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# Form **990-PF**

# **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No	1545-0052

2009

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

Fo	or cale	lendar year 2009, or tax year beginning	, 2009,	and ending			
G	Che	eck all that apply X Initial return 🔲 Initia	Return of a former put	olic charity		Fina	al return
		Amended return	Address ch	ange 🗍	Name	e change	
	Use th	Name of foundation			F	Employer identification num	nber
1	RS lab				1	66-0622450	
C	)therw	vise, Number and street (or P O box number if mail is not d	elivered to street address)	Room/suite	E	3 Telephone number (see the	instructions)
	print or type					(787) 640-946	53
	ee Spe	ecific City or town	State Z	IP code		If exemption application is	pending, check here
ln	structi	tions. SAN JUAN	PR (	00914-6412	2   0	1 Foreign organizations, chec	· —
H	C		c)(3) exempt private for	undation	$\neg$	2 Foreign organizations meet	ing the 85% test, check
	Γ	Section 4947(a)(1) nonexempt charitable true			n	here and attach computatio	n •
Т	Fa		unting method. Ca			E If private foundation status	
	(fi	(	ther (specify)		١,	under section 507(b)(1)(A), F If the foundation is in a 60-	
	<b>▶</b> \$	3,616. (Part I, o	column (d) must be on o	cash basıs )	'	under section 507(b)(1)(B)	
P	art I		(a) Revenue and		tmont	(a) Adjusted not	(d) Disbursements
Lamo	·····	Expenses (The total of amounts in	expenses per books	(b) Net invest income		(c) Adjusted net income	for charitable
		columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	' '			1	purposes
		(see the instructions))					(cash basis only)
_		1 Contributions, gifts, grants, etc, received (att sch)					
		2 Ck I if the foundn is not reg to att Sch B					
		3 Interest on savings and temporary					
	ļ	cash investments 4 Dividends and interest from securities		<del></del>			
		5a Gross rents		<del></del>			
		b Net rental income or (loss)					
	R	6a Net gain/(loss) from sale of assets not on line 10					
	EV	b Gross sales price for all assets on line 6a	-				
Ě N U		7 Capital gain net income (from Part IV, line 2)					
	N	8 Net short-term capital gain					
	Ē	9 Income modifications					
		10a Gross sales less returns and					
		allowances h Less Cost of				<u> </u>	.8
		goods sold		·			
		c Gross profit/(loss) (att sch)					
		11 Other income (attach schedule)					<del></del>
		12 Total. Add lines 1 through 11					
_		13 Compensation of officers, directors, trustees, etc	<del></del>			<u> </u>	<u>-</u>
2		14 Other employee salaries and wages					
3		15 Pension plans, employee benefits	***				
•	Α	Legal fees (attach schedule)					
	D M	Accounting fees (attach sch)	2,150.				
,	i I	. Other prof fees (attach sch)				nterna: Peveniu	SERVICE
, C	} [	17. Interest			20	MEI-FIFIDASSI	
F	ŤR	18 Taxes (attach schedule)(see instr.)				GUAYNASO PR	
A	À	19 Depreciation (attach				, , , , , , ,	
i	. ;	sch) and depletion  20 Occupancy				JUN 2 2 20	h
Ğ	Ě	21 Travel, conferences, and meetings	712.			JUIN 55 CO	10
A	E	22 Printing and publications				DECENT	
Ċ	) P	23 Other expenses (attach schedule)					5197
	E N	See Line 23 Stmt	760.			33616	<u> </u>
	S   E	7 Total operating and administrative (Coexpenses. Add lines 13 through 23	3 600				
	S	25 Contributions, gifts, grants paid	3,622.				
			<del></del>	·····			
		26 Total expenses and disbursements. Add lines 24 and 25	3,622.				
_		27 Subtract line 26 from line 12:					
		a Excess of revenue over expenses	3 (00				
		and disbursements	-3,622.	<del></del>		<del></del>	
		b Net investment income (if negative, enter -0-)				<del></del>	
_	A A . F	C Adjusted net income (if negative, enter -0-) For Privacy Act and Paperwork Reduction Act	Notice see the instruct	ions		EE40301 02/02/10	Form <b>990-PF</b> (2009)
D.	~~ r	FOR PRIVACY MULAND PAPERWORK REDUCTION ACC	woulde, act uit ilisuuti		1	EEA0301 02/02/10	1 01111 <b>330-FF</b> (2009)

