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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 Fondos Unidos de Puerto Rico, Inc.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: PO Box 191914

City or town, state or country, and ZIP + 4: San Juan, PR 00919

D Employer identification number: 66-0269222

E Telephone number: 787-728-8500

G Gross receipts $ 9,250,241.00

F Name and address of principal officer: Samuel Gonzalez - PO Box 191914 San Juan, PR 00919-1914

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.fondosunidos.org

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

L Year of formation 1967

M State of legal domicile PR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Raise funds in annual campaigns to cover program services of its participating agencies.

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	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of employees (Part V, line 2a)	5	41
6	Total number of volunteers (estimate if necessary)	6	3,500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.00
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.00

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,348,334.00	8,853,025.00
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,905.00	70,725.00
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	255,645.00	326,491.00
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,687,884.00	9,250,241.00
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,558,689.00	6,514,393.00
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,845,367.00	1,565,502.00
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	921,713.00	747,731.00
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,325,769.00	8,827,626.00
19	Revenue less expenses Subtract line 18 from line 12	-2,637,885.00	422,615.00

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	16,520,008.00	15,347,284.00
21	Total liabilities (Part X, line 26)	3,037,613.00	2,805,984.00
22	Net assets or fund balances Subtract line 21 from line 20	13,482,395.00	12,541,300.00

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: 11/11/10

▶ President & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 11/11/2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00585082

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Falcon Sanchez & Associates PSC
PO Box 366397 San Juan PR 00936

EIN ▶ 66-0585022

Phone no ▶ 787-273-7979

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
The purpose of the organization is to raise funds in annual campaigns to cover program services of its participating agencies.

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 $ 6,514,393.00 including grants of $ 6,514,393.00) (Revenue $ _____)
Funds distributions and allocation services - Payments to participating agencies. Grant. consist of allocations of funds collected through the annual campaign in public and private sector to more than 1,000 welfare and health agencies of which 144 are affiliated to the agency, which benefit more than 800,000 people in Puerto Rico.

4b (Code _____) (Expenses $ 178,563.00 including grants of $ _____) (Revenue $ _____)
Information and referrals - 211 of Puerto Rico
211 is an easy to remember telephone number that connects caller to information about critical health and human services available in Puerto Rico. This service provides callers with information about and referral to human services for every day needs and in time of crisis. 211 can offer access to the following types of services: basic huma need resources, physical and mental health resources and any other services that the person need.

4c (Code _____) (Expenses $ 78,028.00 including grants of $ _____) (Revenue $ _____)
Volunteer center-
Match you with volunteer opportunities that fit the interest, skills, availability and location with the needs of the nonprofit organization. Also promote the volunteer help among the corporations that support the annual fundraising campaign. Also had a program called "Club me importas tu" that develops the leadership skills for high schoo and university students.

4d Other program services (Describe in Schedule O)
(Expenses $ 419,405.00 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 7,190,389.00

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		X
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)	12A		X
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		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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 0		
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	N	A
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 41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)	2b	x	
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 N/A		
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	N	A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N	A
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	N	A
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 N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b N/A		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a	N	A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b N/A		

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	40		
b	Enter the number of voting members that are independent	1b	39		
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	N	A
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	N	A

Section C. Disclosure

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

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 UPON REQUEST

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Heidi Cortes,Los Angeles PDA 26 1/2 Esq Boulv Sagrado Corazon, San Juan PR 00909
Tel. 787-728-8500

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			
Melba Acosta Febo, Director	1	X						0.00	0.00	0.00
Eric Adler, Director	1	X						0.00	0.00	0.00
Justo Arenas, Director	1	X						0.00	0.00	0.00
Felipe Benedit, Director	1	X						0.00	0.00	0.00
Roberto Bengoa, Director	1	X						0.00	0.00	0.00
Carlos Blanco, Director	1	X						0.00	0.00	0.00
Shannon Boyle, Director	1	X						0.00	0.00	0.00
Jorge Canellas, Director	1	X						0.00	0.00	0.00
Mickey Carrero, Director	1	X						0.00	0.00	0.00
Humberto Collado,Pres. Campaign Comm	1	X						0.00	0.00	0.00
Edgardo Fabregas, Director	1	X						0.00	0.00	0.00
Gisela Feliciano, Director	1	X						0.00	0.00	0.00
Jaime Figueroa, Director	1	X						0.00	0.00	0.00
Erasto Freytes, Director	1	X						0.00	0.00	0.00
Arturo Garcia Sola, Director	1	X						0.00	0.00	0.00

