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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 07/01, **2009, and ending** 06/30, **20**10

B Check if applicable: [ ] Address change; [ ] Name change; [ ] Initial return; [ ] Terminated; [X] Amended return; [ ] Application pending

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

C Name of organization UNITED BRONX PARENTS, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 773 PROSPECT AVENUE — Room/suite

City or town, state or country, and ZIP + 4 BRONX, NY 10455-1809

D Employer identification number 13-6203312

E Telephone number (718) 292-9808

G Gross receipts $ 9,344,533.

F Name and address of principal officer: RAUL RUSSI
773 PROSPECT AVENUE, BRONX, NY 10455-1809

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.UBPINC.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1966 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
TO IMPROVE EDUCATION FOR CHILDREN IN THE SOUTH BRONX PUBLIC SCHOOLS. BILINGUAL EDUCATION, MINORITY HIRING, PARENT TRAINING, DECENTRALIZATION AND COMMUNITY CONTROL OF LOCAL SCHOOLS & ADVOCATE FOR MORE POLICIES.

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	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of employees (Part V, line 2a)	5	305
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,813,394.	7,361,593.
9 Program service revenue (Part VIII, line 2g)	2,011,804.	1,515,515.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,348.	467,425.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,955,546.	9,344,533.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,650,014.	7,317,287.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,380,751.	5,130,160.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,030,765.	12,447,447.
19 Revenue less expenses. Subtract line 18 from line 12	-75,219.	-3,102,914.

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	10,703,344.	10,958,838.
21 Total liabilities (Part X, line 26)	3,150,317.	6,508,725.
22 Net assets or fund balances. Subtract line 21 from line 20	7,553,027.	4,450,113.

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 1/23/12

▶ Type or print name and title TOMAS Del Rio, CFO

Paid Preparer's Use Only

Preparer's signature — Date JAN 20 2012 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P01081620

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CONDON O'MEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405

EIN ▶ 13-3628255

Phone no ▶ 212-661-7777

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

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

Form **990** (2009)

JSA
9E1010 3 000
5733AN M261

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 3

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 $ 4,273,448. including grants of $ 0.) (Revenue $ 110,519.)
RESIDENTIAL TREATMENT FOR WOMEN WITH CHILDREN - (SEE SCHEDULE O)

4b (Code. _____) (Expenses $ 2,321,906. including grants of $ 0.) (Revenue $ 598,400.)
SERVICES FOR PEOPLE WITH AIDS - (SEE SCHEDULE O)

4c (Code: _____) (Expenses $ 940,758. including grants of $ 0.) (Revenue $ 4,400.)
DAY CARE - (SEE SCHEDULE O)

4d Other program services (Describe in Schedule O)
(Expenses $ 2,070,946. including grants of $ 0.) (Revenue $ 802,196)

4e Total program service expenses ▶ 9,607,058.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No)	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a 11		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 305		
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		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ABDO GALABI, C/O UBP, 773 PROSPECT AVENUE, BRONX, NY 10455-1809
718-292-9808

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			
ISRAEL MIRANDA CHAIRMAN	3.00	X		X				0.	0.	0.
RAMON J. JIMENEZ BOARD MEMBER	3.00	X						0.	0.	0.
ELENA MARTINEZ BOARD MEMBER & SEC. & TREAS.	3.00	X		X				0.	0.	0.
TERONIA CAMPBELL BOARD MEMBER	3.00	X						0.	0.	0.
JOSE MIRANDA, JR. BOARD MEMBER	3.00	X						0.	0.	0.
MICHAEL C. ORTIZ BOARD MEMBER	3.00	X						0.	0.	0.
LORRAINE MONTENGRO EXECUTIVE DIRECTOR	35.00			X				125,145.	0.	1,557.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								125,145.	0.	1,557.