m 990-PF (2009) SALUD CENTRO CORP.	Domestic of the second	66-062	
Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	(b) Book Value	f year
(See instructions )  1 Cash — non-interest-bearing	(a) Book Value	· · · · · · · · · · · · · · · · · · ·	(c) Fair Market Value
2 Savings and temporary cash investments	7,238.	3,616.	3,616.
3 Accounts receivable			
Less allowance for doubtful accounts			
4 Pledges receivable			<del> </del>
Less: allowance for doubtful accounts	_		
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons (attach schedule) (see the instructions)			
7 Other notes and loans receivable (attach sch)			
Less: allowance for doubtful accounts			
Less: allowance for doubtful accounts  8 Inventories for sale or use  9 Prepaid expenses and deferred charges			
Prepaid expenses and deferred charges			
10a Investments – US and state government obligations (attach schedule)			
<b>b</b> Investments — corporate stock (attach schedule)			
c Investments — corporate bonds (attach schedule)			
11 Investments – land, buildings, and equipment basis	_		*
Less accumulated depreciation (attach schedule)			
12 Investments – mortgage loans			
13 Investments — other (attach schedule)			
14 Land, buildings, and equipment basis ▶			
Less: accumulated depreciation (attach schedule)			
15 Other assets (describe 16 Total assets (to be completed by all filers - see instructions Also, see page 1, item I)	7,238.	3,616.	3,616.
17 Accounts payable and accrued expenses			* 3.
18 Grants payable			
19 Deferred revenue			*
20 Loans from officers, directors, trustees, & other disqualified persons			
21 Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
22 Other liabilities (describe	)		
23 Total liabilities (add lines 17 through 22)			
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	()	<u> </u>	*
F 24 Unrestricted	7,238.	3,616.	· ((
u) =_ =	1,230.	3,010.	,
N 25 Temporarily restricted D 26 Permanently restricted		<del></del> -	
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
A 27 Capital stock, trust principal, or current funds N 28 Paid-in or capital surplus, or land, building, and equipment fund			
C 29 Retained earnings, accumulated income, endowment, or other funds			
S 30 Total net assets or fund balances (see the instructions)	7,238.	3,616.	
31 Total liabilities and net assets/fund balances			
(see the instructions)	7,238.	3,616.	<u></u>
rt III Analysis of Changes in Net Assets or Fund Balan			<del></del>
Total net assets or fund balances at beginning of year — Part II, coluend-of-year figure reported on prior year's return)	ımn (a), line 30 (must agree	with	7 220
! Enter amount from Part I, line 27a		2	7,238. -3,622.
Other increases not included in line 2 (itemize)		3	3,022.

3,616. 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 3,616. 6

(a) List and descr	LOSSES for I ax on Investmen tibe the kind(s) of property sold (e.g , repuse; or common stock, 200 shares ML	eal estate.	(b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year
			D — Donation	_	
b		····		_	
С					
d					
e				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other base plus expense of sa		(h) Gain or (e) plus (f) m	
a					
b				<del>-</del>	
d		<del></del>			
е					
	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Cours (Colu	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	<u>()</u>	<b>(I)</b> Gains (Colt gain minus column (k nan -0-) <b>or</b> Losses (fr	), but not less
а					
<u>b</u>					
d d	-				
e				·	
2 Capital gain net income or (n	et capital loss) — If gain, also	enter in Part I, line 7 er -0- in Part I, line 7			
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) a	<del></del> '	2		
	•	<del>-</del> 1			
in Part I, line 8	ne 8, column (c) (see the instructions)	If (loss), enter -U-	3	]	
Part V Qualification Und	er Section 4940(e) for Reduce	Tax on Net Investme	ent Income		
'Yes,' the foundation does not qu	ection 4942 tax on the distributable ami alify under section 4940(e) Do not con t in each column for each year; see the	nplete this part		Yes	No No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable use ass		<b>(d)</b> Distribution umn (b) divided	
2008		- <u>-</u>			
2008					
2006					
2005		<del></del>			· · · · · · · · · · · · · · · · · · ·
2004					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the foundation	the 5-year base period – divide the tota on has been in existence if less than 5	al on line 2 by 5, or by the	3		_
,		•			
	aritable-use assets for 2009 from Part >	k, line 5	4		
5 Multiply line 4 by line 3			5		<del>-</del>
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		<del></del>
8 Enter qualifying distributions				1	
	from Part XII, line 4 than line 7, check the box in Part VI, I		8	<u> </u>	_

