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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, 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) | Room/suite
PO Box 191914

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

D Employer identification number
66-0269222

E Telephone number
787-728-8500

G Gross receipts $ 9,189,064.00

F Name and address of principal officer
SAMUEL GONZALEZ; PO BOX 191914 SAN JUAN PR 00919-1914

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.FONDOSUNIDOS.ORG

K Form of organization: [X] 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 2011 (Part V, line 2a)	5	44
6	Total number of volunteers (estimate if necessary)	6	5090
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.00
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.00

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,404,706.00	8,950,773.00
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,351.00	36,492.00
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	180,352.00	301,804.00
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,655,409.00	9,289,069.00
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,822,794.00	7,535,887.00
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,543,517.00	1,511,717.00
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	878,119.00	1,140,308.00
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,244,430.00	10,187,912.00
19	Revenue less expenses Subtract line 18 from line 12	-589,021.00	-898,843.00

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,441,594.00	14,400,205.00
21	Total liabilities (Part X, line 26)	3,185,558.00	3,131,426.00
22	Net assets or fund balances Subtract line 21 from line 20	12,256,036.00	11,268,779.00

RECEIVED
JUL 06 2012
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SCANNED JUL 27 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 6/26/12

▶ Samuel González President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Karen González	Preparer's signature	Date 6/25/12	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) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

JSA
1E1010 1 000

9-19 2

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 7,535,887.00 including grants of $ 7,535,887.00) (Revenue $ 8,950,773.00)

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 $ 125,610.00 including grants of $ _____) (Revenue $ _____)

INFORMATION AND REFERRALS - 211 OF PUERTO RICO
211 IS AN EASY TO REMEMBER TELEPHONE NUMBER THAT CONNECTS CALLER TO INFORMATION ABOUT CRITICAL HEALTH AND HUMAN SERVICES AVAILABLE IN PUERTO RICO. THIS SERVICE PROVIDES CALLERS WITH INFORMATION ABOUT AND REFERRAL TO HUMAN SERVICES FOR EVERY DAY NEEDS AND IN TIME OF CRISIS.
211 CAN OFFER ACCESS TO THE FOLLOWING TYPES OF SERVICES: BASIC HUMAN NEED RESOURCES, PHYSICAL AND MENTAL HEALTH RESOURCES AND ANY OTHER SERVICES THAT THE PERSON NEED.

4c (Code _____) (Expenses $ 84,415.00 including grants of $ _____) (Revenue $ _____)

VOLUNTEER CENTER - MATCH YOU WITH VOLUNTEER OPPORTUNITIES THAT FIT THE INTEREST, SKILLS, AVAILABILITY AND LOCATION WITH THE NEEDS OF THE NONPROFIT ORGANIZATION. ALSO, PROMOTE THE VOLUNTEER HELP AMONG THE CORPORATIONS THAT SUPPORT THE ANNUAL FUNDRAISING CAMPAIGN. ALSO HAD A PROGRAM CALLED "CLUB ME IMPORTAS TU" THAT DEVELOPS THE LEADERSHIP SKILLS FOR HIGH SCHOOL AND UNIVERSITY STUDENTS.

4d Other program services (Describe in Schedule O)
(Expenses $ 760,272.00 including grants of $) (Revenue $)

4e Total program service expenses ▶ 8,506,184.00

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	44		
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	0.00		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0.00		
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a	0.00		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	0.00		
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	0.00		
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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	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	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N	A
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 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 PDA26 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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		76,053.00		
(2) NINA GIRON, HUMAN RESOURCES DIRECTOR	40	X				X		56,959.00		
(3) CARMEN RODRIGUEZ AGENCY SERVICE DIRECTOR	40	X				X		59,602.00		
(4) ISRAEL FABERLLE VP CAMPAIGN	40	X				X		62,280.00		
(5) JAIME BAHAMUNDI DIR COMMUNICATIONS	40	X				X		61,428.00		
(6) FELIPE BENEDIT DIRECTOR	1	X						0.00		
(7) RAMON M. RUIZ DIRECTOR	1	X		X				0.00		
(8) JULIO BRAVO DIRECTOR	1	X						0.00		
(9) ROBERTO BENGOA DIRECTOR	1	X						0.00		
(10) ANITA BRENNAN DIRECTOR	1	X						0.00		
(11) JORGE M. CAÑELLAS DIRECTOR	1	X						0.00		
(12) MICKEY CARRERO DIRECTOR	1	X						0.00		
(13) LUIS E. GAUTIER LLOVERAS DIRECTOR	1	X						0.00		
(14) HUMBERTO J. COLLADO DIRECTOR	1	X						0.00		