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

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

Section B. Independent Contractors

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

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

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 ▶ 0

Part VIII Statement of Revenue 13-6203312

			(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	7,116,394.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	245,199.			
	g Noncash contributions included in lines 1a-1f $ 228,054.					
	h Total. Add lines 1a-1f		7,361,593.			
Program Service Revenue		Business Code				
	2a MEDICAID		1,337,138.	1,337,138.		
	b FOOD STAMP FEES		68,859.	68,859.		
	c CLIENT FEES		109,518.	109,518.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,515,515.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0.			
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents	333,286.				
	b Less. rental expenses					
	c Rental income or (loss)	333,286.				
	d Net rental income or (loss)		333,286.			333,286.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0.			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0.			
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities		0.			
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory		0.			
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME		61,739	61,739.		
	b CAPITAL INCOME		72,400.	72,400		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		134,139.			
	12 Total Revenue. See instructions		9,344,533.	1,649,654.		333,286.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	126,702.	119,581.	7,121.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,691,024.	5,371,188.	319,836.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	98,568.	93,028.	5,540.	
9 Other employee benefits	769,091.	726,231.	42,860.	
10 Payroll taxes	631,902.	596,389.	35,513.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	48,666.	30,246.	18,420.	
c Accounting	90,775.	56,417.	34,358.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	268,873.	167,111.	101,762.	
12 Advertising and promotion	0.			
13 Office expenses	332,737.	312,522.	20,215.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	440,413.	429,782.	10,631.	
17 Travel	188,377.	133,451.	54,926.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	26,801.	2,695.	24,106.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	227,275.	222,113.	5,162.	
23 Insurance	43,573.	43,073.	500.	
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 MEDICAID DISALLOWANCES	2,081,805.		2,081,805.	
b FOOD	764,816.	764,794.	22.	
c REPAIRS & MAINTENANCE	203,062.	198,472.	4,590.	
d MEDICAL SUPPLIES	128,577.	128,037.	540.	
e MEDICAL STAFF	166,716.	165,920.	796.	
f All other expenses	117,694.	46,008.	71,686.	
25 **Total functional expenses.** Add lines 1 through 24f	12,447,447.	9,607,058.	2,840,389.	0.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,574,382.	1	1,561,291.
	2	Savings and temporary cash investments	327,721.	2	333,804.
	3	Pledges and grants receivable, net	727,962.	3	883,020.
	4	Accounts receivable, net	299,103.	4	205,304.
	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	10,340.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 9,658,556.			
	b	Less accumulated depreciation — 10b: 2,986,706.	6,713,125.	10c	6,671,850.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,061,051.	15	1,293,229.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	10,703,344.	16	10,958,838.
Liabilities	17	Accounts payable and accrued expenses	1,176,457.	17	3,865,028.
	18	Grants payable		18	
	19	Deferred revenue	1,973,860.	19	1,743,697.
	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	900,000.
	26	**Total liabilities.** Add lines 17 through 25	3,150,317.	26	6,508,725.
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	7,553,027.	27	4,450,113.
	28	Temporarily restricted net assets		28	
	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	7,553,027.	33	4,450,113.
	34	Total liabilities and net assets/fund balances	10,703,344.	34	10,958,838.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
UNITED BRONX PARENTS, INC.	13-6203312

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(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 U.S.?		(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 ")	8,174,314.	7,939,340.	7,845,125.	7,813,394.	7,361,593	39,133,766.
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	8,174,314.	7,939,340.	7,845,125.	7,813,394.	7,361,593.	39,133,766.
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)						0.
6 **Public support.** Subtract line 5 from line 4						39,133,766.

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	8,174,314.	7,939,340.	7,845,125.	7,813,394.	7,361,593.	39,133,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244,068.	334,735.	222,867.	130,348.	333,286.	1,265,304.
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.) ATCH 1	10,197.	0.	0.	0.	134,139	144,336.
11 **Total support.** Add lines 7 through 10						40,543,406.
12 Gross receipts from related activities, etc. (see instructions)					12	10,606,094.

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	96.52%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	97.31%

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 organization 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 ▶ ☐

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	10,197.	0.	0.	0.	61,739.	71,936.
CAPITAL INCOME	0.	0.	0.	0	72,400.	72,400.
TOTALS	10,197.	0.	0.	0.	134,139.	144,336.

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

UNITED BRONX PARENTS, INC.

Employer identification number

13-6203312

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,003.		9,003.
b Buildings		8,303,927.	2,144,771.	6,159,156.
c Leasehold improvements				
d Equipment		26,135.	9,832.	16,303.
e Other		1,319,491.	832,103.	487,388.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				6,671,850.

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

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

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

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

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

(a) Description	(b) Book value
DUE FROM LA CASA DE SALUD	1,265,021.
SECURITY DEPOSITS	28,208.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	1,293,229.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
LINE OF CREDIT	900,000.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	900,000.

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	9,344,533.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,447,447.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,102,914.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-3,102,914.

