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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

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

Doing Business As:

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

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

D Employer identification number: 66-0269222

E Telephone number: 787-728-8500

G Gross receipts $ 8,655,409

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

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FONDOSUNIDOS.ORG

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

L Year of formation 1967 **M** State of legal domicile PR

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	41
6	Total number of volunteers (estimate if necessary)	6	5,074
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,853,025	8,404,706
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,725	70,351
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	326,491	180,352
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,250,241	8,655,409
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,514,393	6,822,794
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,565,502	1,543,517
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	747,731	878,119
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,827,626	9,244,430
19	Revenue less expenses Subtract line 18 from line 12	422,615	-589,021

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,347,284	15,441,594
21	Total liabilities (Part X, line 26)	2,805,984	3,185,558
22	Net assets or fund balances Subtract line 21 from line 20	12,541,300	12,256,036

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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: Samuel Gonzalez Cardona — Date: 6-30-11

▶ Type or print name and title: Samuel Gonzalez Cardona - President & CEO

Paid Preparer Use Only

Print/Type preparer's name: Karen Gonzalez	Preparer's signature	Date: 6/30/11	Check if self-employed ▶ ☐	PTIN: P00979531
Firm's name ▶ Falcon Sanchez & Associates PSC			Firm's EIN ▶ 66-0585022	
Firm's address ▶ PO Box 366397 San Juan PR 00936			Phone no 787-273-7979	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

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SCANNED AUG 02 2011

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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

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

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

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

4a (Code _____) (Expenses $ 6,822,794 including grants of $ 6,822,794) (Revenue $ _____)
Funds distributions and allocation services - Payments to participating agencies. Grant, consist of allocations of funds collected through the annual campaign in public and private sector to more than 1,000 welfare and health agencies of which 144 are affiliated to the agency, which benefit more than 800,000 people in Puerto Rico.

4b (Code _____) (Expenses $ 169,945 including grants of $ _____) (Revenue $ _____)
Information and referrals - 211 of Puerto Rico
211 is an easy to remember telephone number that connects caller to information about critical health and human services available in Puerto Rico. This service provides callers with information about and referral to human services for every day needs and in time of crisis. 211 can offer access to the following types of services: basic human need resources, physical and mental health resources and any other services that the person need.

4c (Code _____) (Expenses $ 88,716 including grants of $ _____) (Revenue $ _____)
Volunteer center -
match you with volunteer opportunities that fit the interest, skills, availability and location with the needs of the nonprofit organization. Also, promote the volunteer help among the corporations that support the annual fundraisinf campaign. Also had a program called "Club me importas tu" that develops the leadership skills for high school and university students.

4d Other program services (Describe in Schedule O)
(Expenses $ 527,827 including grants of $) (Revenue $)

4e Total program service expenses ▶ 7,609,282

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	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*	11b	X	
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		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 line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N	A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	N	A
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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	N	A
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	N	A
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	N	A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d N/A		
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	N	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N	A
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N	A
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 0		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 0		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a 0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b 0		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a	N	A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b 0		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N	A
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b	N	A

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 43			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 42			
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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant 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*	9		X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HEIDI CORTES, LOS ANGELES PDA 26 1/2 ESQ BOULV SAGRADO CORAZON, SJ PR 00909

Tel. 787-728-8500

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Heidi Cortes, VP Finance	40	x		x		x		74,361		
(2) Maria E. Lampaya, VP Communications	40	x				x		42,089		
(3) Nina Giron, Human Resources Director	40	x				x		55,376		
(4) Carmen Rodriguez, Agency Service Director	40	x				x		54,141		
(5) Israel Faberlle, VP Campaign	40	x				x		63,516		
(6) Jaime Bahamundi, Dir Communications	40	x				x		4,154		
(7) Felipe Benedit, Director	1	x						0	0	0
(8) Ramon M. Ruiz, Director	1	x		x				0	0	0
(9) Roberto Bengoa, Director	1	x						0	0	0
(10) Jorge Cañellas, Director	1	x						0	0	0
(11) Luis Gautier Lloveras, Director	1	x						0	0	0
(12) Maria Del Rosario Gonzalez, Director	1	x						0	0	0
(13) Shannon Boyle, Director	1	x						0	0	0
(14) Humberto Collado, Director	1	x						0	0	0
(15) Jose Juan Davila, Director	1	x						0	0	0
(16) Hilary Hattler, Director	1	x						0	0	0