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) RAFAEL LAVIN DIRECTOR	1	X						0.00		
(2) JESUS RICKY LOPEZ DIRECTOR	1	X						0.00		
(3) NESTOR ORTIZ DE HOYOS DIRECTOR	1	X						0.00		
(4) JOSE RODRIGUEZ BARCELO DIRECTOR	1	X		X				0.00		
(5) LUIS R. MARTI DIRECTOR	1	X						0.00		
(6) GUILLERMO MARRERO DIRECTOR	1	X						0.00		
(7) RUBEN MEDINA DIRECTOR	1	X		X				0.00		
(8) ORLANDO MERCADO DIRECTOR	1	X						0.00		
(9) SALVATORE NOLFO DIRECTOR	1	X						0.00		
(10) MIGUEL PEREIRA DIRECTOR	1	X						0.00		
(11) FELIX PEREZ DIRECTOR	1	X						0.00		
(12) LIZZIE PEREZ DIRECTOR	1	X		X				0.00		
(13) OSCAR PEREZ ZABALA DIRECTOR	1	X						0.00		
(14) JOHN RAEVIS DIRECTOR	1	X						0.00		

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) JUAN COLON DIRECTOR	1	X						0.00		
(16) JOSE JUAN DAVILA DIRECTOR	1	X						0.00		
(17) HILARY A. HATTLER DIRECTOR	1	X						0.00		
(18) EDGARDO FABREGAS DIRECTOR	1	X						0.00		
(19) GISELA FELICIANO DIRECTOR	1	X						0.00		
(20) JAIME FIGUEROA DIRECTOR	1	X						0.00		
(21) ERASTO FREYTES DIRECTOR	1	X						0.00		
(22) ARTURO J. GARCIA SOLA DIRECTOR	1	X						0.00		
(23) MARIA DEL ROSARIO GONZALEZ DIRECTOR	1	X						0.00		
(24) SAMUEL GONZALEZ PRESIDENT AND CEO	1	X		X	X	X		132,114.00		
(25) JORGE HERNANDEZ DIRECTOR	1	X						0.00		
1b Sub-total ▶								132,114.00		
c Total from continuation sheets to Part VII, Section A ▶								316,322.00		
d Total (add lines 1b and 1c) ▶								448,436.00		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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 Report compensation for the calendar year ending with or within the organization's tax year

(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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) DARIO RIVERA CARRASQUILLO DIRECTOR	1	X						0.00		
(16) GRACE RODRIGUEZ DIRECTOR	1	X						0.00		
(17) MARIBEL RODRIGUEZ DIRECTOR	1	X						0.00		
(18) MELBA ACOSTA FEBO DIRECTOR	1	X						0.00		
(19) LESLIE HUFSTETLER DIRECTOR	1	X						0.00		
(20) HECTOR TOTTI DIRECTOR	1	X						0.00		
(21) MIGUEL VENTA DIRECTOR	1	X						0.00		
(22) JOSE J. VILLAMIL DIRECTOR	1	X						0.00		
(23) CLEBER VOELZKE DIRECTOR	1	X						0.00		
(24)										
(25)										
1b Sub-total ▶										
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 of 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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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	744,787.00			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,205,986.00			
	g Noncash contributions included in lines 1a-1f $ 367,864.00					
	h **Total.** Add lines 1a-1f		8,950,773.00			
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)		36,492.00	36,492.00		
	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 SPECIAL EVENTS		301,804.00	301,804.00		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		301,804.00			
	12 **Total revenue.** See instructions		9,289,069.00	338,296.00		

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)