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	9,689,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	344,482.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	344,482.
3	Subtract line 2e from line 1			3	9,344,533.
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	9,344,533.

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

1	Total expenses and losses per audited financial statements			1	12,791,929.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	344,482.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	344,482.
3	Subtract line 2e from line 1			3	12,447,447.
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	12,447,447.

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.

OTHER LIABILITIES - LIABILITY FOR UNCERTAIN TAX POSITIONS

PART X - LINE 2

AS OF JUNE 30, 2010, NO AMOUNTS HAVE BEEN RECOGNIZED FOR ANY UNCERTAIN INCOME TAX POSITIONS. THE AGENCY'S TAX RETURNS FOR THE 2008 FISCAL YEAR AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

Part XIV Supplemental Information *(continued)*

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
UNITED BRONX PARENTS, INC.

Employer identification number
13-6203312

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				
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	X	1	228,054.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

			Yes	No
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		
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
UNITED BRONX PARENTS, INC.

Employer identification number
13-6203312

ATTACHMENT 2

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 1

UNITED BRONX PARENTS, INC., WAS FOUNDED BY COMMUNITY ACTIVIST DR. EVELINA LOPEZ ATTORNEY, FOCUSED IN THE SOUTH BRONX, THE MISSION IS CARRIED OUT IN A "RELIGIOUS CAMPUS" OF 6 BUILDINGS.

THE ACTIVITIES INCLUDE: EDUCATION AND COUNSELING, DRUG PREVENT AND TREATMENT, OUTPATIENT MENTAL HEALTH SERVICES, DAY CARE COMMUNITY SERVICES, ASSISTANCE FOR PEOPLE LIVING WITH AIDS RESIDENTIAL AND HOUSING.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4A

RESIDENTIAL TREATMENT FOR WOMEN WITH CHILDREN:

LA CASITA 1

INAUGURATED IN 1990 AND CURRENTLY BOASTING 20 YEARS OF UNINTERRUPTED 24-7 OPERATIONS, LA CASITA IS UBP'S FIRST COMPREHENSIVE, RESIDENTIAL, DRUG TREATMENT PROGRAM FOR HOMELESS WOMEN WITH CHILDREN. THE FIRST OF ITS KIND NATION-WIDE AND STILL ONE OF THE FEW OPERATING IN NEW YORK STATE, LA CASITA (THE "LITTLE HOUSE") IS A NYS OASAS-LICENSED RESIDENTIAL DRUG TREATMENT PROGRAM FOR HOMELESS, PREGNANT OR PARENTING WOMEN WITH UP TO THREE CHILDREN RANGING FROM INFANCY TO THE AGE OF 9. THE PROGRAM OFFERS

Name of the organization: UNITED BRONX PARENTS, INC.
Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

SUBSTANCE ABUSE TREATMENT SERVICES, CULTURALLY-APPROPRIATE CONGREGATE MEALS, EDUCATIONAL/VOCATIONAL EVALUATION AND REFERRAL SERVICES, INDEPENDENT LIVING SKILLS TRAINING, PARENTING TRAINING, FAMILY COUNSELING, RECREATIONAL ACTIVITIES, A LICENSED ON-SITE CHILDCARE PROGRAM, MEDICAL AND MENTAL HEALTH MANAGEMENT AND A BROAD RANGE OF FAMILY-BASED CASE MANAGEMENT INTERVENTION AND SUPPORT. LOCATED AT UBP'S 834 EAST 156TH STREET SITE, LA CASITA HAS A CAPACITY FOR 38 WOMEN AND 59 CHILDREN. THE PROGRAM OFFERS ONE AND A HALF YEARS OF INTENSIVE TREATMENT IN RESIDENCE AND FOLLOWS A MODIFIED THERAPEUTIC COMMUNITY MODEL, INCLUDING GRADUAL PROGRESS THROUGH A LEVEL SYSTEM IN WHICH PARTICIPANTS EARN PRIVILEGES AND TAKE ON INCREASING RESPONSIBILITY FOR THEIR RECOVERY, CHILDREN AND FUTURE INDEPENDENCE. WHEN FAMILIES COMPLETE THE RESIDENTIAL COMPONENT OF THE PROGRAM, THEY ARE ASSISTED IN LOCATING PERMANENT HOUSING, INCLUDING LA CASITA 2 AND LA CASITA 3:THE MIX, RESERVED FOR FAMILIES COMPLETING THE PROGRAM. THE ACHIEVEMENT OF "LIVE OUT STATUS" IS FOLLOWED BY A 6 TO 9 MONTH AFTERCARE PROGRAM OF COUNSELING AND MONITORING LEADING TO GRADUATION. CURRENTLY LA CASITA IS ONE OF THE FEW THERAPEUTIC COMMUNITIES ADMITTING WOMEN WHO ARE ON METHADONE TREATMENT. LA CASITA 1 IS FUNDED BY BOTH NYS OASAS AND U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT.