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			
Luis Gautier, Director	1	X						0.00	0.00	0.00
Maria E Gonzalez, Director	1	X						0.00	0.00	0.00
Samuel Gonzalez, Director President, CEO	40	x		x	x	x		113,496	0.00	0.00
Hilary Hattler, Director	1	x						0.00	0.00	0.00
Jorge Hernandez, Director	1	x						0.00	0.00	0.00
Luis Herrera, Director	1	x						0.00	0.00	0.00
Leslie Hufstetler, Director	1	x						0.00	0.00	0.00
Jesus Ricky Lopez, Director	1	x						0.00	0.00	0.00
Luis Marti, Pres. Audit Committee	1	x						0.00	0.00	0.00
Orlando Mercado, Director	1	x						0.00	0.00	0.00
Andres Morgado, Director	1	x						0.00	0.00	0.00
Nestor Ortiz, Director	1	x						0.00	0.00	0.00
Miguel Pereira, Director	1	x						0.00	0.00	0.00
1b Total ▶								452,312.00		

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*	3		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*	4		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*	5		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
N/A		

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 ▶

Part VIII Statement of Revenue

			(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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,853,025			
	g Noncash contributions included in lines 1a-1f $ 184,606					
	h **Total.** Add lines 1a-1f		8,853,025			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70,725			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(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)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	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					
	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					
	Miscellaneous Revenue	**Business Code**				
	11a Other Income		326,491			
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		326,491			
	12 **Total Revenue.** See instructions		9,250,241			

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	6,514,393.00	6,514,393.00		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	452,312.00	53,259.00	244,371.00	154,682.00
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	828,999.00	277,378.00	261,724.00	289,897.00
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,796.00	11,576.00	13,579.00	12,641.00
9 Other employee benefits	124,042.00	45,945.00	38,260.00	39,837.00
10 Payroll taxes	122,353.00	32,148.00	47,341.00	42,864.00
11 Fees for services (non-employees)				
a Management				
b Legal	165.00		165.00	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	69,201.00	10,578.00	52,392.00	6,231.00
12 Advertising and promotion	86,022.00	15,416.00	3,381.00	67,225.00
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	35,952.00	12,583.00	10,426.00	12,943.00
17 Travel	55,027.00	11,981.00	6,557.00	36,489.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	137,442.00	48,105.00	39,858.00	49,479.00
22 Depreciation, depletion, and amortization	96,033.00	33,612.00	27,849.00	34,572.00
23 Insurance				
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 Volunteer, Community and Agency	61,845.00	57,272.00	1,568.00	3,005.00
b Utilities and Insurance	96,664.00	36,698.00	27,091.00	32,875.00
c Supplies, Postage and Shipping	16,988.00	5,934.00	5,020.00	6,034.00
d Equipment rental and maintenance	57,532.00	20,154.00	16,671.00	20,707.00
e				
f All other expenses	34,860.00	3,357.00	14,708.00	16,795.00
25 **Total functional expenses** Add lines 1 through 24f	8,827,626.00	7,190,389.00	810,961.00	826,276.00
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		1,701,054.00	1	2,365,830.00
	2	Savings and temporary cash investments		10,195,029.00	2	7,934,612.00
	3	Pledges and grants receivable, net		50,739.00	3	171,754.00
	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			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,060,863.00			
	b	Less accumulated depreciation	10b 1,955,023.00	1,183,923.00	10c	1,105,840.00
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		3,334,703.00	12	3,711,105.00
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		54,560.00	15	58,143.00
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,520,008.00	16	15,347,284.00
Liabilities	17	Accounts payable and accrued expenses		178,881.00	17	184,678.00
	18	Grants payable		2,718,219.00	18	2,619,799.00
	19	Deferred revenue		140,513.00	19	1,507.00
	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			23	
	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		3,037,613.00	26	2,805,984.00
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		5,738,087.00	27	4,693,113.00
	28	Temporarily restricted net assets		7,744,308.00	28	7,848,187.00
	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		13,482,395.00	33	12,541,300.00
	34	Total liabilities and net assets/fund balances		16,520,008.00	34	15,347,284.00

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	N	A
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	N	A

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	**Employer identification number**
Fondos Unidos de Puerto Rico, Inc.	66-0269222

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 [X] 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)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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")	14,858,814	12,011,961	11,855,917	8,348,334	8,853,025	55,928,051
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	14,858,814	12,011,961	11,855,917	8,348,334	8,853,025	55,928,051
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						55,928,051