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

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 United States See Part IV, line 21	7,535,887.00	7,535,887.00		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	448,437.00	59,603.00	326,554.00	62,280.00
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	804,500.00	243,356.00	179,138.00	382,006.00
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,875.00	5,701.00	7,028.00	4,146.00
9 Other employee benefits	121,286.00	41,858.00	42,424.00	37,004.00
10 Payroll taxes	120,619.00	31,505.00	46,237.00	42,877.00
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	93,688.00	44,508.00	38,900.00	10,280.00
12 Advertising and promotion	99,545.00	980.00	1,154.00	97,411.00
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	35,952.00	12,583.00	10,426.00	12,943.00
17 Travel	63,941.00	12,104.00	13,070.00	38,767.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,684.00			2,684.00
20 Interest				
21 Payments to affiliates	86,063.00	30,122.00	24,958.00	30,983.00
22 Depreciation, depletion, and amortization	188,655.00	66,029.00	54,710.00	67,916.00
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Volunteer, community and agency	364,625.00	362,098.00	1,978.00	549.00
b Utilities and insurance	101,661.00	33,931.00	30,281.00	37,449.00
c Supplies, postage and shipping	18,815.00	5,107.00	6,215.00	7,493.00
d Equipment rental and maintenance	49,880.00	17,560.00	14,426.00	17,894.00
e All other expenses	34,799.00	3,252.00	11,944.00	19,603.00
25 **Total functional expenses.** Add lines 1 through 24e	10,187,912.00	8,506,184.00	809,443.00	872,285.00
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,671,768.00	1	2,271,526.00
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		7,742,829.00	3	7,341,001.00
	4	Accounts receivable, net		171,163.00	4	80,868.00
	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 3,458,597.00			
	b	Less accumulated depreciation	10b 2,174,473.00	1,320,736.00	10c	1,284,124.00
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		3,442,068.00	12	3,318,418.00
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		93,030.00	15	104,268.00
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,441,594.00	16	14,400,205.00
Liabilities	17	Accounts payable and accrued expenses		262,243.00	17	226,182.00
	18	Grants payable		2,921,792.00	18	2,904,643.00
	19	Deferred revenue		1,523.00	19	601.00
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		3,185,558.00	26	3,131,426.00
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,505,912.00	27	3,390,176.00
	28	Temporarily restricted net assets		7,750,124.00	28	7,878,603.00
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,256,036.00	33	11,268,779.00
	34	Total liabilities and net assets/fund balances		15,441,594.00	34	14,400,205.00

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	9,289,069.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,187,912.00
3	Revenue less expenses Subtract line 2 from line 1	3	-898,843.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,256,036.00
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-88,414.00
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	11,268,779.00

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

2011

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									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,855,917	8,348,334	8,853,025	8,404,706	8,950,773	46,412,755
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	11,855,917	8,348,334	8,853,025	8,404,706	8,950,773	46,412,755
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						46,412,755

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	11,855,917	8,348,334	8,853,025	8,404,706	8,950,773	46,412,755
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98,372	83,905	70,725	70,351	36,492	359,845
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	301,804.00	1,907,426
11 **Total support.** Add lines 7 through 10						48,680,026

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 2011 (line 6, column (f) divided by line 11, column (f))	14	95.3425%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	95.6414%

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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, and 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

2011

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 35c (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 . . . . . ▶ $ 0.00

3 Volunteer hours . . . . .

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

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

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

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 . . . . . ▶ $ 0.00

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	0.00	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(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?		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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." N/A

1	Dues, assessments and similar amounts from members	1	0.00
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, Part II-A, and Part II-B, line 1 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	0.00	
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 section 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

(i) Revenues included in Form 990, Part VIII, line 1 N/A ▶ $ 0.00

(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

N/A

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

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		250,007.00		250,007.00
b Buildings		1,929,430.00	1,167,478.00	761,951.00
c Leasehold improvements				
d Equipment		1,279,160.00	1,006,994.00	272,166.00
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,284,124.00

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	1,207,018.00	COST
(B) EQUITY MUTUAL FUND	2,111,400.00	FAIR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	3,318,418.00	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(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	70,156.00
(2) OTHER ASSETS	34,112.00
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	104,268.00

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

1. (a) Description of liability	(b) Book value
(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	9,289,069.00
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,187,912.00
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-898,843.00
4	Net unrealized gains (losses) on investments	4	-88,414.00
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	-88,414.00
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-987,257.00

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

1	Total revenue, gains, and other support per audited financial statements			1	9,200,655.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-88,414.00		
e	Add lines **2a** through **2d**			2e	-88,414.00
3	Subtract line **2e** from line **1**			3	9,289,069.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	9,289,069.00

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

1	Total expenses and losses per audited financial statements			1	10,187,912.00
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	10,187,912.00
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	10,187,912.00

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

UNREALIZED LOSS ON INVESTMENTS SECURITIES ($88,414).