LA CASITA 3

LOCATED AT UBP'S 1006 EAST 151ST STREET SITE, LA CASITA 3 IS UBP'S SECOND COMPREHENSIVE, RESIDENTIAL, DRUG TREATMENT PROGRAM FOR HOMELESS WOMEN WITH CHILDREN WITH A CAPACITY TO SERVE 21 WOMEN AND THEIR CHILDREN. LA

Name of the organization: UNITED BRONX PARENTS, INC.

Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

CASITA 3 IS BOTH LICENSED AND FUNDED BY NYS OASAS.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4B

SERVICES FOR PEOPLE WITH AIDS:

CASITA ESPERANZA

INAUGURATED IN 1997 WITH A GRANT FROM THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)'S HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) PROGRAM, CASITA ESPERANZA (THE "LITTLE HOUSE OF HOPE") IS A TRANSITIONAL HOUSING PROGRAM FOR CHRONICALLY HOMELESS PERSONS WITH HIV/AIDS WHO ARE ACTIVELY ABUSING ALCOHOL OR OTHER DRUGS. THE PROGRAM PROVIDES BOTH EMERGENCY AND TRANSITIONAL HOUSING FOR UP TO 39 SINGLE ADULT MEN AND WOMEN. SERVICES INCLUDE CASE MANAGEMENT, RECOVERY READINESS COUNSELING, PLACEMENT IN HARM REDUCTION AND SUBSTANCE ABUSE TREATMENT PROGRAMS, HIV EDUCATION, SURVIVAL SKILLS AND INDEPENDENT LIVING SKILLS TRAINING, HEALTH CARE EDUCATION AND COORDINATION, RECREATIONAL ACTIVITIES, HOT MEALS, NUTRITIONAL COUNSELING, SUPPORT GROUPS AND ASSISTANCE OBTAINING PRIMARY CARE, ENTITLEMENTS, ONGOING COMMUNITY-BASED SUPPORTIVE SERVICES AND PLACEMENT IN PERMANENT HOUSING. ESPERANZA'S PRIMARY GOALS ARE TO STABILIZE RESIDENTS' SUBSTANCE ABUSE AND HEALTH STATUS AND TRAIN CLIENTS TO LIVE INDEPENDENTLY, LOWERING THE RISK OF REPEATED INSTANCES OF HOMELESSNESS ONCE HOUSED INDEPENDENTLY. CASITA ESPERANZA, ONE OF NYC'S FEW TRANSITIONAL PROGRAMS FOR HOMELESS PEOPLE LIVING WITH BOTH HIV AND SUBSTANCE ABUSE, IS CURRENTLY A PRIMARY REFERRAL SITE FOR NON-PROFITS IN PUERTO RICO ASSISTING CLIENTS WHO WISH TO MIGRATE

Name of the organization: UNITED BRONX PARENTS, INC.

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ATTACHMENT 2 (CONT'D)

TO NYC SEEKING IMPROVED ENTITLEMENTS, DRUG TREATMENT, HOUSING AND PRIMARY CARE. PRESENTLY, OVER 50% OF CASITA ESPERANZA'S RESIDENTS ARE SPANISH-SPEAKING ONLY CLIENTS WHO HAVE ONLY RECENTLY MIGRATED FROM THE U.S. TERRITORY.