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Guillermo Marrero, Director	1	x						0	0	0
(2) Ruben Medina, Director	1	x		x				0	0	0
(3) Orlando Mercado, Director	1	x						0	0	0
(4) Andres Morgado, Director	1	x						0	0	0
(5) Salvatore Nolfo, Director	1	x						0	0	0
(6) Miguel Pereira, Director	1	x						0	0	0
(7) Lizzie Perez, Director	1	x		x				0	0	0
(8) Oscar Perez Zabala, Director	1	x						0	0	0
(9) John Raevis, Director	1	x						0	0	0
(10) Dario Rivera , Director	1	x						0	0	0
(11) Grace Rodriguez, Director	1	x						0	0	0
(12) Maribel Rodriguez, Director	1	x						0	0	0
(13) Roberto Santa Maria, Director	1	x						0	0	0
(14) Melba Acosta Febo, Director	1	x						0	0	0
(15) Leslie Hufstetler, Director	1	x						0	0	0
(16) Hector Totti, Director	1	x						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Gisela Feliciano, Director	1	x						0	0	0
(18) Jaime Figueroa, Director	1	x						0	0	0
(19) Erasto Freytes, Director	1	x						0	0	0
(20) Arturo Garcia Sola, Director	1	x						0	0	0
(21) Maria E. Gonzalez Calderon Director	1	x						0	0	0
(22) Eric Adler, Director	1	x						0	0	0
(23) Samuel Gonzalez, President and CEO	1	x		x	x	x		176,572	0	0
(24) Jorge Hernandez, Director	1	x						0	0	0
(25) Jesus Ricky Lopez, Director	1	x						0	0	0
(26) Nestor Ortiz De Hoyos, Director	1	x						0	0	0
(27) Jose Rodriguez Barcelo, Director	1	x		x				0	0	0
(28) Luis Marti, Director	1	x						0	0	0
1b Sub-total ▶								470,209	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								470,209		

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Miguel Venta, Director	1	x						0	0	0
(18) Justo Arenas, Director	1	x						0	0	0
(19) Jose J. Villamil, Director	1	x						0	0	0
(20) Cleber Voelzke, Director	1	x						0	0	0
(21) Jennifer Wolff, Director	1	x						0	0	0
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 0

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,404,706			
	g Noncash contributions included in lines 1a-1f $ 591,971					
	h **Total.** Add lines 1a-1f ▶		8,404,706			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		70,351			
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	**Business Code**				
	11a Other income		180,352			
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		180,352			
	12 **Total revenue.** See instructions ▶		8,655,409			

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,822,794	6,822,794		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	470,209	54,141	306,308	109,760
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	827,504	297,546	205,293	324,665
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,797	6,188	6,892	4,717
9 Other employee benefits	111,439	40,501	36,602	34,336
10 Payroll taxes	116,568	32,956	42,360	41,252
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	96,682	40,386	47,867	8,429
12 Advertising and promotion	79,192	4,347	2,540	72,305
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	35,953	12,584	10,426	12,943
17 Travel	59,929	12,189	11,176	36,564
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,397			3,397
20 Interest				
21 Payments to affiliates	124,889	43,711	36,218	44,960
22 Depreciation, depletion, and amortization	149,942	52,480	43,483	53,979
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Volunteer, community and agency	123,489	121,399	1,817	273
b Utilities and insurance	107,350	39,675	30,630	37,045
c Supplies, postage and shipping	14,935	4,940	5,196	4,799
d Equipment rental and maintenance	55,194	19,965	15,719	19,510
e				
f All other expenses	27,167	3,480	15,315	8,372
25 **Total functional expenses.** Add lines 1 through 24f	9,244,430	7,609,282	817,842	817,306
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		2,365,830	1	2,671,768
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		7,934,612	3	7,742,829
	4	Accounts receivable, net		171,754	4	171,163
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,425,702			
	b	Less accumulated depreciation	10b 2,104,966	1,105,840	10c	1,320,736
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		3,711,105	12	3,442,068
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		58,143	15	93,030
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,347,284	16	15,441,594
Liabilities	17	Accounts payable and accrued expenses		184,678	17	262,243
	18	Grants payable		2,619,799	18	2,921,792
	19	Deferred revenue		1,507	19	1,523
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,805,984	26	3,185,558
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		4,693,113	27	4,505,912
	28	Temporarily restricted net assets		7,848,187	28	7,750,124
	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		12,541,300	33	12,256,036
	34	Total liabilities and net assets/fund balances		15,347,284	34	15,441,594