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	instructions)		<del></del>
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.			
Date of ruling or determination letter: $02/01/10$ (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,	<u> </u>		<del></del>
check here    ☐ and enter 1% of Part I, line 27b	İ		
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only Others enter -0-)			
3 Add lines 1 and 2	<del></del>		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>	<del></del>	<u>, 0.</u>
6 Credits/Payments			j
a 2009 estimated tax pmts and 2008 overpayment credited to 2009  6a			
b Exempt foreign organizations — tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  6c			
<del></del>			
7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here I if Form 2220 is attached			<del></del>
Solution and penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be Credited to 2010 estimated tax    Refunded   11			<del></del>
Part VII-A Statements Regarding Activities	·		
		Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	163	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		_X
If the answer is 'Yes' to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any materials publishe or distributed by the foundation in connection with the activities.	ed		
c Did the foundation file Form 1120-POL for this year?	1 c		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	: 1		
(1) On the foundation \$ (2) On foundation managers \$			*
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If 'Yes,' attach a detailed description of the activities.			Λ
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
If 'Yes,' attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
<ul> <li>■ By language in the governing instrument, or</li> </ul>			Ì
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	*		<u> </u>
with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7_	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions)			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part	2(j)(5) t XIV <b>9</b>		<u>X</u>
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		х
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ar	rt VII-A   Statements Regarding Activities Continued					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	•		11		х
12	2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		х
13	B Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	Х	<u> </u>
-	Website address ► N/A		,			<u>'                                    </u>
14	The books are in care of SANCHEZ BERLINGERI & CO. CPA PSC Telephone no	(	787)	640	-946	 53
• •		_			- = = `	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	22		=		ΓΤ -
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	1			
Par	irt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		!			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1:	a During the year did the foundation (either directly or indirectly).					1
•		es 🛭	No			
		<u> </u>	<u> </u>	~		Ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	es 🛭	No			
	· · · · · · · · · · · · · · · · · · ·	==	No	2		
		<b>—</b>	No	*		
		<b>C</b> <u>E</u>	<u> </u>			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	es D	No			ź
	In the period of a disqualitied periodity	<b>0</b> 5 <u>k</u>	1,110			ľ
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	es [>	∑ No	٧.		
	<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in					
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	_	_	1 b		
	Organizations relying on a current notice regarding disaster assistance check here	▶ _		٠		٠.
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,					
	that were not corrected before the first day of the tax year beginning in 2009?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			>″,		*
i	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	es D	√ No	. <b>Š</b>		
	If 'Yes,' list the years ► 20, 20, 20	-				
	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	_		*		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions.)	ט		2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	► 20, 20, 20, 20					
_						
3	Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	'es 🛚	No No			
		_			-	
	<b>b</b> If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved					
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to					ļ
	determine if the foundation had excess business holdings in 2009)			3ь		1
А	a Did the foundation invest during the year any amount in a manner that would jeopardize its					
4	charitable purposes?			4a		X
	<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
	the tax year beginning in 2009?			4b		Х