HIV CASE MANAGEMENT AND HIV PREVENTION EDUCATION& OUTREACH

HIV CASE MANAGEMENT (COBRA/MSA)

THIS PROGRAM OFFERS MEDICAID-REIMBURSABLE, INTENSIVE CASE MANAGEMENT SERVICES FOR PERSONS LIVING WITH HIV/AIDS AND THEIR PARTNERS AND FAMILIES. SERVICES INCLUDE AN IN-DEPTH ASSESSMENT OF EACH CLIENT'S NEEDS AND ASSISTANCE IN CONNECTING WITH A RANGE OF QUALITY SERVICES IN THE COMMUNITY, INCLUDING PRIMARY MEDICAL CARE, EMERGENCY CARE, ENTITLEMENTS SUCH AS SOCIAL SECURITY, FOOD STAMPS, RENTAL ENHANCED PUBLIC ASSISTANCE OR HASA (HIV/AIDS SERVICES ADMINISTRATION), A VARIETY OF TRANSITIONAL AND PERMANENT HOUSING OPTIONS, MENTAL HEALTH SERVICES, SUBSTANCE ABUSE COUNSELING AND TREATMENT SERVICES, PERMANENCY PLANNING, OTHER FAMILY SUPPORT SERVICES, NUTRITIONAL SERVICES, SOCIAL SERVICES, INTENSIVE HIV TREATMENT EDUCATION AND BOTH HOSPITAL AND HOME VISITS.

HIV PREVENTION EDUCATION & OUTREACH (MSA)

THE MSA PROGRAM IS INTENDED TO PROVIDE HIV OUTREACH AND PREVENTION EDUCATION SERVICES AS WELL AS OUTREACH AND EDUCATION TO THE COMMUNITY AT LARGE, TARGETING PARENTS, LOCAL YOUTH, INJECTION DRUG USERS, OTHER ALCOHOL AND OTHER DRUG USERS, COMMERCIAL SEX WORKERS, THE ELDERLY AND OTHER HIGH RISK PERSONS. PARTICIPANTS ARE PROVIDED WITH A SERIES OF

Name of the organization: UNITED BRONX PARENTS, INC.
Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

EIGHT BASIC HIV EDUCATION WORKSHOPS, WHICH INCLUDE HIV RISK REDUCTION, THE IMPORTANCE OF EARLY MEDICAL INTERVENTION, AND INFORMATION REGARDING HOW TO LIVE LONGER AND HEALTHIER WITH HIV/AIDS. AN ADVANCED RISK REDUCTION WORKSHOP SERIES PROVIDES PREVENTION SKILLS BUILDING FOR PERSONS NEEDING ASSISTANCE NEGOTIATING CONDOM USE WITH SEXUAL PARTNERS AND LEARNING HARM REDUCTION AND RELAPSE PREVENTION TECHNIQUES. PARTICIPANTS RECEIVE ASSISTANCE IN OBTAINING CONFIDENTIAL HIV COUNSELING AND TESTING AND A VARIETY OF PLACEMENTS IN HARM REDUCTION, RECOVERY READINESS AND SUBSTANCE ABUSE TREATMENT PROGRAMS UPON REQUEST. THE MSA PROGRAM ALSO PROVIDES INTENSIVE CASE MANAGEMENT SERVICES TO HIV POSITIVE INDIVIDUALS WHO DO NOT HAVE CURRENT MEDICAID ENTITLEMENTS OR WHO ARE NOT MEDICAID ELIGIBLE, INCLUDING RECENT IMMIGRANTS AND PAROLEES.

WOMEN'S SUPPORTIVE SERVICES (WSS)

THE WSS PROGRAM PROVIDES A VARIETY OF SUPPORT SERVICES FOR HIV POSITIVE WOMEN AND THEIR FAMILIES, INCLUDING CRISIS INTERVENTION, HOSPITAL VISITS, VARIOUS TARGETED SUPPORT GROUPS, RECREATIONAL ACTIVITIES (INCLUDING WEEKLY ARTS AND CRAFTS GROUPS, BEAUTY PARLOR DAY, RECREATIONAL TRIPS, MOVIES AND SPECIAL EVENTS), INDIVIDUAL SUPPORTIVE CRISIS INTERVENTION COUNSELING AND HOME/HOSPITAL VISITS AND ASSISTANCE WITH EMERGENCIES INCLUDING HOMEMAKER SERVICES. WOMEN'S SEXUAL PARTNERS ARE ALSO PROVIDED SERVICES. ON A REGULAR BASIS, SERVICES ARE ALSO PROVIDED ON-SITE BY OTHER COMMUNITY-BASED HIV SERVICE ORGANIZATIONS, SUCH AS WORKSHOPS ON NUTRITION, PERMANENCY PLANNING AND PARTNER NOTIFICATION. A LIGHT BREAKFAST AND HOT LUNCH ARE SERVED DAILY. ADDITIONALLY, A CHILDCARE