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,655,409
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,244,430
3	Revenue less expenses Subtract line 2 from line 1	3	-589,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,541,300
5	Other changes in net assets or fund balances (explain in Schedule O)	5	303,757
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,256,036

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . [ ]

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

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

7 ☒ 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

JSA
0E1210 3 000

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,011,961	11,855,917	8,348,334	8,853,025	8,404,706	49,473,943
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	12,011,961	11,855,917	8,348,334	8,853,025	8,404,706	49,473,943
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						49,473,943

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	12,011,961	11,855,917	8,348,334	8,853,025	8,404,706	49,473,943
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	325,641	98,372	83,905	70,725	70,351	648,994
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		843,134	255,645	326,491	180,352	1,605,622
11 **Total support.** Add lines 7 through 10						51,728,559

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	95.6414 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.1703 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 . . . . . ▶ ☐

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	N/A					
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	N/A					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

2 Political expenditures . . . . . ▶ $ 0

3 Volunteer hours . . . . . _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $ 0

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

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

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

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $ 0

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) N/A				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	N/A				
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

N/A

1	Dues, assessments and similar amounts from members	1	0
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

N/A

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	N/A 0	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ 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 Tax Year
a	Total number of conservation easements	2a N/A
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 N/A

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(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 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance N/A	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	N/A				
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		250,007		250,007
b Buildings		1,929,430	1,240,383	689,047
c Leasehold improvements				
d Equipment		1,246,265	864,583	381,682
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,320,736

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Certificates of Deposit	1,264,829	Cost
(B) Equity Mutual Fund	2,177,239	Fair market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,442,068	

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
(1) N/A		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) Deferred expenses	63,337
(2) Other Assets	29,693
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	93,030

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) N/A	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 (ASC 740) 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 (ASC 740)

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	8,655,409
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,244,430
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-589,021
4	Net unrealized gains (losses) on investments	4	303,757
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	303,757
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-285,264

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	8,959,166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	303,757		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	303,757
3	Subtract line **2e** from line **1**			3	8,655,409
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	8,655,409

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

1	Total expenses and losses per audited financial statements			1	9,244,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,244,430
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,244,430

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Albergue Los Peregrinos PO Box 6300 Ponce PR 00732	66-0264286		22,323		FMV		GOC & POC
(2) Asamblea Familiar Virgilio Davila PMS 113 PO Box 607061 Bayamon PR 00960	660487112		59,559	588	FMV		GOC & POC
(3) Asesores Financieros Comunitarios PO Box 192726 San Juan PR 00919-2726	660701458		15,000	7,700	FMV		GOC & POC
(4) Asoc Espina Bifida e Hidrocefalia PO Box 8262 Bayamon PR 00960-8032	660423348		39,322		FMV		GOC & POC
(5) Asoc de Personas con Impedimentos ClaudetteToro C.Dr.Veve San German00683	660374268		37,524		FMV		GOC & POC
(6) Asoc Educ. Pro Desarr Culebra PO Box 477 Culebra PR 00775-0477	660421458		38,445		FMV		GOC & POC
(7) Asoc Mayaguezana Persns. Imped PO Box 745 Mayaguez PR 00681	660406690		47,191	1,400	FMV		GOC & POC
(8) Asoc Pro Ciudadano Imped. 28 Calle Betances Sabana Grande PR 00637	660386413		21,850		FMV		POC
(9) Asoc Pro Juventud Bo.Palmas PO Box 63476 Catano, PR 00963-0476	660406990		112,963	1,186	FMV		GOC & POC
(10) Asoc Puertorriquena de Diabetes 1452 Ave Manuel Fdz Juncos	660442165		-8,158		FMV		GOC
(11) Asoc de Alzheimer Ed. La Electronica 1608 Ofic 319	660472045		-5,258		FMV		GOC
(12) Big Brothers Big Sisters of PR,Inc PMB 341 C. Borbsn S.67 Guaynabo 00969	660547583		17,593		FMV		GOC

