COMPUTER EQUIPMENT	07/01/1997	6,895	100 000			6,895	4,782	4,782	SL		5.000				
TWO FAMILY HOUSE	11/18/1998	92,440	100.000			92,440	31,195	34,276	SL		30.000				3,081.
TWO FAMILY HOUSE-1	11/04/1998	85,675	100 000			85,675	28,917.	31,773.	SL		30.000				2,856
Less: Retired Assets															
Subtotals						5,793,319	1,766,746	1,957,558							190,812.
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		6,459,657				5,793,319	1,766,746.	1,957,558.							190,812.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
CLOSING FEES	03/29/2001	23,150	9,070	10,228	A461	20.000	1,158
WACHOVIA CLOSING C	04/30/2004	3,410.	3,240	3,410	A461	5.000	170.
CLOSING COST 90 J	02/28/2006	9,054	1,761.	2,365.	A461	15.000	604.
LOAN MODIFICATION	08/29/2006	750.	750.	750	A461	1.000	
RECLASS COMM	12/31/2006	6,500.	902.	1,335	A461	15 000	433
TOTALS		56,901.	20,584	24,695			4,111

*Assets Retired

JSA
9X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
TWO TWO-FAMILY HOU	07/01/1998	198,944	100.000			198,944	69,349	75,980.	SL		30.000				6,631
BACHARACH AIR DRAF	08/04/1998	1,505.	100.000			1,505	1,505	1,505.	SL		5.000				
USED DELL COMPUTER	06/03/1998	1,825.	100 000			1,825	1,825.	1,825	SL		3.000				
BUILDING & IMPROVE	11/03/1999	2,289,840.	100.000			2,289,840	524,755.	582,001	SL		30.000				57,246
KITCHEN EQUIPMENT	02/15/2000	23,662.	100.000			23,662.	23,662	23,662.	SL		7.000				
VAN	10/11/2000	6,025.	100 000			6,025.	6,025.	6,025	SL		5.000				
COMPUTER	10/18/2000	1,001	100 000			1,001.	1,001	1,001.	SL		5 000				
286 REDMOND ST	09/01/1994	78,554.	100.000												
287 TOWNSEND	09/01/1994	43,559	100.000												
302/304 TOWNSEND	09/01/1994	45,028	100.000												
141 WELTON	09/01/1994	31,060.	100.000												
145 WELTON	09/01/1994	39,325.	100 000												
18 DRIFT ST	09/01/1994	94,240	100 000												
PARKING LOT	09/01/1994	8,802	100.000												
BUILDING IMPROVE	07/31/2000	125,547.	100 000			125,547	26,420.	29,559	SL		30 000				3,139
BUILDING IMPROVE	07/31/2000	8,622	100.000			8,622.	1,819	2,035	SL		30.000				216.
137-139 WELTON	08/31/2001	275,540.	100.000			275,540	68,122.	77,307	SL		30.000				9,185
COMPUTER	01/31/2001	8,874.	100.000			8,874.	8,874	8,874	SL		5.000				
PLAYGROUND	03/16/2001	4,085.	100 000			4,085	4,085	4,085.	SL		5.000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
RECLASS LOAN	12/31/2006	1,000	140	207	A461	15.000	67.
DEFERRED LOAN COST	07/03/1998	6,968.	4,721.	5,186.	A461	15.000	465.
09 DEFRD LOAN COST	01/01/2009	6,069.		1,214.	A461	5 000	1,214.
TOTALS							