Name of the organization: UNITED BRONX PARENTS, INC.
Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

CENTER IS AVAILABLE TO PROVIDE DROP-OFF CHILDCARE FOR PARENTS WHO ARE RECEIVING SERVICES. ALL HIV POSITIVE WOMEN AND THEIR PARTNERS/FAMILIES RECEIVING UBP HIV CASE MANAGEMENT SERVICES ARE ELIGIBLE. REFERRALS FROM OTHER AGENCIES WHICH DO NOT PROVIDE THESE SERVICES ARE ALSO ACCEPTED.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4C

DAY CARE:

DAY CARE CENTER #1

LICENSED BY THE NYC DEPARTMENT OF HEALTH AND FUNDED BY THE NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES/AGENCY FOR CHILD DEVELOPMENT (ACS/ACS), UBP'S DAY CARE CENTER #1 IS A FULLY BILINGUAL DAY CARE PROGRAM OFFERING PRE-SCHOOL FOR 70 CHILDREN BETWEEN THE AGES OF 2 AND 4 YEARS OLD, KINDERGARTEN FOR 20 CHILDREN FROM AGES 5 TO 6 YEARS OLD AND A SCHOOL-AGE PROGRAM FOR 110 CHILDREN AGES 6 YEARS TO 11 YEARS OLD. SERVICES ARE FREE OF CHARGE TO FAMILIES ON PUBLIC ASSISTANCE WHILE WORKING PARENTS MUST PAY A FEE FOR THE SERVICE BASED ON THEIR INCOME IN ACCORDANCE WITH HRA/ACD REQUIREMENTS.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4D

SUPPORTIVE HOUSING:

LA CASITA 2 IS A PERMANENT, LOW-INCOME, SUPPORTIVE PERMANENT HOUSING

Name of the organization: UNITED BRONX PARENTS, INC.

Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

PROGRAM FOR FORMERLY HOMELESS FAMILIES WHO HAVE COMPLETED LA CASITA 1 OR 3 RESIDENTIAL DRUG TREATMENT PROGRAMS. THIS PROGRAM IS FUNDED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S SHELTER PLUS CARE PROGRAM, WITH NYS OASAS AS THE PROGRAM SPONSOR. THE PROGRAM OFFERS RENTAL SUBSIDIES TO 12 APARTMENTS, WHICH INCLUDES APARTMENTS FOR LARGE FAMILIES. RESIDENTS ALSO PARTICIPATE IN LA CASITA'S AFTERCARE PROGRAM AND A VARIETY OF SUPPORTIVE SERVICES AT UBP. CRISIS INTERVENTION, FAMILY CASE MANAGEMENT AND OTHER SUPPORT SERVICES ARE AVAILABLE, ENSURING CONTINUED SOBRIETY, HOUSING STABILITY AND INCREASED INDEPENDENCE FOR ITS RESIDENTS.

LA CASITA 3: THE MIX

INAUGURATED IN AUGUST OF 2000, LA CASITA 3 THE MIX PROVIDES 6 ADDITIONAL APARTMENTS OF SUPPORTIVE, PERMANENT, LOW-INCOME HOUSING FOR HOMELESS FAMILIES WHO HAVE GRADUATED FROM OUR LA CASITA TREATMENT PROGRAM. THE PERMANENT HOUSING COMPONENT OF LA CASITA 3:THE MIX ALLOWED UBP TO EXPAND ITS HOUSING UNITS FROM 12 TO 18 APARTMENTS, THANKS TO GRANTS FROM SAMHSA'S CSAT, NYS OASAS AND NYS HHAP PROGRAMS.

MEDICAL SERVICES:

LA CASA DE SALUD, THE "LITTLE HOUSE OF HEALTH," IS UBP'S FIRST COMPREHENSIVE MEDICAL SERVICES PROGRAM. LICENSED UNDER ARTICLE 28 OF THE NYS PUBLIC HEALTH LAW, LCDS OFFERS PRIMARY HEALTH CARE TO INSURED COMMUNITY RESIDENTS AS WELL AS THE UNINSURED AND INDIGENT. THE CLINIC

Name of the organization: UNITED BRONX PARENTS, INC.

Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

PROVIDES A PLETHORA OF MEDICAL SERVICES AND SUB-SPECIALTIES, INCLUDING ADULT MEDICAL CARE, PEDIATRICS, PSYCHOTHERAPY, PSYCHIATRY, SOCIAL WORK, PODIATRY, PHYSICAL THERAPY, GYNECOLOGY, IMMUNOLOGY, HEPATOLOGY, FAMILY PLANNING, AMONG OTHER SERVICES. LCDS MEETS A GRAVE COMMUNITY NEED IN THE COMMUNITIES OF THE SOUTH BRONX, WHICH ONLY HAS ONE MAJOR MEDICAL PROVIDER, HHC'S LINCOLN HOSPITAL, TO SERVE THE COMMUNITY'S HEALTH CARE NEEDS. LASTLY, LCDS IS THE ONLY COMMUNITY CLINIC OFFERING PAIN MANAGEMENT, ACUPUNCTURE AND COMPREHENSIVE DENTAL SERVICES AND IS QUICKLY BECOMING A NEIGHBORHOOD MECCA FOR THOSE INFECTED WITH HEPATITIS C, CURRENTLY AN INCREASINGLY DAUNTING NEIGHBORHOOD SCOURGE. LASTLY, LCDS IS THE ONLY COMMUNITY CLINIC OPEN TO THE PUBLIC ON EVENINGS AND WEEKENDS.

MENTAL HEALTH AND OUTPATIENT DRUG TREATMENT:

MENTAL HEALTH SERVICES

COMMUNITIES OF COLOR INITIATIVE

THROUGH A GENEROUS LINE-ITEM EARMARK BY THE NYS ASSEMBLY AND ADMINISTERED THROUGH THE NYS DEPARTMENT OF HEALTH AIDS INSTITUTE, THE COMMUNITIES OF COLOR INITIATIVE GRANT ENABLES UBP TO OFFER FREE, GRANT-FUNDED PSYCHOTHERAPEUTIC SERVICES TO SEROPOSITIVE, LATINO AND AFRICAN-AMERICAN CLIENTS OF LA CASITA 1, LA CASITA 3, MRS. A'S DAY TREATMENT AS WELL AS COBRA AND MSA CLIENTS. CONSULTING MENTAL HEALTH PROFESSIONALS ARE BILINGUAL, ENABLING THEM TO SERVE THE STAGGERING NUMBER OF SPANISH-SPEAKING ONLY CLIENTS MIGRATING FROM PUERTO RICO IN SEARCH OF DRUG TREATMENT, HIV/AIDS-RELATED ENTITLEMENTS AS WELL AS PRIMARY CARE.

Name of the organization: UNITED BRONX PARENTS, INC.

Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

MENTAL HEALTH AND OUTPATIENT DRUG TREATMENT:

HOMELESS HOT MEALS & EMERGENCY FOOD PANTRY

PROGRAMS TO COMBAT HUNGER INCLUDE THE HOMELESS HOT MEALS PROGRAM, WHICH SERVES HOT LUNCHES TO 225 HOMELESS PEOPLE WHO "WEAR THEIR NEED" ON A DAILY BASIS. OUTREACH IS ALSO CONDUCTED BY PEER EDUCATORS FROM UBP'S PREVENTION PROGRAMS AS A MEANS OF ENGAGING THEM IN OTHER SERVICES OFFERED BY UBP, INCLUDING REFERRALS TO SHELTERS, RESIDENTIAL AND OUTPATIENT TREATMENT PROGRAMS, HARM REDUCTION PROGRAMS AND HIV PREVENTION SERVICES. ON A REGULAR BASIS, HIV PREVENTION EDUCATIONAL WORKSHOPS ARE PROVIDED FOR THOSE THAT WISH TO PARTICIPATE IMMEDIATELY BEFORE THE MEAL, A LATE LUNCH, IS SERVED, WHICH CLIENTS REPORT IS OFTEN THE ONLY MEAL THAT THEY CONSUME ON THAT DAY. AN EMERGENCY FOOD PANTRY PROVIDES 50 - 75 EMERGENCY FOOD PACKAGES FOR INDIVIDUALS, FAMILIES AND THE ELDERLY EACH MONTH. THIRD, THE LINCOLN ACUPUNCTURE MEAL TRANSPORT PROGRAM PROVIDES HOT LUNCHES TO PREGNANT WOMEN AND THEIR CHILDREN WHO PARTICIPATE IN THE LINCOLN HOSPITAL ACUPUNCTURE PROGRAM. THE PROGRAM IS FUNDED THROUGH NYS DEPARTMENT OF HEALTH'S HPNAP NUTRITION ASSISTANCE PROGRAM.

