



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 2015, and ending 20

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Fondos Unidos de Puerto Rico, Inc.

Doing business as

Number and street (or P O box if mail is not delivered to street address)

PO Box 191914

City or town, state or province, country, and ZIP or foreign postal code

San Juan, PR 00919-1914

F Name and address of principal officer

SAMUEL GONZALEZ PO BOX 191914 SAN JUAN PR 00919-1914

D Employer identification number

66-0269222

E Telephone number

787-728-8500

G Gross receipts \$ 8,657,147.00

H(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☒

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

H(c) Group exemption number

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

J Website: WWW.FONDOSUNIDOS.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation 1967 M State of legal domicile PR

Part I Summary

1 Briefly describe the organization's mission or most significant activities RAISE FUNDS IN ANNUAL CAMPAIGN 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 45

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 44

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 51

6 Total number of volunteers (estimate if necessary) 6 7620

7a Total unrelated business revenue from Part VIII, column (A), line 12 7a

b Net unrelated business taxable income from Form 990-T, line 34 7b

8 Contributions and grants (Part VIII, line 1h) 8,840,643.00

9 Program service revenue (Part VIII, line 2g) 0.00

10 Investment income (Part VIII, column (A), lines 3, 4, and 5) 101,507.00 89,369.00

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 313,980.00 311,945.00

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,256,130.00 8,657,147.00

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,397,668.00 6,573,808.00

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) 1,780,158.00 1,819,031.00

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) 848,788.00 824,041.00

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,026,614.00 9,216,880.00

19 Revenue less expenses Subtract line 18 from line 12 -770,484.00 -559,733.00

20 Total assets (Part X, line 16) Beginning of Current Year 12,982,850.00 End of Year 12,312,220.00

21 Total liabilities (Part X, line 26) 2,917,858.00 3,011,864.00

22 Net assets or fund balances Subtract line 21 from line 20 10,064,992.00 9,300,356.00

Part II Signature Block

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

Sign Here Signature of officer Samuel Gonzalez Date 6/14/16

Type or print name and title Samuel Gonzalez - Presidente & CEO

Paid Preparer Use Only Print/Type preparer's name KAREN GONZALEZ Preparer's signature Date 6/14/16 Check ☐ if self-employed PTIN P0079531

Firm's name FALCON SANCHEZ & ASSOCIATES PSC

Firm's EIN 66-0585022

Firm's address PO BOX 366397 SAN JUAN PR 00936-6397

Phone no 787-273-7979

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 6,573,808.00 including grants of \$ 6,573,808.00) (Revenue \$ 8,255,833.00)
FUNDS DISTRIBUTIONS AND ALLOCATION SERVICES - PAYMENTS TO PARTICIPATING AGENCIES.
GRANTS, CONSIST OF ALLOCATION OF FUNDS COLLECTED THROUGH THE ANNUAL CAMPAIGN IN
PUBLIC AND PRIVATE SECTOR TO MORE THAN 1,000 WELFARE AND HEALTH AGENCIES OF WHICH
114 ARE AFFILIATED TO THE AGENCY, WHICH BENEFIT MORE THAN 800,000 PEOPLE IN PUERTO
RICO

4b (Code _____) (Expenses \$121,983.00 including grants of \$ _____) (Revenue \$ _____)
INFORMATION AND REFERRAL- 211 OF THE PUERTO RICO IS AN EASY TO REMEMBER TELEPHONE
NUMBER THAT CONNECTS CALLER TO INFORMATION ABOUT CRITICAL HEALTH AND HUMAN SERVICES
AVAILABLE IN PUERTO RICO. THIS SERVICES 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 \$ 79,266.00 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 \$ 843,769.00 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 7,618,826.00