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

2011

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	660264286		35,082.00		FMV		GOC & POC
(2) Asamblea Familiar Virgilio Davila PMS 113 PO Box 607061 Bayamon PR 00960	660487112		58,405.00		FMV		GOC & POC
(3) Asesores Financieros Comunitarios PO Box 192726 San Juan PR 00919-2726	660704758		26,696.00	7,700.00	FMV		GOC & POC
(4) Asoc. de Alzheimer Ed. La Electronica 1608 Ofic 319	660472045		-13,070.00		FMV		GOC
(5) Asoc. Espina Bifida e Hidrocefalia PO Box 8262 Bayamon PR 00960-8032	660423348		39,333.00		FMV		GOC & POC
(6) Asoc. de Personas con Impedimentos ClaudetteToro C.Dr.Veve San German00683	660374268		39,237.00		FMV		GOC & POC
(7) Asoc. Educ. Pro Desarrollo Culebra PO Box 477 Culebra PR 00775-0477	660421458		38,932.00		FMV		GOC & POC
(8) Asoc Mayaguezana Personas Impedim. PO Box 745 Mayaguez PR 00681	660406690		46,056.00		FMV		GOC & POC
(9) Asoc Pro Ciudadano Imped. 28 Calle Betances Sabana Grande PR 00637	660386413		22,906.00		FMV		POC
(10) Asoc Pro Juventud Bo. Palmas PO Box 63476 Cataño, PR 00963-0476	660406990		113,549.00		FMV		GOC & POC
(11) Asoc Puertorriquena de Diabetes 1452 Ave Manuel Fdz Juncos San Juan	660442165		-6,484.00		FMV		GOC
(12) Banco de Alimentos de PR Indst Corujo #9 Hato Tejas Bayamon00960	660444882		87,311.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 112

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 143

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

2011

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		38,123.00		FMV		GOC & POC
(2) Boys'and Girls'Club of PR Res, Las Margaritas Santurce PR 00984	660327580		109,772.00		FMV		GOC & POC
(3) Boys Scouts of America Ed.Boy Scouts Los Frailes Guaynabo00936	660201809		87,909.00		FMV		GOC & POC
(4) Caribe Girl Scouts Council 500 C.Colberg San Juan PR 00907	660200470		54,640.00		FMV		GOC & POC
(5) Caritas de Puerto Rico PO Box 8812 Fdz Juncos San Juan 00910	660287035		35,924.00		FMV		GOC & POC
(6) Casa de la Bondad MSC 406 PO Box 890 Humacao PR 00792	660502690		41,893.00		FMV		GOC & POC
(7) Casa de Niños Manuel Fdz Juncos C.Villa Verde Esq Refugio Miramar 00907	660191953		72,668.00		FMV		GOC & POC
(8) Casa del Peregrino PO Box 3837 Aguadilla PR 00605	660541904		21,484.00		FMV		GOC & POC
(9) Casa Juan Bosco, Inc. La Joya 107C.San Carlos Aguadilla 00605	662540316		34,549.00		FMV		GOC & POC
(10) Casa La Providencia C.2 Parcelas Suarez 175 Loiza 00902	660276597		131,340.00		FMV		GOC & POC
(11) Casa Pensamiento Mujer del Centro 57 C. Degetau Norte Aibonito 00705	660462822		70,960.00		FMV		GOC & POC
(12) Casa Protegida Julia De Burgos Las Palmas Pda 20 San Juan PR 00936	660387659		12,624.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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) Centro Ayuda Niños con Imped.Ayani 133 C. Dr. Gonzalez Isabela 00662	660443137		66,754.00		FMV		GOC & POC
(2) Ctro. Coameño para la Vejez 28 Bo. Braschi	660312685		10,648.00		FMV		GOC & POC
(3) Ctr Comunitario Rvda Ines Figueroa Carr. 177 Lomas Verdes San Juan 00936	660561388		21,477.00		FMV		GOC & POC
(4) Ctr Cristiano Hija de Jairo Carr. 748 km2.8 Caimital,Guayama 00784	660529893		35,820.00		FMV		GOC & POC
(5) Ctr Cultural y Servicios Cantera 2406 Sta Elena, Cantera, Santurce 00916	660390654		125,548.00		FMV		GOC & POC
(6) C. Adiestr. y Servicios Comunit. 59C.J.Marma Sct. Magueyes Guayama 00784	660391558		51,217.00		FMV		GOC & POC
(7) Centro de Ayuda Social 391 C. Asuncion Pto Nuevo 00916	660394330		49,288.00	924.00	FMV		GOC & POC
(8) Ctr. Ayuda y Terapia Niño Imped. 133 C. Gonzalez Moca 00676	660479321		37,230.00		FMV		GOC & POC
(9) Ctro Enseñanza para la Familia PO Box 8052 Humacao 00791	660551278		90,834.00		FMV		GOC & POC
(10) Ctr. Envejecientes Club de Oro PO Box 9176 Caguas 00726	660268890		62,630.00		FMV		GOC & POC
(11) Ctr Envejec. Hogar Paz de Cristo Llanos del Sur47-747Claveles,Ponce00780	660360384		33,124.00		FMV		GOC & POC
(12) Ctr Interv e Integrac Paso a Paso C.129 km8.6 Campo Alegre Hatillo 00659	660590565		20,998.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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