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Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incur	any amount to:	-			
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ic election (see section 4 tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,		•	∐ Yes X	No	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions)	Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or r animals?	Yes X	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to quality a current notice regardi	ualify under the exception ing disaster assistance	ons	5b	
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	ne foundation claim exei	mption from the	Yes	No I	*
If 'Yes,' attach the statement required by Regu	lations section 53 4945-	5(d)			
6a Did the foundation, during the year, receive an on a personal benefit contract?		<i>3.</i> . <i>3</i> .	Yes X		
<b>b</b> Did the foundation, during the year, pay premii If 'Yes' to 6b, file Form 8870	ums, directly or indirectly	y, on a personal benefit	contract?	6b	X
7a At any time during the tax year, was the found	ation a party to a prohib	oited tax shelter transact	ion? Yes X	No S	
<b>b</b> If yes, did the foundation receive any proceeds				_7b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,	
1 List all officers, directors, trustees, foundation	n managers and their co	ompensation (see instru	uctions)	<del></del>	<del></del>
List all officers, directors, trustees, foundation	(b) Title and average			(a) Eypopoo	
(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
RAMON MALDONADO			<u> </u>		<del></del>
ALCALA STREET 1772 COLLEGE PARK	PRESIDENT				
SAN JUAN PR 00921	2.00	0.	0.		712.
LUIS RIVERA IGLESIAS					
125 RIVERWALK UBR. ENCANTADA	TREASURER				
TRUJILLO ALTO PR 00976	0.50	0.	0.		0.
CELINA MERCEDES LUNA				-	
DILDO STREET ALTURAS DE SANTA MARIA F-4					
GUAYNABO PR 00969	0.50	0.	0.		0.
RAMON L. RAMOS					
URB. PARKILLE	MEMBER		_		
GUAYNABO PR 00969	0.50		0.	11101151	0.
2 Compensation of five highest-paid employee					<del></del>
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
N/A			oomponed.on		
0			<del> </del>		
<u> </u>					
0					
				<u>- , </u>	<u>_</u>
0					
0				<del></del>	
Total number of other employees paid over \$50,000	·		<b>•</b>	<del></del>	None
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A	(c) compensation
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	<b>•</b>
BAA	Form <b>990-PF</b> (2009)

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Part X Minimum Investment Return (All domestic foundations must complete this see instructions.)	part. Foreign found	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes	s:	
a Average monthly fair market value of securities	1a	
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) privation and certain foreign organizations check here ► and do not complete		ations
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2009 from Part VI, line 5	0.	
<b>b</b> Income tax for 2009. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	0.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	
<b>b</b> Program-related investments – total from Part IX-B	1 Ь	-
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpose	es <b>2</b>	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line	e 4 <b>4</b>	
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculat qualifies for the section 4940(e) reduction of tax in those years		
BAA	Form	990-PF (2009)

# Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1	Distributable amount for 2009 from Part XI,			:	
2	Undistributed income, if any, as of the end of 2009				0.
	a Enter amount for 2008 only				
	• Total for prior years 20, 20, 20	<del></del>			*
	Excess distributions carryover, if any, to 2009	· · · · · · · · · · · · · · · · · · ·			·
ä	a From 2004				
ı	From 2005		:		
•	From 2006				
•	d From 2007				
•	e From 2008				
1	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part				·
	XII, line 4 ▶ \$				i i
ć	a Applied to 2008, but not more than line 2a				*
ı	Applied to undistributed income of prior years (Election required – see instructions)				
•	Treated as distributions out of corpus (Election required – see instructions)				
	Applied to 2009 distributable amount				
	Remaining amount distributed out of corpus	0.			· · · · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2009		· · · · · · · · · · · · · · · · · · ·		
	(If an amount appears in column (d), the same amount must be shown in column (a))				
	same amount must be shown in column (a)		į	*	
6	Enter the net total of each column as		`	*	**
	indicated below:				
á	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
ŀ	Prior years' undistributed income Subtract line 4b from line 2b		0.		· * *
(	Enter the amount of prior years' undistribut-				
	ed income for which a notice of deficiency has been issued, or on which the section				
	4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b Taxable				
	amount - see instructions		0.		
•	Undistributed income for 2008 Subtract line 4a from				
	line 2a Taxable amount — see instructions			0.	
•	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1. This amount must be				
_	distributed in 2010				0.
/	Amounts treated as distributions out of corpus to satisfy requirements imposed				•
	by section 170(b)(1)(F) or 4942(g)(3)				
	(see instructions)	· · · · · · · · · · · · · · · · · · ·		4	
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
_	·	0.			
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
a	Excess from 2005 0.				
Ł	Excess from 2006 0.				
C	Excess from 2007 0.				
C	Excess from 2008 0 .				
e	Excess from 2009 0.				