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	14,858,814	12,011,961	11,855,917	8,348,334	8,853,025	55,928,051
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,258	325,641	98,372	83,905	70,725	801,901
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)			843,134	255,645	326,491	1,425,270
11 **Total support.** Add lines 7 through 10						58,155,222

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

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	96.1703 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.8729 %

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 ")	N/A					
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	N/A					
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 explanations 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
Fondos Unidos de Puerto Rico, Inc.	66-0269222

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $ N/A

3 Volunteer hours . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $ 0.00

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $ 0.00

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☒ No

4a Was a correction made? . . . . . ☐ Yes ☒ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $ N/A

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $ N/A

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
N/A				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	N/A	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	N/A				
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	N	A	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N	A	

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	N	A
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	N/A
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

N/A

Part IV Supplemental Information *(continued)*

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

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

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	N/A	
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? [N] Yes [A] 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? [N] Yes [A] 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	N/A
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 ▶ $ N/A

(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 N/A

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	N/A
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	N/A				
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		250,007		250,007
b Buildings		1,924,030	1,194,771	729,259
c Leasehold improvements				
d Equipment		886,826.00	760,252	126,574
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,105,840

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		
Certificates of Deposit	1,811,342.00	Cost
Common Stock	1,899,763.00	Fair Market Value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,711,105.00	

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
N/A		
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
Deferred expenses	26,831.00
Other Assets	31,312.00
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	58,143.00

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
N/A	
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	9,250,241
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,827,626
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	422,615
4	Net unrealized gains (losses) on investments	4	424,170
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	424,170
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	846,785

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	9,674,411
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	424,170		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	424,170
3	Subtract line **2e** from line **1**			3	9,250,241
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	9,250,241

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

1	Total expenses and losses per audited financial statements			1	8,827,626
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	8,827,626
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	8,827,626

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

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albergue Los Peregrinos (FUND PO BOX 6300 PONCE, PR 00732	66-0264286		22,603.00	1,500.00	FMV		GOC & POC
Apoyo Empr.Penins de Cantera PO BOX 7187 SAN JUAN PR 00916	66-0490632		36,440.00	599.00	FMV		GOC & POC
Asamblea Virgilio Dávila PMS113 PO BOX 607061 BAYAMON 00960	66-0487112		57,643.00	1,179.00	FMV		GOC & POC
Asoc Espina Bifida e Hidrocefalia PO BOX 8262 BAYAMON PR 00960	66-0423348		33,982.00				GOC & POC
Asoc Personas Impedim(S.Germ Calle Dr Veve San German PR 00683	66-0374268		49,420.00				GOC & POC
Asoc Educ. Pro Desarr Culebra PO Box 477 Culebra PR 00775	66-0421458		36,746.00				GOC & POC
Asoc Mayaguezana Persns. Imped. PO Box 745 Mayaguez PR 00681	66-0406690		40,527.00				GOC & POC
Asoc Pro Ciudadano Imped. 28 Betances Sabana Grande PR 00637	66-0386413		20,924.00				POC
Asoc Pro Juv. y Com. Bo.Palmas PO Box 63476 Cataño, PR 00963	66-0406990		108,280.00				GOC & POC
Banco de Alimentos de PR Urb Ind Corujo #9 Bayamon 00960	66-444882		86,707.00	14,400.00	FMV		goc & poc
Big Brothers Big Sisters PR PMB 341 Ste 67 Guaynabo PR 00969	66-0547583		17,330.00	499.00	FMV		GOC
Bill's Kitchen PO Box 195678 San Juan, PR 00919	66-0493399		38,470.00	1,522.00	FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 107