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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) Ctr. Orientacion Mujer y Familia 107 Calle Sanchez Cayey 00736	660476498		6,334.00		FMV		GOC & POC
(2) Ctr. Orientacion y Accion Social C.Teodomiro Ramirez Veja Alta 00692	660556542		20,724.00		FMV		GOC
(3) C.Renovacion y Desarr. Buen Pastor Carr. 1 km24.2 Guaynabo 00725	660576940		15,865.00		FMV		POC
(4) Ctr. Respiro y Rehab.San Francisco Carr. 715 km0.7 Cayey 00737	660567316		42,744.00		FMV		GOC & POC
(5) Ctro Servicios a la Comunidad Carr. 455 km.27 San Sebastian 00685	660596051		25,117.00		FMV		GOC & POC
(6) Ctr. Servicios Comunit. Vida Plena 200 Ste 6 Plaza Cupey Gardens SJ 00926	660559045		41,478.00		FMV		GOC & POC
(7) Centro de Servicios Ferran 58 C.A Bda. Ferran Ponce 00731	660479776		69,840.00		FMV		GOC & POC
(8) Centro del Triunfo Urb. del Carmen 1020 Rio Piedras 00928	660516904		99,907.00		FMV		GOC & POC
(9) C.Educ Esp.y Rehab.Integral-Coderi El Cerezal 1628 San Juan 00926	660505420		50,003.00		FMV		GOC & POC
(10) Ctr. Educativ Joaquina de Vedruna Carr.1 Ramal 838 Lomas Verdes SJ 00969	660366788		37,154.00		FMV		GOC & POC
(11) Ctr. Envejec. Juan de Los Olivos Carr. 620 km2.0 Candelaria Vega Alta	660345980		39,804.00		FMV		GOC & POC
(12) Centro Esperanza PO Box 482 Loiza 00772	660479375		114,051.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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) Centro Espibi Mayaguez PR 00681-0216	660395415		54,679.00		FMV		GOC & POC
(2) Ctr Geriatrico Carit.La Milagrosa Carr. 349 km 3.3 Mayaguez 00681	660310437		18,855.00		FMV		GOC & POC
(3) Ctr Geriatrico El Remanso Carr. 862 Los Frailes Bayamon 00956	660379774		36,170.00		FMV		GOC & POC
(4) Ctr Madre Dominga Casa Belen C. Andino #3627 San Jorge	660590720		6,261.00		FMV		GOC & POC
(5) Centro Margarita Carr. 172 km9.1 Cidra 00739	660366245		75,613.00		FMV		GOC & POC
(6) Centro Mujer y Nueva Familia Calle Luis Muñoz Rivera #41	660556097		395.00		FMV		GOC & POC
(7) Centro Nuevos Horizontes Lomas Verdes 3M-20 Ave Laurel Bayamon	660445431		47,254.00		FMV		GOC & POC
(8) Ctr para Niños El Nuevo Hogar Sector Olimpia Adjuntas 00601	660423758		16,314.00		FMV		GOC & POC
(9) Ct.Providencia Personas Mayor Edad Apart 482 Loiza 00772	660313509		50,058.00		FMV		GOC & POC
(10) Ct.Ramon Frade Personas Mayor Edad Res Benigno Fdez Cayey 00736	660430105		41,878.00		FMV		GOC & POC
(11) Centro Renacer Carr.834 km4.2 Las Parcelas 00970	660419857		37,108.00	270.00	FMV		GOC & POC
(12) Centro San Francisco 105 Calle 3 Tamarindo Ponce 00732	660407440		73,618.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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