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 114

3 Enter total number of other organizations . . . . . ▶ 153

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Bill's Kitchen PO Box 195678 San Juan PR 00919	660493399		39,518	2,380	FMV		GOC & POC
(2) Boy Scouts America PR Council Ed. Boy Scouts Los Frailes Guaynabo	660201809		87,978		FMV		GOC & POC
(3) Boys and Girls Club Of PR Res. Las Margaritas Santurce 00984	660327580		122,818		FMV		GOC & POC
(4) Casa de la Bondad, Inc Po Box 890 Humacao 00792	660502690		42,449	616	FMV		GOC & POC
(5) Casa Niños Manuel Fdz Juncos C. Villa Verde Miramar SJ 00907	660191953		64,427	280	FMV		GOC & POC
(6) Casa del Peregrino Aguadilla,Inc PO Box 3837 Aguadilla PR 00605	660541904		21,364	3,640	FMV		GOC & POC
(7) Casa Juan Bosco La Joya 107 C.San Carlos Aguadilla00605	662540316		35,678	630	FMV		GOC & POC
(8) Casa La Providencia, Inc C. 2 Parcelas Suarez 175 Loiza 00902	660276597		128,407	448	FMV		GOC & POC
(9) Casa Pensamiento Mujer del Centro 57 C. Degetau Norte Aibonito 00705	660462822		69,822	280	FMV		GOC & POC
(10) Casa Protegida Julia de Burgos Las Palmas Pda 20 San Juan 00936	660387659		30,775	210	FMV		GOC & POC
(11) Ctr Comunitario Rvda Ines Figueroa Carr.177 Lomas Verdes San Juan 00936	660561388		20,226		FMV		GOC & POC
(12) Centro Cristiano Hija de Jairo,Inc Carr.748 km2.8 Caimital, Guayama 00784	660529893		35,287	168	FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ctr Cultural y Servicios Cantera C. Santa Elena, Cantera, Santurce 00916	660390654		134,534		FMV		GOC & POC
(2) C. Actividades Multiples Juan Olivos Carr.620 km2.0 Candelaria, Vega Alta	660345980		39,184		FMV		GOC & POC
(3) C. Adiestr. y Servicios Comunit. Sct. Magueyes, Guayama 00785	660391558		49,076	224	FMV		GOC & POC
(4) Ctro. Ayuda Niños Imped 133 C. Dr. Gonzalez Isabela 00662	660443137		40,679		FMV		GOC & POC
(5) Centro Ayuda Social 391 C. Asuncion Pto Nuevo 00916	660394330		51,848	44,502	FMV		GOC & POC
(6) Ctro. Ayuda y Terapia Niño Imped. 133 C. Gonzalez Moca 00676	660479321		66,618	560	FMV		GOC & POC
(7) Ctro. Coameño para la Vejez 28 Bo. Braschi	660312685		10,833	140	FMV		GOC & POC
(8) Cto. Envejecientes Club de Oro Po Box 9176 Caguas 00726	660268890		60,130		FMV		GOC & POC
(9) Ctro. Enseñanza para la Familia Po Box 8052 Humacao 00791	660551278		42,386	280	FMV		GOC & POC
(10) Ctr Intrv e Integr.Paso a Paso Bo. Campo Alegre Hatillo 00659	660590565		20,946		FMV		GOC & POC
(11) Ctro. Orientacion Mujer y Familia 107 Calle Sanchez Cayey 00736	660476498		15,877		FMV		GOC & POC
(12) Ctro. Orientacion y Accion Social C. Teodomiro Ramirez Vega Alta 00692	660556542		20,631	350	FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

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Employer identification number