3 Enter total number of other organizations . . . . . ▶ 126

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of PR Res Las Margaritas Santurce PR	66-0327580		110,593.00				GOC & POC
Boys Scouts America PR Counc Edif Boys Scouts Guaynabo PR	66-0201809		88,517.00				GOC & POC
Cáritas de Puerto Rico PO Box 8812 San Juan 00910	66-0287035		37,024.00				GOC & POC
Casa de la Bondad MSC 406 PO Box 890 Humacao PR	66-0502690		41,307.00	1,191.00	FMV		GOC & POC
Casa de Niños M.Frdz Juncos Calle Villa Verde San Juan PR 00909	66-0191953		66,645.00	1,679.00	FMV		GOC & POC
Casa del Peregrino PO Box 3837 Aguadilla PR 00605	66-0541904		18,548.00				GOC & POC
Casa Juan Bosco 107 San Carlos Aguadilla PR 00605	66-2540316		34,190.00	451.00	FMV		GOC & POC
Casa la Providencia Parcelas Suarez 175 Loiza PR 00902	66-0276597		129,539.00	6,204.00	FMV		GOC & POC
Casa Pens.de Mujer del Centro 57 Degetau Norte Aibonito 00705	66-0462822		69,280.00				GOC & POC
Ctro Com. Rvda. Inés Figueroa Carr. 177 Rio Piedras PR 00936	66-0561388		20,673.00	2,031.00	FMV		GOC & POC
Centro Cristiano Hija de Jairo Carr. 748 Km 2.8 Guayama PR 00784	66-0529893		35,694.00	430.00	FMV		GOC & POC
Ctro Cult. y Serv de Cantera 2406 Santa Elena Santurce PR 00916	66-0390654		114,078.00				GOC & POC
Ctro Adiestra y Serv Com EPI 59 Marma Angelm Guayama PR 00795	66-0391558		48,729.00	5,000.00	FMV		GOC & POC
Ctro Ayuda Niños con Imped 133 DR.Gonzalez Isabel, PR 00962	66-0443137		37,860.00				GOC & POC
Centro de Ayuda Social 391 Asunc Puerto Nuevo PR 00916	66-0394330		51,152.00	44,663.00	FMV		GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centro AYANI 133 Dr. Gonzalez Moca PR 00676	66-0479321		61,812.00				GOC & POC
Centro Enseñanza para la Familia PO Box 8052 Humacao PR 00791	66-0551278		42,509.00				GOC & POC
Centro Envejecientes Club de Oro PO Box 9176 Caguas PR 00726	66-0268890		60,819.00				GOC & POC
Ctro Envej. Hogar Paz de Cristo Llanos d Sur 47-747 Ponce PR 00780	66-0360384		32,142.00				GOC & POC
Ctro Envej Juan de los Olivos Carr.620 km2.0 Vega Alta PR 00692	66-0345980		28,838.00	1,149.00	FMV		GOC & POC
Ctro Interv/Integ Paso a Paso Carr.129 km8.6 Hatillo PR 00659	66-0590565		20,328.00				GOC & POC
Ctro de Orientación Mujer y Fam. 107 Calle Sanchez Cayey PR 00736	66-0476498		14,274.00				GOC & POC
Centro Orientación y Acción Social Teodomiro Rmmz Vega Alta PR 00692	66-0556542		19,996.00	2,137.00	FMV		GOC
Centro El Buen Pastor C.1 Km 24 Bo.Rio Guaynabo PR 00725	66-0576940		15,101.00				POC
Ctro de Respiro y Rehab. San Franc. Carr. 715 km0.7 Cayey PR 00737	66-0567316		42,591.00				GOC & POC
Ctro de Serv a la Comunidad, Inc. 455 km27 San Sebastian PR 00685	66-0596051		24,353.00				GOC & POC
Ctro Serv Comunitarios Vida Plena 200 Cupey Ste6 San Juan PR 00926	66-0559045		41,122.00				GOC & POC
Centro de Servicios Ferrán 58 Final Calle A Ponce PR 00731	66-0479776		66,459.00				GOC & POC
Centro del Triunfo Del Carmen Rio Piedras PR 00928	66-0516904		94,810.00	499.00	FMV		GOC & POC