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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) Centro Santa Luisa 842 km 1.9 Caimito Rio Piedras 00928	660311358		34,333.00		FMV		GOC & POC
(2) Centro Sor Isolina Ferre 842 km1.9 Caimito Rio Piedras 00734	660277396		350,667.00		FMV		GOC & POC
(3) Christian Community Center 842 km 1.1 y 2.6 Caimito 00929	660429449		15,578.00		FMV		GOC & POC
(4) Colegio San Gabriel PO Box 360347 San Juan 00936	660035515		64,162.00	2,599.00	FMV		GOC & POC
(5) Comite Gericultura Guayama Calle Hostos Guayama 00785	660312684		42,679.00		FMV		GOC & POC
(6) Concilio de la Comunidad Res Llorens Torres San Juan 00913	660439370		24,769.00		FMV		GOC & POC
(7) Consejo Renal de Puerto Rico 117 Eleonor Roosevelt San Juan 00918	660408212		50,384.00		FMV		GOC & POC
(8) Corp Milagros de Amor 78 Gautier Benitez Caguas 00726	660528522		30,918.00		FMV		GOC & POC
(9) Crearte, Inc PO Box 190969 San Juan 00919	660585251		45,279.00		FMV		GOC & POC
(10) Cruz Roja Americana Cap. de PR Centro Medico Rio Piedras 00902	660188842		167,253.00		FMV		GOC & POC
(11) Cuerpo Voluntarios Serv Med Emerg Urb Hatillo del Mar Hatillo 00659	660466944		27,336.00		FMV		POC
(12) El Hogar del Niño 176 km 4.2 Cupey Alto San Juan 00926	660202913		25,941.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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Name of the organization

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66-0269222

Part I General Information on Grants and Assistance

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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) Esperanza para la Vejez - Hope Lomas Verdes 26-1 Bayamon 00956	660268234		72,021.00		FMV		GOC & POC
(2) Forjando un Nuevo Comienzo 169 km 4.5 Los Frailes Guaynabo	660592098		13,275.00		FMV		GOC & POC
(3) Fund Accion Social Refugio Eterno PO Box 8388 Bayamon 00960	660520354		21,259.00		FMV		GOC & POC
(4) Fundacion Dar PO Box 360648 San Juan 00936	660450481		57,715.00		FMV		GOC & POC
(5) Fundacion Dr. Garcia Rinaldi Ave Fdz Juncos 1413 San Juan 00910	660491622		28,487.00		FMV		GOC & POC
(6) Fundacion Hogar Niñito Jesus PO Box 192503 San Juan 00919	660478096		-1,161.00		FMV		GOC & POC
(7) Fund. Puertorriqueña del Riñon Edif Norte 714 65 Infanteia	660480279		7,335.00		FMV		GOC
(8) Fund. Puertorriqueña Sindrome Down Crr199km17.7 Medical Mall Guaynabo00919	660480413		14,539.00		FMV		GOC & POC
(9) Hogar Portal de Amor Po Box 1375 San German 00683	660469637		10,467.00		FMV		GOC & POC
(10) Hogar Albrg Niños Jesus Nazaret PO Box 1147 Mayaguez PR 00681	660476875		48,183.00		FMV		GOC & POC
(11) Hogar Colegio La Milagrosa 987 Ave Francisco Jimenez Gonzalez	660320329		6,245.00		FMV		GOC & POC
(12) Hogar Cuna San Cristobal Carr.1 km 24.7 Caguas 00725	660479465		17,585.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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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2011

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Name of the organization

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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) Hogar Ancianos San Vicente de Paul Car645 Bo Almirante Sur Vega Baja 00694	660393318		57,577.00	400.00	FMV		GOC & POC
(2) Hogar de Ayuda El Refugio 17-A Ponce de Leon Guaynabo 00936	660477909		51,771.00	465.00	FMV		GOC & POC
(3) Hogar Forjadores de Esperanza C.862 km0.6 Pajaro Americ Bayamon 00959	660481158		46,590.00		FMV		GOC & POC
(4) Hogar del Niño El Ave Maria Car.861 km2 Pajaro Americ Bayamon 00960	660530257		5,807.00		FMV		GOC & POC
(5) Hogar Escuela Sor Maria Rafaela Carr.871 Hato Tejas Bayamon 00960	660289568		107,733.00		FMV		GOC & POC
(6) Hogar Fatima C.Esteban Cruz Cerro Gordo 00958	660319405		106,034.00		FMV		GOC & POC
(7) Hogar Infantil Jesus Nazareno Carr.113 Noel Estrada 384 Isabela 00662	660440089		31,996.00		FMV		GOC & POC
(8) Hogar Inf.Sta Teresita Niño Jesus PO Box 140057 Arecibo 00614	660514199		22,051.00	2,599.00	FMV		GOC & POC
(9) Hogar Irma Fe Pol 50 C.Albizu Campos Lares PR 00669	660450949		22,440.00		FMV		GOC & POC
(10) Hogar La Piedad Apart 6300 Caguas 00726	660264286		8,731.00		FMV		GOC & POC
(11) Hogar Nva Mujer Sta Maria Merced PO Box 370927 Cayey 00737	660470812		53,570.00		FMV		GOC & POC
(12) Hogar Posada La Victoria Carr.165 km4 #52 Bo Galateo Toa Alta	660448888		6,154.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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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2011