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) C. Renovación y Desarr. Buen Pastor Carr.1 km24.2 Guaynabo 00725	660576940		15,818	280	FMV		POC
(2) Ctro Respiro y Rehab. San Francisco Carr.715 Km0.7 Cayey 00737	660567316		42,590		FMV		GOC & POC
(3) Ctro. Servicios a la Comunidad Carr.455 Km.27 San Sebastian 00685	660596051		24,583		FMV		GOC & POC
(4) Ctro Servicios Com. Vida Plena Plaza Cupey Gardens San Juan 00926	660559045		42,100		FMV		GOC & POC
(5) Ctro. Servicios Ferran 58 C.A Bda. ferran Ponce 00731	660479776		67,572		FMV		GOC & POC
(6) Centro Del Triunfo Urb. Del Carmen 1020 Rio Piedras 00928	660516904		99,007		FMV		GOC & POC
(7) Ctro Educ Joaquina de Vedruna Carr.1 Ramal 838 Lomas Verdes SJ 00969	660366788		36,847		FMV		GOC & POC
(8) Centro Esperanza PO Box 482 Loiza 00772	660479375		76,652		FMV		GOC & POC
(9) Centro ESPIBI Mayaguez PR 00681	660395415		49,768	420	FMV		GOC & POC
(10) Ctro Geriatrico La Milagrosa Carr.349 Km.3.3 Mayaguez 00681	660310437		18,663	420	FMV		GOC & POC
(11) Ctro Geriatrico El Remanso Carr.862 Los Frailes Bayamón 00956	660379774		35,591	770	FMV		GOC & POC
(12) Ctro Madre Dominga Casa Belén C. Andino #3627 San Jorge	660590720		9,648		FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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OMB No 1545-0047

2010

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Employer identification number

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(1) Centro Margarita Carr.172 km9.1 Cidra 00739	660366245		73,359		FMV		GOC & POC
(2) Centro Mujer y Nueva Familia Calle Luis Muñoz Rivera #41	660556097		5,348		FMV		GOC & POC
(3) Centro Nuevos Horizontes Lomas verdes 3M-20 Ave Laurel Bayamón	660445431		45,386		FMV		GOC & POC
(4) Ctro El Nuevo Hogar Sector Olimpia Adjuntas 00601	660423758		20,096		FMV		GOC & POC
(5) Ctro Providencia Apart 482 Loiza 00772	660313509		50,190	556	FMV		GOC & POC
(6) Centro Ramon Frade Res Benigno Fdez Cayey 00736	660430105		41,877		FMV		GOC & POC
(7) Centro Renacer Carr.834 km4.2 Las Parcelas Guaynabo 009	660419857		36,903	1,088	FMV		GOC & POC
(8) Centro San Francisco, Inc 105 Calle3 Tamarindo, Ponce 00732	660407440		70,650		FMV		GOC & POC
(9) Centro Santa Luisa 842 km1.9 Caimito Rio Piedras 00928	660311358		31,598		FMV		GOC & POC
(10) Centros Sor Isolina Ferre 842 km1.9 Caimito Rio Piedras 00734	660277396		196,855	280	FMV		GOC & POC
(11) Christian Community Center 842 km1.1 y 2.6 Caimito 00929	660429449		14,805		FMV		GOC & POC
(12) CODERI El Cerezal 1628 San Juan 00926	660505420		48,099		FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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OMB No 1545-0047

2010

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Employer identification number