Centro Educ Joaquina de Vedruna Carl 838 km3.4 Rio Piedras PR 00969	66-0366788		35,311.00				GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centro Esperanza PO Box 482 Loiza PR 00772	66-0479375		76,777.00				GOC & POC
Centro Espibi Mayaguez PR 00681	66-0395415		46,568.00	5,000.00	FMV		GOC & POC
Ctro Geriát. Caritati La Milagrosa Carr 349 km 3.3 Mayaguez PR 00681	66-0310437		18,194.00				GOC & POC
Centro Geriátrico El Remanso Carr. 862 km0.8 Bayamon PR	66-0379774		35,203.00	968.00	FMV		GOC & POC
Centro Margarita Carr. 172 km9.1 Cidra PR 00739	66-0366245		73,176.00				GOC & POC
Centro Nuevo Horizontes 3m-20 Ave Laurel Bayamon PR	66-0445431		46,432.00				GOC & POC
Centro Para Niños El Nuevo Hogar Sec. Olimpia Adjuntas PR 00601	66-0423758		16,944.00	951.00	FMV		GOC & POC
Ctro Provid Personas Mayor Edad Apart 482 Loiza PR 00772	66-0313509		49,405.00	645.00	FMV		GOC & POC
Ctro R.Frade para Pers.Mayor Edad Benigno Fdez Garcia Cayey PR 00736	66-0430105		41,079.00				GOC & POC
Centro Renacer C.834 km4.2 Guaynabo PR 00970	66-0419857		35,277.00	3,534.00	FMV		GOC & POC
Centro San Francisco, Inc. 105 3 Bo.Tamarindo Ponce PR 00732	66-0407440		70,824.00	5,810.00	FMV		GOC & POC
Centro Santa Luisa Carr.842 km1.9 R. Piedras PR 00928	66-0311358		31,408.00				GOC & POC
Centro Sor Isolina Ferré carr. 842 km1.9 R.Piedras PR 00734	66-0277396		191,827.00	4,491.00	FMV		GOC & POC
Christian Community Center #1-2 Carr 842 km1.1 RP PR 00734	66-0429449		13,930.00	204.00	FMV		GOC & POC
Col.Educ Especial y Rehab Integ El Cerezal 1628 San Juan PR 00926	66-0505420		46,946.00				GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colegio San Gabriel PO Box 360347 San Juan PR 00936	66-0035515		56,133.00	576.00	FMV		GOC & POC
Comité Gericultura de Guayama Calle Hostos Sur Guayama PR 00785	66-0312684		36,501.00				GOC & POC
Conc Caribe de Niñas Escuchas PR 500 Elisa Colberg SJ PR 00907	66-0200470		53,775.00				GOC & POC
Concilio de la Comunidad Llor.Torres 1252 Santurce PR00913	66-0439370		22,874.00	998.00	FMV		GOC & POC
Consejo Renal de Puerto Rico 117 E.Roosvlt Ofc 100A SJ PR00918	66-0408212		49,042.00				GOC & POC
Corporación Milagros de Amor 78 Gautier Bentz, Caguas PR 00726	66-0528522		30,901.00	761.00	FMV		GOC & POC
CREARTE, Inc. PO Box 190969 San Juan PR 00919	66-0585251		45,116.00				GOC & POC
Cruz Roja Americana - Cap de PR Ctro Medico Rio Piedras PR 00902	66-0188842		161,966.00				GOC & DDD/ ER
Cuerpo Volunt Serv Méd.de Emerg Hatillo del Mar 1 Hatillo PR 00659	66-0466944		26,395.00				POC
El Hogar del Niño Carr. 176 km 4.2 San Juan PR 00926	66-0202913		14,379.00	381.00	FMV		GOC & POC
Esperanza para la Vejez, (HOPE) Lomas Verdes 2G-1 Bayamon PR 00956	66-0268234		74,402.00				GOC & POC
Fundación Acción Soc. Refug Eterno PO Box 8388 Bayamon PR 00960	66-0520354		20,384.00	571.00	FMV		GOC & POC
Fundación D.A.R. PO Box 360648 San Juan PR 00936	66-0450481		55,315.00				GOC & POC
Fundación Dr. García Rinaldi 1413 Fdez Juncos Santurce 00910	66-0491622		28,386.00				GOC & POC
Hogar Albg Niños S.Germán PO Box 1375 San German PR 00683	66-0469637		12,213.00				GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