*Assets Retired

JSA
9X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	04/10/2001	7,760.	100.000			7,760	7,760	7,760	SL		5.000				
DONATED COMPUTERS	09/01/2001	27,685.	100 000			27,685	27,685.	27,685	SL		5.000				
DONATED COMPUTERS	09/28/2001	10,745	100 000			10,745	10,745	10,745	SL		5.000				
TALK SYSTEM	10/10/2001	3,655.	100 000			3,655	3,655.	3,655.	SL		5 000				
PROJECTOR	11/28/2001	1,701.	100 000			1,701.	1,701	1,701.	SL		5.000				
PRINTER	12/19/2001	1,649	100.000			1,649.	1,649.	1,649	SL		5 000				
137-139 WELTON	08/31/2001	34,752	100 000												
BLDG IMPROVEMENTS	07/23/2001	1,983.	100.000			1,983	375	425.	SL		40.000				50
BUILDING COMPONENT	09/01/1994	102,852	100 000			102,852.	58,971.	63,085	SL		25.000				4,114.
BUILDING COMPONENT	09/01/1994	29,225.	100.000			29,225.	20,941.	22,402.	SL		20.000				1,461
BUILDING COMPONENT	09/01/1994	23,460.	100 000			23,460.	22,417.	23,460.	SL		15.000				1,043
BUILDING COMPONENT	09/01/1994	74,941.	100.000			74,941.	74,941.	74,941	SL		12.000				
BUILDING COMPONENT	09/01/1994	102,102.	100.000			102,102	102,102	102,102.	SL		10 000				
BUILDING COMPONENT	09/01/1994	47,910.	100.000			47,910.	46,768	46,768	SL		7.000				
BUILDING COMPONENT	09/01/1994	18,395	100.000			18,395.	18,395	18,395	SL		5 000				
DELL DIMENSION	01/03/2002	1,140.	100.000			1,140.	1,140	1,140	SL		5 000				
TABLES AND CHAIRS	01/16/2002	882.	100.000			882.	882.	882	SL		5 000				
MIP ACCT SOFTWARE	02/11/2002	12,065.	100.000			12,065	12,065.	12,065.	SL		5.000				
HP LASJET PRINTER	03/28/2002	1,549.	100.000			1,549	1,549.	1,549.	SL		5.000				
Less: Retired Assets															
Subtotals															
Listed Property															
Less. Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
9X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
1997 DODGE RAM VAN	07/10/2002	3,000.	100.000			3,000	3,000	3,000.	SL		5 000				
2002 DODGE CARAVAN	09/04/2002	18,929	100 000			18,929	18,929	18,929.	SL		5.000				
HP PAVE ATHXP COMP	09/20/2002	576.	100.000			576.	576.	576	SL		5 000				
GATEWAY DS 600L	10/26/2002	2,438.	100 000			2,438.	2,438.	2,438.	SL		5.000				
DELL DIM 2300 COMP	11/13/2002	748	100.000			748.	748.	748.	SL		5.000				
2 DEL DIM 2300 COM	11/19/2002	2,732	100.000			2,732	2,732.	2,732	SL		5.000				
FOLDING DOORS	11/29/2002	2,950	100 000			2,950	739	813	SL		40.000				74
LAMINATOR IBICO	06/23/2003	3,666.	100.000			3,666.	3,666.	3,666	SL		5.000				
DOOR INTERCOM	06/30/2003	750.	100 000			750	750	750.	SL		5 000				
INSTALLATION CCTV	06/30/2003	2,725	100 000			2,725	2,725.	2,725	SL		5.000				
PANASONIC KX-TA624	07/07/2003	1,516	100.000			1,516	1,516.	1,516.	SL		5.000				
A/C COMPRESSOR	07/28/2003	2,375	100.000			2,375.	2,375	2,375	SL		5.000				
DELL COMPUTERS	08/05/2003	31,994.	100.000			31,994.	31,994	31,994	SL		5.000				
DELL COMPUTERS	12/02/2003	1,827	100.000			1,827	1,827	1,827	SL		5.000				
BLOWER DOOR	12/22/2003	2,565.	100.000			2,565	2,565.	2,565	SL		5.000				
LEAD ABATEMENT	11/17/2003	9,232	100.000			9,232	1,193	1,424	SL		40 000				231
BUILDING IMPROVEME	04/05/2004	55,249	100.000			55,249.	6,356	7,737	SL		40 000				1,381.
BUILDING	07/13/2004	1,226,781.	100.000			1,226,781.	186,832.	227,725	SL		30 000				40,893
BUILDING	01/09/2005	9,200	100 000			9,200.	920	1,150	SL		40 000				230
Less: Retired Assets															
Subtotals															
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
9X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
FURNITURE	06/30/2004	21,541.	100.000			21,541	19,386	21,541	SL		5.000				2,155.
COMPUTER	03/28/2005	15,221.	100.000			15,221	11,415	14,459	SL		5.000				3,044.
14' BOX TRUCK	04/01/2005	2,500.	100 000			2,500	1,875	2,375	SL		5.000				500.
LAND- 90 JERSEY AV	07/13/2004	291,018	100.000												
DELL LAPTOP	09/21/2007	1,986.	100 000			1,986.	596.	993.	SL		5.000				397
PRINTER	03/29/2007	612	100 000			612	183	305	SL		5.000				122
DELL COMPUTERS(2)	06/28/2007	1,378.	100.000			1,378	414	690	SL		5.000				276.