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(1) Colegio San Gabriel PO Box 360347 San Juan 00936	660035515		58,388		FMV		GOC & POC
(2) Comite Gericultura Guayama, Inc Calle Hostos Guayama 00785	660312684		37,193		FMV		GOC & POC
(3) Concilio Caribe de Niñas Escuchas 500 Calle Elisa Colberg San Juan 00907	660200470		53,713		FMV		GOC & POC
(4) Concilio de la Comunidad Res Llorens Torres San Juan 00913	660439370		23,968	280	FMV		GOC & POC
(5) Consejo Renal de PR 117 Eleonor Roosevelt San Juan 00918	660408212		49,060		FMV		GOC & POC
(6) Corp. Milagros de Amor, Inc 78 Gautier Benitez Caguas 00726	660528522		31,973	420	FMV		GOC & POC
(7) CREARTE PO Box 190969 San Juan 00919	660585251		45,766		FMV		GOC & POC
(8) Cruz Roja Americana Centro Medico Río Piedras 00902	660188842		170,590		FMV		GOC & POC
(9) Cuerpo Voluntarios Serv Med. Emerg Urb Hatillo del Mar Hatillo 00659	660466944		27,120		FMV		POC
(10) El Hogar del Niño 176 km 4.2 Cupey Alto, San Juan 00926	660202913		18,667	280	FMV		GOC & POC
(11) Esperanza para la Vejez Lomas Verdes 26-1 Bayamon 00956	660268234		68,402	41,657	FMV		GOC & POC
(12) Forjando un Nuevo Comienzo 169 km 4.5 Los Frailes Guaynabo	660592098		13,987		FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Fund Acción Social Refugio Eterno PO Box 8388 Bayamon 00960	660520354		21,130	168	FMV		GOC & POC
(2) Fundacion DAR, Inc PO Box 360648 San Juan 00936	660450481		57,875		FMV		GOC & POC
(3) Fund. García Rinaldi, Inc Ave Fdez Juncos 1413 San Juan 00910	660491622		28,207		FMV		GOC & POC
(4) Fund Hogar Niñito Jesus Po Box 192503 San Juan 00919	660470896		-12,797	420	FMV		GOC & POC
(5) Fund Puertorriquena del Riñon Edif Norte 714 65 Infanteria	660480279		9,478		FMV		GOC
(6) Golf para Todos #264 Suite 11 Ave Matadero San Juan	660276473		15,000		FMV		GOC
(7) Hogar Portal de Amor PO Box 1375 San German 00683	660469637		15,820		FMV		GOC & POC
(8) Hogar Albergue Niños Maltratados PO Box 1147 Mayaguez PR 00681	660476875		59,003	196	FMV		GOC & POC
(9) Hogar Colegio La Milagrosa 987 Ave Francisco Jimenez Gonzalez	660320329		-99	194	FMV		GOC & POC
(10) Hogar Cuna San Cristobal, Inc Carr.1 km24.7 Caguas 00725	660479465		24,882	280	FMV		GOC & POC
(11) Hogar Ancianos San Vicente de Paul Car645 Bo Almirante Sur Vega Baja 00694	660393318		55,866	224	FMV		GOC & POC
(12) Hogar de Ayuda El Refugio, Inc 17-A Ponce De Leon Guaynabo 00936	660477909		50,382	1,352	FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Hogar del Niño El Ave María Car.861 km2 Pajaro Americ Bayamón 00960	660530257		11,644	2,717	FMV		GOC & POC
(2) Hogar Envej Irma Fe Pol Mendez 50 C. Albizu Campos Lares 00669	660450949		22,361	8,379	FMV		GOC & POC
(3) Hogar Escuela Sor Maria Rafaela Carr.871 Hato Tejas Bayamon 00960	660289568		108,425	987	FMV		GOC & POC
(4) Hogar Fatima C.Esteban Cruz Cerro Gordo Bayamon00958	660319405		108,287	539	FMV		GOC & POC
(5) Hogar Forjadores de Esperanza C.862 km0.6 Pajaro Americ Bayamon 00959	660481158		48,617	847	FMV		GOC & POC
(6) Hogar Infantil Jesus Nazareno Carr.113 Noil Estrada 384 Isabela 00662	660440089		28,929		FMV		GOC & POC
(7) Hogar Inf. Sta Teresita Niño Jesus PO Box 140057 Arecibo 00614	660514199		24,273		FMV		GOC & POC
(8) Hogar La Piedad Apart 6300 Caguas 00726	660264286		14,547	1,465	FMV		GOC & POC
(9) Hogar Nva Mujer Sta Maria Merced PO Box 370927 Cayey 00737	660470812		52,613	280	FMV		GOC & POC
(10) Hogar Paz de Cristo Llanos del Sur 47-747 Ponce 00780	660360384		33,446		FMV		GOC & POC
(11) Hogar Posada La Victoria Carr.165 km4 #52 Bo Galateo Toa Alta	660448888		2,979	1,057	FMV		GOC & POC
(12) Hogar Ruth Carr.2 Km0.29 Vega Alta 00692	660413881		14,591	2,594	FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