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Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hogar Albg Niños Malt Jesús Nazaret PO Box 1147 Mayaguez PR 00681	66-0476875		48,578.00	627.00	FMV		GOC & POC
Hogar Cuna San Cristóbal Carr.#1 km24.7 Caguas PR 00725	66-0479465		22,903.00	799.00	FMV		GOC & POC
Hogar de Ancianos S.Vic de Paúl Carr.645 Pica Vega Baja PR 00694	66-0393318		55,736.00	3,177.00	FMV		GOC & POC
Hogar de Ayuda el Refugio 17A P.de Leon Guaynabo PR 00963	66-0477909		49,492.00	3,186.00	FMV		GOC & POC
Hogar Niños Forj. de Esperanza Carr.862 km0.6 Bayamon PR 00959	66-0481158		48,573.00	1,752.00	FMV		GOC & POC
Hogar Escuela Sor María Rafaela Carr.871 Bayamon PR 00960	66-0289568		106,835.00	1,391.00	FMV		GOC & POC
Hogar Fátima Camino Esteban Cruz Bayamon 00958	66-0319405		109,932.00	2,070.00	FMV		GOC & POC
Hogar Infantil Jesús Nazareno carr.113 384 Isabela PR 00662	66-0440089		29,094.00	381.00	FMV		GOC & POC
Hgr Inf. Sta Tersta del Niño Jesús PO Box 140057 Arecibo PR 00614	66-0514199		16,357.00	1,957.00	FMV		GOC & POC
Hogar Irma Fe Pol 50 Albizu Campos Lares, PR 00669	66-0450949		20,969.00				GOC & POC
Hogar La Piedad Apt6300 Caguas PR 00726	66-0264286		11,775.00	1,553.00	FMV		GOC & POC
Hgr Mujer Sta María de la Merced PO Box 370927 Cayey PR 00737	66-0470812		52,238.00				GOC & POC
Hogar Ruth Carr.2 km0.29 Vega Alta PR 00692	66-0413881		16,865.00	645.00	FMV		GOC & POC
Hgr San José de la Montaña x-19 Villa Caparra Guaynabo PR	66-0376248		39,672.00	571.00	FMV		GOC & POC
Hogar Santa María de los Ángeles 352 San Claudio St304 SJ PR 00926	66-0558775		32,904.00				GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hogar Santa María Eufrasia PO Box 1909 Arecibo PR 00613	66-0447891		12,908.00	2,962.00	FMV		GOC & POC
Hogar Santísima Trinidad carr. 861 km7.2 Toa Alta PR 00960	66-0530256		26,204.00	1,495.00	FMV		GOC & POC
Hogar Teresa Toda PO Box 868 Canovanas PR 00729	66-0488810		44,744.00	5,906.00	FMV		GOC & POC
Hogares Rafaela Ybarra 432 Torrelaguna SJ PR 00923	66-0353899		111,881.00	1,573.00	FMV		GOC & POC
Iniciativa Com. de Investigación 61 Calle Quisqueya HR PR 00936	66-0483960		77,001.00				GOC & POC
Inst Indiv, Group and Org Develp 51 Sant Norte Gurabo PR 00778	66-0481394		21,504.00				GOC & POC
Instituto de Formación Santa Ana Carr5516B km0.2 Adjuntas PR 00601	66-0439236		74,034.00				GOC & POC
InsT de Orientación y Terapia Fam Plaza Gautier Caguas PR 00726	66-0307031		88,915.00				GOC & POC
Inst Hogar Celia y Harry Bunker Hyde Park 154 Rio Piedras 00928	66-0215050		57,871.00				GOC & POC
Inst Esp Desar Integ (Guánica) Esperanza Calle4 Guanica 00653	66-0515687		59,203.00				GOC & POC
Inst Esp Desar Integral (Maricao) Carr..128 428 Maricao PR 00606	66-0515689		72,460.00				GOC & POC
Inst Esp Desar Integral (Yauco) 66 Carr.3372 Yauco PR 00698	66-0508696		74,251.00				GOC & POC
Inst Pre-Vocacional e Ind de PR POBox 1800 Arecibo PR 00613	66-0422142		35,127.00				GOC & POC
Instituto Psicopedagógico de PR Carr. 2 km8.5 bayamon PR 00936	66-0196040		60,380.00				GOC & POC
Jóvenes de Puerto Rico en Riesgo Alejand PMB 164 Guaynabo 00969	66-0491142		18,096.00				GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Juan Domingo en Acción 55 Calle Robles Guaynabo PR 00966	66-0394776		29,034.00				GOC & POC
La Casa de Todos HC 01 Box 6128 Juncos PR 00777	66-0425468		11,013.00	1,012.00	FMV		GOC & POC
La Fondita de Jesús 704 Monserrate santurce PR 00910	66-0426787		43,510.00	2,664.00	FMV		GOC & POC
Make-A-Wish Foundation of PR Ste 112 MSC 476 SJ PR 00926	66-0481941		17,563.00				GOC & POC
Misión Rescate Carr. 104 km2.7 Mayaguez PR 00681	66-0359707		41,707.00	10,052.00	FMV		GOC & POC
Mov. para Alcance Vida Indep (MAVI) Barbosa 404-B Hato Rey 00928	66-0446732		20,771.00				GOC & POC
Ofic Promoción y Desarr Humano PO Box 353 Arecibo PR 00613	66-0508486		49,195.00				GOC & POC
Politécnico Amigó 960 Calle Refugio Santurce PR	66-0576367		59,664.00				GOC & POC
Prog de Apoyo y Enlace Comunitario PO Box 9000 Ste 629 Aguada 00602	66-0528378		38,681.00				GOC, POC & DDGS
Prog Educ Comunal Entrega y Serv 106 Calle 11 Punta Santurce 00741	66-0444454		53,322.00				GOC & POC
Prog del Adolescente de Naranjito PO Box 891 Naranjito PR 00719	66-0459355		40,815.00				GOC & POC
Puertas de Esperanza en Manatí 14 Ramos Vilez Manati 00674	66-0573064		23,125.00				GOC & POC
Servicios Sociales Católicos Car. 108 km2.8 Mayaguez 00681	66-0407820		77,579.00	5,000.00	FMV		GOC & POC
Soc Americana del Cáncer de PR PO Box 366004 San Juan 00936	66-0321594		103,899.00				GOC & POC
Soc Educación y Rehab (SER) Perez Morris 500 San Juan 00936	66-0207947		194,752.00				GOC & POC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Soc Puertorriqueña de Epilepsia 1100 Ruiz Soler Bayamon 00959	66-0312587		117,518.00	598.00	FMV		GOC & POC
Taller Salud carr,. 187 km0.7 Loiza PR 00772	66-0494692		19,580.00				GOC & POC
Travelers Aid of PR PO Box 38017 Carolina PR 00937	66-0226397		36,025.00				GOC & POC
YMCA de Ponce Santa Maria 7843 Ponce PR 00717	66-0204831		120,878.00				GOC & POC
YMCA de San Juan 800 Blev. Pda 26 Santurce PR	66-0190784		124,826.00	4,291.00	FMV		GOC & POC
Other			12,652.00	22,239.00	FMV		
Fundación Síndrome Down carr.199 km17.7 Guaynabo 00919	66-0480413		27,538.00				GOC & POC
Centro Esperanza PO Box 482 Loiza 00772	66-0479375		5,000.00				GOC & POC
Taller Salud carr. 187 km 0.7 Loiza PR 00772	66-0494692		25,000.00				GOC & POC
Puerto Rico Golf Association PR Golf Assc #264 ste.11 San Juan	66-0276437		4,500.00				GOC