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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 Ruth Carr.2 km 0.29 Vega Alta 00692	660413881		31,698.00		FMV		GOC & POC
(2) Hogar San Jose de la Montaña X-19 Villa Caparra Guaynabo PR	660376248		40,259.00		FMV		GOC & POC
(3) Hogar Santa Maria de los Angeles 352 San Claudio St 304 San Juan 00926	660558775		34,173.00		FMV		GOC & POC
(4) Hogar Santa Maria Eufrasia Carr. 651 10 Sector Juncos	660447891		7,621.00		FMV		GOC & POC
(5) Hogar Santisima Trinidad C.861 km7.2 Villas Toa Alta 00960	660530256		28,427.00	448.00	FMV		GOC & POC
(6) Hogares Rafaela Ybarra 432 Torrelaguna San Jose San Juan 00923	660353899		120,112.00		FMV		GOC & POC
(7) Hogares Teresa Toda PO Box 868 Canovanas pr 00729	660488810		50,392.00		FMV		GOC & POC
(8) Iniciativa Comunit. de Investig. 61 Quisqueya Hato Rey 00936	660483960		66,736.00		FMV		GOC & POC
(9) Inst for Indiv, Group & Org. Devel 51 Santiago Norte Gurabo 00778	660481394		32,700.00		FMV		GOC & POC
(10) Inst. de Formacion Santa Ana C. 5516B km0.2 El Desvio Adjuntas 00601	660439236		76,731.00		FMV		GOC & POC
(11) Inst Orientacion y Terapia Familia Plz San Gautier Bntz Caguas 00729	660307031		90,024.00		FMV		GOC & POC
(12) Inst Hogar Celia y Harry Bunker Hyde Park 154 Rio Piedras 00928	660215050		42,420.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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) Inst Espec. Desarr. Integ. Indiv. Esperanza C.4 Guanica 00653	660515687		65,738.00		FMV		GOC & POC
(2) Inst Espec. Desarr. Integ. Indiv C.128 428 Indiera Alta Maricao 00606	660515689		73,394.00		FMV		GOC & POC
(3) Inst Espec. Desarr. Integ. Indiv 66 Madre Dominga C.3372 Yauco 00698	660508696		74,854.00		FMV		GOC & POC
(4) Inst. Pre Vocacional E Industr PO Box 1800 Arecibo PR 00613	660422142		35,124.00		FMV		GOC & POC
(5) Inst Psicopedagogico de PR Carr.2 km8.5 Bayamon 00936	660196040		61,242.00		FMV		GOC & POC
(6) Jovenes de PR en Riesgo 3071 Alejandrino PMB 164 Guaynabo 00969	660491142		23,325.00		FMV		GOC & POC
(7) Juan Domingo en Accion 55 c. Robles Guaynabo 00966	660394776		29,770.00		FMV		GOC & POC
(8) La Casa de Todos HC 1 Box 6128 Juncos 00777	660425468		17,369.00	2,599.00	FMV		GOC & POC
(9) la Fondita de Jesus 704Monserrate Fdz Juncos Santurce 00910	660426787		52,092.00		FMV		GOC & POC
(10) Make A Wish Foundation Ste 112 Msc 476 San Juan 00926	660481941		20,562.00		FMV		GOC & POC
(11) Ministerio Ayuda al Necesitado C. Angel Celestino San Jose # 62	660506917		8,997.00	450.00	FMV		GOC & POC
(12) Mision Rescate Carr. 104 km2.7 Algarrobos Mayaguez 0068	660359707		43,635.00		FMV		GOC & POC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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) Movim.Alcance de Vida Indep.Mavi Ave Barbosa 404-B Hato Rey 00928	660446732		21,258.00		FMV		GOC & POC
(2) Nuestra Escuela	660592559		5,131.00	2,599.00			
(3) Ofic Promocion y Desarr Humano PO Box 353 Arecibo 00613	660508486		50,295.00		FMV		GOC & POC
(4) Politecnico Amigo 960 Refugio Miramar Santurce 00908	660576367		60,322.00		FMV		GOC & POC
(5) Programa de Apoyo y Enlace Comunit PO Box 9000 Ste 629 Aguada 00602	660528378		39,495.00		FMV		GOC & POC
(6) Prog Educacion Comunal (peces) 106 c. 11 Parc.Viejas Pta Santiag 00741	660444454		366,307.00		FMV		GOC & POC
(7) Programa del Adolescente Naranjito PO Box 891 Naranjito 00719	660459355		41,442.00		FMV		GOC & POC
(8) Proyecto La Nueva Esperanza PO Box 603 San Antonio Aguadilla 00690	660565478		11,230.00		FMV		GOC
(9) Puertas de Esperanza de Manati 14 C. Ramos Vilez Manati 00674	660573064		24,055.00		FMV		GOC & POC
(10) PR Ctr for Social Concerns 1000 Prof ofc Park 400 SJ 00936	660581982		16,300.00		FMC		GOC
(11) San Jorge Childrens Foundation 268 C.San Jorge Santurce 00911	660531105		-22,303.00	2,599.00	FMV		GOC & POC
(12) Scholarship Initiative PGA / FUPR			11,000.00				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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) Serv.Sociales Catolicos Mayaguez C.108 km2.8 Miradero Mayaguez 00681	660407820		89,268.00		FMV		GOC & POC
(2) Sociedad Americana del Cancer PR PO Box 366004 San Juan 00936	660321594		104,439.00		FMV		GOC & POC
(3) Soc Educacion y Rehabilitacion SER Perez Morris 500 San Juan 00936	660207947		200,153.00		FMV		GOC & POC
(4) Soc Pro Niños Sordos de PR 1675 Navarra St Urb La Rambla Ponce	660356920		11,093.00		FMV		GOC & POC
(5) Soc Puertorriqueña Epilepsia 1100 C.Ruiz Soler Bayamon 00959	660312587		118,923.00		FMV		GOC & POC
(6) Taller de Salud C. 187 km0.7 Mediania Loiza 00772	660494692		46,005.00		FMV		GOC & POC
(7) Travelers Aid de PR PO Box 38017 Carolina 00937	660226397		37,266.00		FMV		GOC & POC
(8) YMCA Ponce Sta Maria 7843 Nazaret Ponce 00717	660204831		122,405.00		FMV		GOC & POC
(9) YMCA San Juan 800 Blvd Los Angeles Santurce 00936	660190784		126,140.00	2,599.00	FMV		GOC & POC
(10) Big Brother Big Sister of PR			-5,256.00		FMV		
(11) Other			50,342.00	8,527.00	FMV		
(12) Olimpiadas Especiales de PR			-7,012.00		FMV		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