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

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(1) Hogar Sta Maria de los Angeles 352 San Claudio St.304 San Juan 00926	660558775		33,477		FMV		GOC & POC
(2) Hogar Sta Maria Eufrasia Carr.651 10 Sector Juncos	660447891		10,832	1,772	FMV		GOC & POC
(3) Hogar Santisima Trinidad C.861 km7.2 Villas Toa Toa Alta 00960	660530256		27,778	4,994	FMV		GOC & POC
(4) Hogares Rafaela Ybarra 432 Torrelaguna San Jose,San Juan 00923	660353899		114,807	280	FMV		GOC & POC
(5) Hogares Teresa Toda PO Box 868 Canovanas PR 00729	660488810		42,163		FMV		GOC & POC
(6) Iniciativa Comunit. de Investig 61 Quisqueya Hato Rey 00936	660483960		76,598		FMV		GOC & POC
(7) Inst for Indiv, Group & Org. Develop 51 Santiago Norte Gurabo 00778	660481394		22,267		FMV		GOC & POC
(8) Inst Orientacion y Terapia Famil Plza San Gautier Bntz Caguas 00726	660307031		89,426		FMV		GOC & POC
(9) Inst Hogar Celia Y Harry Bunker Hyde Park 154 Rio Piedras 00928	660215050		58,701		FMV		GOC & POC
(10) Inst Esp Desarr. Integr. Indiv. Esperanza C.4 Guanica 00653	660515687		60,362		FMV		GOC & POC
(11) Inst Esp Desarr. Integr. Indiv C.128 428 Indiera Alta Maricao 00606	660515689		72,908		FMV		GOC & POC
(12) Inst Esp Desarr Integr Indiv 66 Madre Dominga C.3372 Yauco 00698	660508696		74,993		FMV		GOc & POC

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

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SCHEDULE I (Form 990)

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(1) Inst Pre Vocacional E Indust. PO Box 1800 Arecibo PR 00613	660422142		35,425	840	FMV		GOC & POC
(2) Inst Psicopedagogico de PR Carr.2 km8.5 Bayamon 00936	660196040		63,528		FMV		GOC & POC
(3) Instituto Santa Ana C.5516B km0.2 El Desvio Adjuntas 00601	660439236		74,223	280	FMV		GOC & POC
(4) Jovenes de PR en Riesgo 3071 Alejandrino PMB 164 Guaynabo 00969	660491142		20,555		FMV		GOC & POC
(5) Juan Domingo en Accion 55 C.Robles Guaynabo 00966	660394776		29,773		FMV		GOC & POC
(6) La Casa de Todos HC1 Box 6128 Juncos 00777	660425468		18,068	324	FMV		GOC & POC
(7) La Fondita de Jesus 704Monserrate Fdz Juncos Santurce 00910	660426787		45,007		FMV		GOC & POC
(8) Madres de Desamparados San Jose X-19 Villa Caparra Guaynabo	660376248		38,389		FMV		GOC & POC
(9) Make a Wish Foundation PR Ste 112 MSC 476 San Juan 00926	660481941		15,650		FMV		GOC & POC
(10) Ministerio Ayuda al Necesitado C.Angel Celestino San Jose #62	660506917		8,610	663	FMV		GOC & POC
(11) Mision Rescate Carr.104 km2.7 Algarrobos Mayaguez00681	660359707		42,674	16,653	FMV		GOc & POC
(12) Movim. Alcance de Vida Indep(Mavi) Ave Barbosa 404-B Hato Rey 00928	660446732		18,102		FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ofic Promocion Y Desarr Humano PO Box 353 Arecibo 00613	660508486		49,949		FMV		GOC & POC
(2) Olimpiadas Especiales Villa Nevares 1098 C.13 Rio Piedras	660394391		4,935		FMV		GOC & POC
(3) Politecnico Amigo 960 Refugio Miramar Santurce 00908	660576367		59,717	280	FMV		GOC & POC
(4) PR Down Syndrome Foundation C.199 km17.7 Las Cumbres Guaynabo 00919	660480413		14,038	420	FMV		GOC & POC
(5) Prog de Apoyo y Enlace Comun PO Box 9000 Ste 629 Aguada 00602	660528378		39,413		FMV		GOC & POC
(6) Prog Educacion Comunal (PECES) 106 C.11 Parc.Viejas Pta Santiago 00741	660444454		53,250		FMV		GOC & POC
(7) Prog Adolesc de Naranjito PO Box 891 Naranjito 00719	660459355		41,335		FMV		GOC & POC
(8) Proyecto La Nueva Esperanza PO Box 603 San Antonio, Aguadilla 00690	660565478		10,134		FMV		GOC
(9) Puertas Esperanza Manati 14 C.Ramos Vilez Manati 00674	660573064		23,791		FMV		GOC & POC
(10) PR Center for Social Concerns 1000 Prof Ofc Park 400 SJ 00936	660581982		15,780		FMV		GOC
(11) San Jorge Childrens Foundation 268 C.San Jorge Santurce 00911	660531105		-16,720	2,008	FMV		GOC & POC
(12) Second Harvest of PR Urb Ind Corujo Hato Tejas Bayamon 00960	660444882		85,245		FMV		GOC & POC