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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-MSC)	(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			
Oscar Perez, Director	1	X						0.00	0.00	0.00
John Raevis, Director	1	X						0.00	0.00	0.00
Ambrose Ramsahai, Director	1	X						0.00	0.00	0.00
Dario Rivera, Director	1	X						0.00	0.00	0.00
Juan Rodríguez, Director	1	X						0.00	0.00	0.00
José Rodríguez,Pres Exec Comm.	1	X						0.00	0.00	0.00
Maribel Rodríguez, Director	1	X						0.00	0.00	0.00
Ramón Ruiz, Pres Board of Gov.	1	X						0.00	0.00	0.00
Roberto Santa María,Pres Nom&Eth	1	X						0.00	0.00	0.00
Iris Santos, Director	1	X						0.00	0.00	0.00
Héctor Totti, Director	1	X						0.00	0.00	0.00
Miguel Venta, Treasurer	1	X						0.00	0.00	0.00
José Joaquín Villamil, Director	1	X						0.00	0.00	0.00
Jennifer Wolff, Pres Mark & Com	1	X						0.00	0.00	0.00
Heidi Cortés, VP Finance	40	x		x		x		74,747	0.00	0.00
María Del C Marquez, VP Campaign	40	x				x		45,166	0.00	0.00
María E. Lampaya, VP Comm.	40	x				x		66,679	0.00	0.00
Nina Girón, H.R Director	40	x				x		56,128	0.00	0.00
Carmen Rodriguez, Agency Serv Dir	40	x				x		53,260	0.00	0.00
Israel Faberlle, VP Campaign	40	x				x		42,836	0.00	0.00
Jorge Castillo, Director	1	x				x		0.00	0.00	0.00