orm 990-PF (2009) SALUD CENTRO COR				66-0622450	
art XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or d is effective for 2009, enter the date of the i	uling		-		<del></del>
<b>b</b> Check box to indicate whether the foundation		ating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	<b>(d)</b> 2006	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter					
(1) Value of all assets			<del></del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	<u> </u>				
art XV Supplementary Information assets at any time during the	(Complete this le year — see in:	part only if the structions.)	organization ha	d \$5,000 or mor	e in
1 Information Regarding Foundation Manag					
List any managers of the foundation who h close of any tax year (but only if they have	ave contributed more the	e than 2% of the to an \$5,000) (See s	otal contributions reco section 507(d)(2))	eived by the foundati	on before the
<b>b</b> List any managers of the foundation who of a partnership or other entity) of which the factors are the statements of the foundation who of a partnership or other entity) of which the factors are the statements are the	wn 10% or more of t foundation has a 109	the stock of a corp % or greater intere	oration (or an equally st.	large portion of the	ownership of
2 Information Regarding Contribution, Gran	t, Gift, Loan, Schola	rship, etc, Progra	ms:	<del>_</del>	
Check here I if the foundation only in requests for funds If the foundation makes					
complete items 2a, b, c, and d  a The name, address, and telephone numbe	r of the nerson to wh	om applications s	hould be addressed.		
a me name, address, and telephone name	or the percent to the	om apphoanche s	nould be dual essed		
<b>b</b> The form in which applications should be s	ubmitted and inform	ation and material	s they should include		7.
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	ıcal areas, charıtal	ole fields, kinds of ins	stitutions, or other fac	ctors.
•					-

3 Grants and Contributions Paid During the Year or Approved for Future Payment										
3 Grants and Contributions Paid During the Yea	If recipient is an induidual	re Payment		<del> </del>						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or							
	any foundation manager or	status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	substantial contributor	recipient								
a Paid during the year										
Total	7		<u> </u>							
b Approved for future payment			<u>►</u> 3a							
2 Approved for lattice payment										
Total		!	► 3h							

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated	business income	Excluded by	section 512, 513, or 514	_
1 Prog	ram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income
_		-		code		(see the instructions)
ъ		+		+ +	<del></del>	
c		<del>                                     </del>		+ + -		
		<del>                                     </del>		<del>                                     </del>		
f						
g Fees	and contracts from government agencies					
2 Mem	bership dues and assessments					
3 Intere	st on savings and temporary cash investments					
4 Divid	ends and interest from securities					
<b>5</b> Net r	ental income or (loss) from real estate					*
<b>a</b> Debt	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	r investment income				···	
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					
	r revenue.				·····	Ž
a		-		<u> </u>		
		<del> </del>				
	······································	-		<del>                                     </del>		
		1 1				
		<del></del>				
e						
e Subt	otal Add columns (b), (d), and (e)					
e	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)			*	13	
e Subto	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca					
e Subto 3 Total ee works	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)		nment of Exem			
e Subto Subt	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	by to the
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e Subtract XVI	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
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e Subtraction Subt	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
e Subtraction Subt	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
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e Subtraction Subt	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
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e Subtraction Subt	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
e Subtract XVI	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
e Subtract XVI	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
e Subto 3 Total ee works art XVI	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )
e Subto 3 Total ee works art XVI	otal Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accomplish		pt Purpose	es	ly to the ne instructions )

Part XVII	Information Regarding To Exempt Organizations	ransfers To and Transactions and Relations	hips With Noncharitable	
			Y	res No