DELL LAPTOP	01/23/2007	1,528	100.000			1,528	459	765	SL		5 000				306.
BUILDING IMPROV	06/07/2007	2,300	100.000			2,300	87	145.	SL		40.000				58
BUILDING IMPROV	06/21/2007	2,600.	100.000			2,600	98	163	SL		40.000				65.
BUILDING IMPROV	06/23/2007	1,176.	100 000			1,176	44.	73	SL		40.000				29
BUILDING IMPROV	06/22/2007	1,060	100.000			1,060	40	67	SL		40.000				27
BUILDING IMPROV	05/31/2007	3,209	100 000			3,209.	120.	200	SL		40 000				80.
BUILDING IMPROV	05/31/2007	1,111	100.000			1,111	42	70.	SL		40.000				28.
BUILDING IMPROV	04/09/2007	720.	100 000			720	27.	45	SL		40.000				18.
BUILDING IMPROV	04/09/2007	2,080.	100.000			2,080	78	130	SL		40.000				52.
BUILDING IMPROV	01/30/2007	5,200	100.000			5,200.	195.	325	SL		40.000				130.
BUILDING IMPROV	09/01/2007	1,600.	100.000			1,600	60	100	SL		40.000				40.
BUILDING IMPROV	10/09/2007	1,382.	100 000			1,382.	52	87	SL		40.000				35.
Less. Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
9X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
BUILDING IMPROV	12/07/2007	5,200.	100 000			5,200	195	325	SL		40.000				130
2007 CHRYSLER	01/01/2007	20,000	100.000			20,000.	6,000.	10,000.	SL		5.000				4,000.
2005 DODGE DAKOTA	01/01/2007	6,400	100.000			6,400	1,920	3,200	SL		5 000				1,280
VEHICLES	01/01/2007	6,400	100.000			6,400.	1,920	3,200	SL		5.000				1,280.
FIRE ALARM	11/02/2006	2,950.	100 000			2,950.	160	234.	SL		40 000				74
HALLWAY WALL REPAI	12/26/2006	2,900.	100 000			2,900	152	225	SL		40.000				73
HALLWAY WALL REPAI	12/26/2006	2,900	100 000			2,900.	152.	225	SL		40 000				73
DIM 3100 COMPUTER	02/19/2006	931.	100 000			931.	465	651	SL		5 000				186
COMPUTERS DOE	03/23/2006	1,224	100.000			1,224.	612	857	SL		5.000				245
COMPUTER DOE	03/23/2006	1,225.	100.000			1,225.	613	858.	SL		5 000				245
COMPUTER	03/24/2006	884	100 000			884	442	619	SL		5.000				177.
COMPUTER	03/24/2006	884	100 000			884.	442.	619.	SL		5.000				177.
COMPUTER	03/24/2006	884	100.000			884	442.	619	SL		5 000				177.
COMPUTER	03/30/2006	1,060	100 000			1,060	530	742.	SL		5 000				212.
COMPUTER	03/30/2006	1,060.	100.000			1,060.	530	742	SL		5.000				212.
COMPUTER DIMENSION	07/01/2006	865.	100 000			865.	433	606	SL		5.000				173.
PRINTER	07/19/2006	900.	100 000			900	450.	630	SL		5.000				180.
COMPUTER	11/10/2006	941	100.000			941.	470.	658.	SL		5.000				188.
COMPUTER	11/10/2006	942	100.000			942	470	658	SL		5.000				188
Less Retired Assets															
Subtotals															
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
9X9024 1 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
08 BUILDING IMPR	01/01/2008	22,275	100.000			22,275.	278	835	SL		40.000				557
08 FURNITURE & EQU	01/01/2008	22,284	100.000			22,284	2,229	6,686	SL		5.000				4,457
08 VEHICLES	01/01/2008	42,217	100.000			42,217	4,221	12,664	SL		5.000				8,443.
2009 BUILD. IMPROV	07/01/2009	37,507.	100 000			37,507.		469	SL		40 000				469.
2009 FURN. & EQUIP	07/01/2009	55,336.	100.000			55,336.		5,534	SL		5 000				5,534.
2009 VEHICLES	07/01/2009	117,402.	100 000			117,402		11,872.	SL		5.000				11,872.
Less Retired Assets															
Subtotals		6,459,657.													

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
9X9024 1 000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	JUNTA DE ACCION PUERTORRIQUENA (PUERTO RICAN ACTION BOARD, INC.)		22-1944440
	Number, street, and room or suite no If a P O box, see instructions. 90 JERSEY AVENUE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW BRUNSWICK, NJ 08901		

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JOSE FIGUEROA
  Telephone No ▶ 732 828-4510 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009 , or other tax year beginning _____ , and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension AWAITING ADDITIONAL INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	0.
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶

WITHUMSMITH+BROWN, P.C.
ONE SPRING STREET
NEW BRUNSWICK, NJ 08901