2011

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			3,686.00	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial			191,057.00	FAIR MARKET VALUE
17	Real estate - Other				
18	Collectibles				
19	Food inventory			24,068.00	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(OFFICE EXPENSES)			15,154.00	FAIR MARKET VALUE
26	Other ▶(FINANCIAL CONSULTANTS)			7,700.00	FAIR MARKET VALUE
27	Other ▶(PERSONNEL)			124,549.00	FAIR MARKET VALUE
28	Other ▶(TRAVEL)			1,650.00	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, lines 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both 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

2011

Open to Public Inspection

Name of the organization	Employer identification number
Fondos Unidos de Puerto Rico, Inc.	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: $171,311

PROGRAM SERVICES "GIFTS IN KIND AND OTHERS" - EXPENSES: $277,913

EXPENSES COMMUNITY IMPACT: $311,048

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 DIRECTION OF THE DONOR (S) IN SUPPORT OF ITS GENERAL OPERATING COSTS.

DONOR DESIGNATED FOR DISASTER / EMERGENCY RELIEF (DDD/ER): AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR (S) IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING DISASTER / EMERGENCY RELIEF EFFORTS TO VICTIMS.

SCHEDULE O
(Form 990 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

2011

Open to Public Inspection

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

FORM 990, PAGE 6, PART VI

LINE 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 2011, 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 ORGANIZATON.

THE BOARD OF GOVERNORS, AND THE FINANCE AND AUDIT COMMITTE 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

2011

Open to Public Inspection

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

FORM 990, PAGE 6, PART VI

LINE 12c - NO CONTRACT OR TRANSACTION RELATING TO THE OPERATION 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 LOSS ON INVESTMENT SECURITIES OF $88,414.

Form **8868**
(Rev January 2012)
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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Fondos Unidos de Puerto Rico, Inc.	[ ] 66-0269222
	Number, street, and room or suite no If a P O box, see instructions	Social security number (SSN)
	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) 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	01	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 12, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 11 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**	$
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**	$
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 File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions Fondos Unidos de Puerto Rico, Inc.	Enter filer's identifying number, see instructions Employer identification number (EIN) or ☐ 66-0269222
	Number, street, and room or suite no If a P O box, see instructions PO Box 191914	Social security number (SSN) ☐
	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	01	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 must be completed for Part II only.

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 ▶ 5/10/12