OUTPATIENT DRUG TREATMENT:

MRS. A'S DAY PROGRAM

IN EXISTENCE SINCE 1992 AND BOTH LICENSED AND FUNDED BY NYS OASAS, MRS. A'S DAY PROGRAM IS A PART 822 MEDICALLY-SUPERVISED DAY TREATMENT PROGRAM FOR SUBSTANCE ABUSERS. SERVICES INCLUDE INDIVIDUAL AND GROUP COUNSELING,

Name of the organization: UNITED BRONX PARENTS, INC.
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ATTACHMENT 2 (CONT'D)

MEDICAL AND MENTAL HEALTH EVALUATION, EDUCATIONAL/VOCATIONAL COUNSELING, HIV EDUCATION, FAMILY GROUP COUNSELING, RECREATIONAL/ CULTURAL ACTIVITIES AND CASE MANAGEMENT SERVICES. THE PROGRAM OFFERS A FLEXIBLE SCHEDULE OF GROUP AND INDIVIDUAL SERVICES DESIGNED TO MEET INDIVIDUAL NEEDS. THE INTENSIVE PORTION OF THE PROGRAM LASTS FROM 6 TO 9 MONTHS AND IS FOLLOWED BY A 3 TO 6 MONTH PROGRAM OF AFTERCARE COUNSELING AND MONITORING LEADING TO GRADUATION.

FOOD ASSISTANCE:

CONGREGATE MEALS

UBP OFFERS CONGREGATE MEALS PROGRAMS AT BOTH ITS DAY CARE CENTER #1 AND CASITA ESPERANZA SERVICE FACILITIES. THE NYS DEPARTMENT OF HEALTH'S FOOD PROGRAM ACTING WITH SUPPORT FROM CORPORATE DONORS PROGRAM COVERS CONGREGATE BREAKFAST AND LUNCH FOR ALL CHILDREN AT UBP'S DAY CARE CENTER AND CASITA ESPERANZA RESIDENTS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11A

THE FORM 990 WILL BE DISTRIBUTED TO THE BOARD VIA E-MAIL FOR REVIEW PRIOR TO FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

THE BOARD REVIEWS COMPLIANCE ISSUES & UBP HAS A COMPLIANCE OFFICER WHICH

Name of the organization: UNITED BRONX PARENTS, INC.

Employer identification number: 13-6203312

ATTACHMENT 2 (CONT'D)

MONITORS EVERY CONFLICT OF INTERERST STATEMENT.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTIONS 15A & 15B

FORM 990 DATA ON THE HIGHEST PAID EMPLOYEES IN THE SOUTH BRONX IS COMPILED FOR THE LAST 3 YEARS AND THEN PRESENTED TO THE EXECUTIVE AND BOARD AS REFERENCE IN ORDER TO MAKE COMPARISONS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC. THE FINANCIAL STATEMENTS ARE POSTED ON THE INTERNET.

AMENDED FORM 990

STATUS OF AUDIT AND FORM 990

PLEASE BE ADVISED THAT THE AUDIT OF THE BOOKS AND RECORDS HAS BEEN COMPLETED AND THE FORM 990 WAS AMENDED TO REFLECT THE INFORMATION IN THE COMPLETED AUDIT.

ATTACHMENT 3

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

UNITED BRONX PARENTS, INC., WAS FOUNDED BY COMMUNITY ACTIVIST DR.

Name of the organization: UNITED BRONX PARENTS, INC.

Employer identification number: 13-6203312

ATTACHMENT 3 (CONT'D)

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

EVELINA LOPEZ ATTORNEY, FOCUSED IN THE SOUTH BRONX, THE MISSION IS CARRIED OUT IN A "RELIGIOUS CAMPUS" OF 6 BUILDINGS.

THE ACTIVITIES INCLUDE: EDUCATION AND COUNSELING, DRUG PREVENT AND TREATMENT, OUTPATIENT MENTAL HEALTH SERVICES, DAY CARE COMMUNITY SERVICES, ASSISTANCE FOR PEOPLE LIVING WITH AIDS RESIDENTIAL AND HOUSING.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS, INC.

Employer identification number
13-6203312

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LA CASA DE SALUD, INC. 02-0693325 996 PROSPECT AVENUE BRONX, NY 10459	TREATMENT CTR	NY	501 (C) (3)	509 (A) (2)	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

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