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, for escrow or custodial account liability, 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 and XII.	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 and XII 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		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.		X
24a 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 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
25b 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.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		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.		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.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		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.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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.		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.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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.		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.		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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line 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	51
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
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" to line 3b, 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: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</u>		
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 as charitable contributions?	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. Did a donor advised fund maintained by the 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 sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring 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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	N A
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 or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 45 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		
b Enter the number of voting members included in line 1a, above, who are independent 1b 44		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .		X
6 Did the organization have members or stockholders?	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?	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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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? . .	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? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?	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 ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records ►
HEIDI CORTES, LOS ANGELES PDA 261/2 ESQ BOULV SAGRADO CORAZON SJ PR 00909; 787-728-85000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(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		76,576.00		
(2) NINA GIRON HUMAN RESOURCES DIRECTORS	40	X				X		57,492.00		
(3) CARMEN RODRIGUEZ AGENCY SERVICE DIRECTOR	40	X				X		60,013.00		
(4) ISRAEL FABERLE VP CAMPAIGN	40	X				X		72,175.00		
(5) JAIME BAHAMUNDI DIR COMMUNICATIONS	40	X				X		62,700.00		
(6) JOSE CASTRO SEMBRANDO FUTURO DIRECTOR	40	X				X		62,700.00		
(7) PABLO ALMODOVAR DIRECTOR	1	X						0.00		
(8) DAPHNE BARBEITO DIRECTOR	1	X						0.00		
(9) VICTOR BONSEÑOR DIRECTOR	1	X						0.00		
(10) JULIO BRAVO DIRECTOR		X						0.00		
(11) ANITA BRENNAN DIRECTOR	1	X						0.00		
(12) VILMA CARMONA DIRECTOR	1	X						0.00		
(13) MICKEY CARRERO DIRECTOR	1	X						0.00		
(14) JUAN COLON DIRECTOR	1	X						0.00		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(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) EDGARDO R LOPEZ DIRECTOR	1	X						0.00		
(2) ROBERTO MARTINEZ DIRECTOR	1	X						0.00		
(3) GUILLERMO MARRERO DIRECTOR	1	X						0.00		
(4) EDNA MATTEI DIRECTOR	1	X						0.00		
(5) RUBEN MEDINA LUGO DIRECTOR	1	X						0.00		
(6) ROSANA MELENDEZ DIRECTOR	1	X						0.00		
(7) SALVATORE NOLFO DIRECTOR	1	X						0.00		
(8) JOSE ORAMAS DIRECTOR	1	X						0.00		
(9) CARLOS OTERO DIRECTOR	1	X						0.00		
(10) NESTOR ORTIZ DE HOYOS DIRECTOR	1	X						0.00		
(11) CARMELO PADILLA DIRECTOR	1	X						0.00		
(12) ANDRES PEREZ DIRECTOR	1	X						0.00		
(13) LIZZIE PEREZ SECRETARY	1	X						0.00		
(14) DARIO RIVERA DIRECTOR	1	X						0.00		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(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) MIGUEL VENTAS PRESIDENT	1	X						0.00		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JOAQUIN DAVILA DIRECTOR- TREASURER	1	X								
(16) JUAN JOSE DAVILA DIRECTOR	1	X								
(17) LOURDES DE CARDENAS DIRECTOR	1	X								
(18) EDGARDO FABREGAS DIRECTOR	1	X								
(19) MARTIN FRANCO DIRECTOR	1	X								
(20) RAMON FRONTANES DIRECTOR	1	X								
(21) LUIS E GAUTIER LLOVERAS DIRECTOR	1	X								
(22) MARIA DEL ROSARIO FONZALEZ DIRECTOR	1	X								
(23) MARIA ELENA GONZALEZ CALDERON DIRECTOR	1	X								
(24) SAMUEL GONZALEZ PRESIDENT AND CEO FUPR	40	X		X	X	X		142,888.00		
(25) JUAN JOSE JIMENEZ DIRECTOR	1	X								
1b Sub-total								142,888.00		
c Total from continuation sheets to Part VII, Section A								391,656.00		
d Total (add lines 1b and 1c)								534,544.00		

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 ▶

	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
N/A		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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 (list any hours for related organizations below dotted line)	(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) NAYDA RIVERA DIRECTOR		X						0.00		
(16) CARLOS J RIVERA DIRECTOR		X						0.00		
(17) ANNETTE RODRIGUEZ DIRECTOR		X						0.00		
(18) JOSE LUIS RODRIGUEZ DIRECTOR		X						0.00		
(19) JUAN JOSE ROMAN DIRECTOR		X						0.00		
(20) HUMBERTO ROVIRA DIRECTOR		X						0.00		
(21) MANUEL SANCHEZ DIRECTOR		X						0.00		
(22) ROBERTO SANTA MARIA DIRECTOR		X						0.00		
(23) RUDY TORRELLAS DIRECTOR		X						0.00		
(24) RAYMOND TOTTI DIRECTOR		X						0.00		
(25) GERMAN URIBE DIRECTOR		X						0.00		
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 ▶

- | | 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
N/A		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	1,027,376.00			
	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	7,228,457.00			
	g	Noncash contributions included in lines 1a-1f \$	675,179.00			
	h	Total. Add lines 1a-1f ▶	8,255,833.00			
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). ▶	89,369.00	89,366.00		
	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) ▶				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	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 AND OTHER		311,945.00	311,946.00		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶		311,945.00			
12	Total revenue. See instructions ▶		8,657,147.00	401,312.00		

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	6,573,808.00	6,573,808.00		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	534,544.00	122,713.00	339,656.00	72,175.00
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	986,108.00	414,163.00	188,518.00	383,427.00
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,050.00	11,270.00	20,942.00	12,838.00
9 Other employee benefits	109,093.00	34,171.00	41,866.00	33,056.00
10 Payroll taxes	144,236.00	52,355.00	48,327.00	43,554.00
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	117,251.00	70,536.00	43,065.00	3,650.00
12 Advertising and promotion	107,280.00	46,800.00	3,170.00	57,310.00
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	35,953.00	10,427.00	11,864.00	13,662.00
17 Travel	66,396.00	21,254.00	9,594.00	35,548.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,834.00	12,980.00	1,352.00	2,502.00
20 Interest				
21 Payments to affiliates	92,000.00	26,680.00	30,360.00	34,960.00
22 Depreciation, depletion, and amortization	81,641.00	24,004.00	26,789.00	30,848.00
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	118,060.00	115,121.00	2,758.00	181.00
b UTILITIES AND INSURANCE	100,852.00	60,744.00	19,171.00	20,937.00
c SUPPLIES, POSTAGE AND SHIPPING	22,619.00	6,349.00	8,426.00	7,844.00
d EQUIPMENT RENTAL AND MAINTENANCE	36,295.00	9,942.00	13,371.00	12,982.00
e All other expenses	28,860.00	5,509.00	13,400.00	9,951.00
25 Total functional expenses. Add lines 1 through 24e	9,216,880.00	7,618,826.00	822,629.00	775,425.00
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