C	lescri	e organization directly o bed in section 501(c) o g to political organizati	f the Code (oth	gage in any of the f er than section 501	following with a (c)(3) organiza	any other ations) or	organization in section 52	27,		
		ers from the reporting		noncharitable exer	mpt organizatio	on of				
	<b>1)</b> Ca								1a(1)	X
•	•	ther assets							1a (2)	X
ь <b>с</b>	Other	transactions.								
(	1) Sa	ales of assets to a none	charitable exen	not organization					1 b (1)	Х
		rchases of assets from		-	ition				1 b (2)	X
•		ental of facilities, equip		. 3					1 b (3)	X
•	•	eimbursement arranger	ŕ						1 b (4)	<u> </u>
•	•	ans or loan guarantees							1 b (5)	X
•	•	erformance of services		or fundraising soli	citations				1 b (6)	X
c s	Sharin	ig of facilities, equipme	nt, mailing list	s, other assets, or p	oaid employees	5			1c	X
t	he go ny tra	answer to any of the abods, other assets, or so ansaction or sharing ar <b>(b)</b> Amount involved	ervices given b rangement, sh	y the reporting four	ndation If the f e value of the	oundation goods, ot	n received les her assets, o	s than fair mar r services rece	ket value in	nents
									<del></del>	
				<u> </u>						
			ļ							
							<del></del>			
		<u></u> .		<u> </u>						
	$\longrightarrow$								<del></del> .	
									<del></del>	
			<u> </u>							
c	lescri f 'Yes	foundation directly or in bed in section 501(c) o ,' complete the followin (a) Name of organization	of the Code (oth ag schedule	er than section 501	to, one or more (c)(3)) or in se	e tax-exe ection 52		tions	Yes	X No
		, ,		(=) .) po oi				,		
S P	plete D	lities of per <sub>l</sub> ury, I declare that I leclaration of preparer (other t	I have examined the than taxpayer or fid	s return, including accomuciary) is based on all inf	panying schedules ormation of which p	oreparer has	ents, and to the beany knowledge	PRESID		correct, and
G	Signa	ture of officer or trusted	<u>a</u> //r	<u></u>		Date		Title	<del></del>	
H Pai		Preparer's signature	J. L.			Date	eia fre	Check if self-employed	Preparer's Identifying (See <b>Signature</b> in the	number instrs)
Par	er's		HEZ ÆERLI	NGERI & CO.,	CPA				3-0617398	
Use Onl			X 6412							
		address, and ZIP code SAN	JUAN		PI	R 009	14-6412	Phone no	(787) 640-9	9463
BAA		<u>_</u>							Form <b>990-</b>	PF (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number
SALUD CENTRO CORP.		66-0622450
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	d as a private foundation
	501(c)(3) taxable private foundation	
	red by the <b>General Rule</b> or a <b>Special Rule</b> c), or (10) organization can check boxes for both the General Ru	ile and a Special Rule See instructions.
General Rule –		
X For an organization filing Form contributor (Complete Parts I	n 990, 990-EZ, or 990-PF that received, during the year, $5,000$ and II.)	or more (in money or property) from any one
Special Rules -		
509(a)(1)/170(b)(1)(A)(vi) and	zation filing Form 990 or 990-EZ, that met the 33-1/3% support I received from any one contributor, during the year, a contributi VIII, line 1h or (ii) Form 990-EZ, line 1  Complete Parts I and II	test of the regulations under sections ion of the greater of (1) \$5,000 or (2) 2% of the
aggregate contributions of mor	r (10) organization filing Form 990 or 990-EZ, that received fron re than \$1,000 for use <i>exclusively</i> for religious, charitable, scier en or animals Complete Parts I, II, and III	n any one contributor, during the year, ntific, literary, or educational purposes, or the
contributions for use exclusive	r (10) organization filing Form 990 or 990-EZ, that received fron ely for religious, charitable, etc, purposes, but these contribution e the total contributions that were received during the year for a of the parts unless the <b>General Rule</b> applies to this organization	is did not aggregate to more than \$1,000 If n exclusively religious, charitable, etc.
religious, charitable, etc, contr	ributions of \$5,000 or more during the year	<b>►</b> \$
990-PF) but it must answer 'No' or	ot covered by the General Rule and/or the Special Rules does n n Part IV, line 2 of their Form 990, or check the box on line H o meet the filing requirements of Schedule B (Form 990, 990-EZ,	f its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperv for Form 990, 990EZ, or 990-PF.	work Reduction Act Notice, see the Instructions	chedule B (Form 990, 990-EZ, or 990-PF) (2009)

SALUD CENTRO CORP.