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: Fondos Unidos de Puerto Rico, Inc.

Employer identification number: 66-0269222

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods			36,471.00	Fair Market Value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory		5,689 boxes	99,398.00	Fair Market Value
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(School supplies)			4,659.00	Fair Market value
26	Other ▶(Hygiene products)		504 boxes	38,078.00	Fair Market Value
27	Other ▶(Office space)		1	6,000.00	Fair Market Value
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		x
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		x
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information

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

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Form 990, Page 2, Part III, Line 4d

Program Services "Success by Six"-

Success by six is an early childhood development initiative dedicated to provide all children with a good start in life. It helps to ensure that children, zero to six years old, develop the emotional social cognitive and physical skills they need as they enter school.

Expenses Success by Six: $109,037.00

Program Services "Gifts in kind and others" - Expenses: $310,368

Name of the organization: Fondos Unidos de Puerto Rico, Inc.

Employer identification number: 66-0269222

Schedule I Form 990 - Column H

General Operating Cost (GOC): An unrestricted grant made to an agency in support of its general operating costs.

Program Operating Cost (POC): A restricted grant made to an agency in support of the costs associated with a specific program that it operates.

Program "Seed"Funding (PSF): A restricted grant made to a start up agency to support its initial organizational costs.

Donor Designated for General Support (DDGS): An unrestricted grant made to an agency at the direction of the donor (s) in support of its general operating costs. Donor Designated for Disaster / Emergency Relief (DDD/ER): An unrestricted grant made to an agency at the direction of the donor(s) in support of the costs associated with providing disaster/ emergency relief efforts to victims.

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.
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2009

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Form 990, Page 6, Part VI

Line 6 - The members of the organization shall be those persons who are donors to the Organization and meet the eligibility standards and requirements as may be adopted from time to time by the Board of Governors of the Organization.

Line 7a - For calendar year 2009, there were 40 voting members. Each member in good standing may vote personally or through the Member Delegate in person at all annual and special meetings of Members; and may vote for the proposed candidates for governors of the Board of Governors. Each member shall have one vote.

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

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Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Form 990, Page 6, Part VI

Line 11A - The independent auditors prepare the Form 990 and then send it to the organization.

The Board of Governors, and the Finance and Audit Committee review and approve the return.

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	Employer identification number
Fondos Unidos de Puerto Rico, Inc.	66-0269222

Form 990, Page 6, Part VI

Line 12c - No contract or transaction relating to the operations conducted by the Organization and to which the Organization is a party shall be invalidated by reason of the fact that any governor or employee is interested therein, but any such transaction must be fully disclosed in writing to the Board of Governors for the Board's approval prior to the contract or transaction taking effect.

Line 15 - The salary and remuneration of the President and Chief Executive officer, shall be fixed by the Board of Governors. Salaries and wages of other agents and employees shall be fixed by the President based on the salary ranges approved by the Board of Governors, and subject to the approved general operating budget.

Line 19 - Upon Request

Name of the organization	Employer identification number
Fondos Unidos de Puerto Rico, Inc.	66-0269222

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

COPY

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print

File by the due date for filing your return. See instructions.

Name of Exempt Organization	Employer Identification number
Fondos Unidos de Puerto Rico, Inc.	66-0269242
Number, street, and room or suite no. If a P.O. box, see instructions.	
PO Box 191914	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
San Juan, PR 00919	

INTERNAL REVENUE SERVICE
GUAYNABO, PR 00966
MAY 13 2010
RECEIVED
33620

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

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

- The books are in the care of ▶ FONDOS UNIDOS DE PUERTO RICO, INC.

Telephone No. ▶ 787-728-8500 FAX No. ▶ 787-728-7099

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, , 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ X calendar year 2009 or
▶ ☐ tax year beginning _____ , _____ , and ending _____ , _____ .

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$ 0
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.00
c	**Balance Due.** Subtract line 3b from line 3a. 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.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
9F8054 2 000

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

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	Fondos Unidos de Puerto Rico, Inc.	66-0269222
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	PO Box 191914	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	San Juan, PR 00919	

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

☐ 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 ▶ _____
  Telephone No. ▶ _____ 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 _____.

5 For calendar year _____, 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 _____

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	$
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	$
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	$

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 ▶ [signature] Title ▶ CPA Date ▶ 5/11/2010

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

COPY

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	Fondos Unidos de Puerto Rico, Inc.	66-0269222
	Number, street, and room or suite no If a P O box, see instructions PO Box 191914	
	City, town or post office, state, and ZIP code For a foreign address, see instructions San Juan, PR 00919	

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

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

- The books are in the care of ▶ FONDOS UNIDOS DE PUERTO RICO, INC.

Telephone No ▶ 787-728-8500 FAX No ▶ 787-728-7099

- 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 will cover

INTERNAL REVENUE SERVICE
GUAYNABO, PR 00966
AUG 12 2010
RECEIVED
31525

1 I request an automatic 3-month (6 months, for a corporation required to file Form 990-T) extension of time until _____ , _____ , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or
▶ ☐ tax year beginning _____ and ending _____ , _____

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

3a	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	**3a**	$	0
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$	0.00
c	**Balance Due.** Subtract line 3b from line 3a 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	**3c**	$	0.0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
9F8054 2 000

- 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	Fondos Unidos de Puerto Rico, Inc.		66-0269222
	Number, street, and room or suite no If a P O box, see instructions PO Box 191914		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions San Juan, PR 00919		

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 ▶ FONDOS UNIDOS DE PUERTO RICO, INC.
  Telephone No ▶ 787-728-8500 FAX No ▶ 787-728-7099
- 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 November 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 The information needed to complete the return will no be available at August 15, 2010.

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	$	0.00
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	$	0.00
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	$	

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 ▶ [signature] Title ▶ CPA Date ▶ 8/11/10