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

3 Enter total number of other organizations . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Servicios Soc.Catolicos Mayaguez C.108 km2.8 Miradero Mayaguez 00681	660407820		88,969	1,120	FMV		GOC & POC
(2) Servicios Soc Catolicos PO Box 8812 Fdz Juncos San Juan 00910	660287035		38,501		FMV		GOC & POC
(3) Soc Americana del Cancer PO Box 366004 San Juan 00936	660321594		107,396	5,758	FMV		GOC & POC
(4) Soc Educacion y Rehabilitacion(SER Perez Morris 500 San Juan 00936	660207947		200,978		FMV		GOC & POC
(5) Soc Pro Niños Sordos de Ponce 1675 Navarra St Urb La Rambla Ponce	660356920		9,868		FMV		GOC & POC
(6) Soc Puertorriquena Epilepsia 1100 C. Ruiz Soler Bayamon 00959	660312587		118,641		FMV		GOC & POC
(7) Taller Salud C.187 km0.7 Mediania Loiza 00772	660494692		45,551		FMV		GOc & POC
(8) Travelers Aid of PR PO Box 38017 Carolina 00937	660226397		36,320		FMV		GOC & POC
(9) YMCA Ponce Sta Maria 7843 Nazaret Ponce 00717	660204831		121,702		FMV		GOC & POC
(10) YMCA San Juan 800 Bvld Los Angeles Santurce 00936	660190784		125,599		FMV		GOC & POC
(11) Hogar Cedrez Villa Rica AP1 Bayamon 00959	660548121			168	FMV		GOc & POC
(12) Hogares CREA Apart 4248 Mayaguez 00681	660314618			5,138	FMV		GOC & POC

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Hogar Luz de Vida Carr108 km7.5 Mayaguez 00680	660645478			840	FMV		GOC & POC
(2) Iglesia Evangelica Faro de Luz PO Box 7163 Mayaguez 00681	660507106			840	FMV		GOC & POC
(3) La Tierra Prometida PO Box 6206 Mayaguez 00680	660716711			840	FMV		GOC & POC
(4) Manitas de Angel PO Box 5057 Caguas 00725	660729287			17,647	FMV		GOC & POC
(5) Proyecto Nacer PO Box 6600 Bayamon 00960	660586241			280	FMV		GOC & POC
(6) Asoc Servicios Sociales Pentecosta Apart 28002 San Juan 00928	660558427			30,394	FMV		GOC & POC
(7) Head Start Episcopal PO Box 5250 Caguas 00726	660484507			2,599	FMV		GOC & POC
(8) Other			4,467	23,531			
(9) Scholarship Iniciative PGA			7,500				
(10) Apoyo Empresarial Peninsula Cantera			-7,415				
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

2010

Open To Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods			32,452	Fair market value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory		10,156 boxes	170,737	Fair market value
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(Hygiene products)		765 boxes	9,323	Fair market value
26	Other ▶(Computers)		12	31,188	Fair market value
27	Other ▶(Financial consultants)			7,700	Fair market value
28	Other ▶(Software)		1	340,571	Fair market value

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

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

Program Services "Success by Six" -

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

Expenses Success by Six: $164,324

Program Services "Gifts in kind and others" - Expenses: $322,025

Expenses Community Impact: $41,478

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

Schedule I Form 990 - Column H

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

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Form 990, Page 6, Part VI

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

Line 7a - For calendar year 2010, there were 43 voting members. Each member in good standing may vote personally or through the Member Delegate in person at all annual and special meetings of Members; and may vote for the proposed candidates for governors of the Board of Governors. Each member shall have one vote.

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

Employer identification number: 66-0269222

Form 990, page 6, Part VI

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Form 990, Page 6, part VI

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

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

Line 19 - Upon request.

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

Form 990, Part XI

Line 5 - Net unrealized gain on investment securities of $303,757.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

COPY

OMB No 1545-1709

▶ File a separate application for each return.

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

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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

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

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

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
GUAYNABO, PR 00966

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

MAY 11 2011

RECEIVED
31520

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 10 or

▶ [ ] tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

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

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

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

4 I request an additional 3-month extension of time until _____, 20____

5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

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

Signature and Verification

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

Signature ▶ _____ Title ▶ CPA Date ▶ 5/11/11