66-0622450

1

Form 990-PF, Page 1, Part I, Line 23

## Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
IRS Exempt organization applicat	750.			
Annual fee State Department	10.			

Total

760.

# 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.

OMB No 1545-1709

<ul><li>If you are</li></ul>	e filing for an <b>Automatic 3-Month Extension, complete only Part I</b> and check this bo e filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II Inplete Part II unless you have already been granted an automatic 3-month extension on a</b>	on page 2 c	f this form	n).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need			
A corporat Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—chec	this box ar	nd comple	ete ▶ 🔲
	prporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to requ	uest an ex	dension of
one of the electronica returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howely if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed an one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you can is 990-BL, 6 and signed pa	nnot file F 069, or 88 ge 2 (Part	Form 8868 870, group II) of Form
Type or	Name of Exempt Organization	Employer id		
print	SALUD CENTRO CORP.	66	0622	:450
File by the due date for filing your	Number, street, and room or suite no If a P.O. box, see instructions.  PO BOX 6412			
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. SAN JUAN PR 00914-6412			
Check typ	e of return to be filed (file a separate application for each return).			
✓ Form 9	Form 990-T (corporation)		Form 472	<b>:</b> 0
☐ Form 9	90-BL		Form 522	<b>?7</b>
Form 9	90-EZ		Form 606	9
☐ Form 9	90-PF		Form 887	<b>'</b> 0
Telephon  If the org  If this is for the who	anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box ▶ □ . If it is for part of the group, check this box he names and EINs of all members the extension will cover.	<b>)-9463</b> s box		
	uest an automatic 3-month (6 months for a corporation required to file Fo		extension	of time
until	AUGUST 16 , 20 10 , to file the exempt organization return for the organization	named abo	ve The ex	rtension is
	e organization's return for:	named abo	1110 07	((0))
	calendar year 20 09 or			
	tax year beginning, 20, and ending		, 2	.0
2 If this	tax year is for less than 12 months, check reason:  INTERNAL REVENUE SERVICE	Change	n account	ting period
3a If this	application is for the soft but the second application is for the tentative tand the second second application is for the second	x, <b>3a</b>	\$	0
<b>b</b> If this paym	application is for Form 990-PF on 990-T, enter any refundable credits and estimated to ents made. Include any prior year overpayment allowed as a credit	ax 3b	\$	0
c Balan depos	ce Due. Subtract line 3 from tine 3 from the		¢	
		3c	\$	0
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.	53-EU and	-orm 88/9	a-FO

Form 8868	8 (Rev	4-2009	)																						F	Page 2
<ul><li>If you</li><li>Note. Or</li><li>If you</li></ul>	nly co	mplet	e Part II	If you	ı have	e alre	ady be	een	grant	ted	an i	autoi	natio	3-m	iontl	n exte	ens	ion o	nap						•	
Part II			ional (																	nal (r	no co	pies	nee	ded	).	
Type or print	r											mployer identification number				mber										
File by the extended due date t		Numl	ber, stre	et, and	l roon	n or s	uite no	o. If a	аРО	). bo	ox, s	see ir	stru	ctions	<b>;</b>					F	or IRS	use	only			
filing the return Se instruction	e	City	town or p	ost off	ice, sta	ate, ar	nd ZIP	code	For a	a for	reign	addr	ess, :	see in	struc	tions.										
Check	type	of ret	urn to	be file	ed (Fi	le a s	separa	ate a	applic	catı	on	for e	ach	retu	rn):											
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