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	400.00	1	
	2 Savings and temporary cash investments	2,693,497.00	2	2,102,726.00
	3 Pledges and grants receivable, net	6,063,180.00	3	5,900,031.00
	4 Accounts receivable, net	126,384.00	4	276,973.00
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3,667,770.00		
	b Less accumulated depreciation	10b 2,653,069.00	1,021,834.00	10c 1,014,701.00
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,029,487.00	12	2,974,375.00
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	48,068.00	15	43,414.00
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,982,850.00	16	12,312,220.00	
Liabilities	17 Accounts payable and accrued expenses	270,954.00	17	344,823.00
	18 Grants payable	2,329,714.00	18	2,238,001.00
	19 Deferred revenue	317,190.00	19	429,040.00
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	2,917,858.00	26	3,011,864.00
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,392,374.00	27	1,881,013.00
	28 Temporarily restricted net assets	7,672,618.00	28	7,419,343.00
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	10,064,992.00	33	9,300,356.00
	34 Total liabilities and net assets/fund balances	12,982,850.00	34	12,312,220.00

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,657,147.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,216,880.00
3	Revenue less expenses. Subtract line 2 from line 1	3	-559,733.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,064,992.00
5	Net unrealized gains (losses) on investments	5	-204,903.00
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,300,356.00

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a N	A
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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	
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

Form **990** (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,950,773.00	8,384,357.00	8,162,153.00	8,840,643.00	8,255,833.00	42,593,759.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,950,773.00	8,384,357.00	8,162,153.00	8,840,643.00	8,255,833.00	42,593,759.00
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						42,593,759.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8,950,773.00	8,384,357.00	8,162,153.00	8,840,643.00	8,255,833.00	42,593,759.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,492.00	24,370.00	9,586.00	101,507.00	89,369.00	261,324.00
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 VI)						
11 Total support. Add lines 7 through 10						42,855,083.00
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 2015 (line 6, column (f) divided by line 11, column (f))	14	99.3902 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.5077 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2014. 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐	The organization satisfied the Activities Test. Complete line 2 below.	
b ☐	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c ☐	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016 Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization Fondos Unidos de Puerto Rico, Inc.	Employer identification number 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 0

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.00
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.00
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☒ No
- 4a Was a correction made? ☐ Yes ☒ No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 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)				

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

Schedule C (Form 990 or 990-EZ) 2015

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)		N/A													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
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-															
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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					

Schedule C (Form 990 or 990-EZ) 2015

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	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			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		X	

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?	N	A
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N	A
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	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."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

N/A

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

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" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	0.00	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

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

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" on 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions		N/A			
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 on 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

- (i)** unrelated organizations
(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		2,046,720.00	1,385,898.00	660,822.00
c Leasehold improvements				
d Equipment				
e Other		1,371,043.00	1,267,171.00	103,872.00
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,014,701.00

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b 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) EQUITY MUTUAL FUND	2,974,375.00	FAIR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,974,375.00	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED EXPENSES	20,547.00
(2) PREPAID EXPENSES	22,867.00
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	43,414.00

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f 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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,452,244.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-204,903.00
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-204,903.00
3	Subtract line 2e from line 1	3	8,657,147.00
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	8,657,147.00

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,216,880.00
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 XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,216,880.00
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,216,880.00

Part XIII Supplemental Information.

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

UNREALIZED LOSS ON INVESTMENT SECURITIES (\$204,903)

Part XIII Supplemental Information (continued)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**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 Yes ☐ No ☐

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 Pelegrinos, Inc. PO Box 6300 Ponce, PR 00732	660264286		28,704.00	2,327.21	FMV		GOC & POC
(2) Asamblea Familiar Virgilio Dávila PMS 113 PO Box 607061 Bayamón PR 00960	660487112		55,794.00	2,900.95	FMV		GOC & POC
(3) Asesores Financieros Comunitarios PO Box 192726. San Juan PR 00919-2726	660704758		26,712.00		FMV		GOC & POC
(4) Asoc De Alzheimer y Desordenes Rel Edif. La Electrónica. Suite 319 SJ	660472045		6,233.00		FMV		GOC & POC
(5) Asoc Esp Bífida e Hidrocefalia PR PO Box 8262, Bayamón, PR, 00960-8032	660423348		71,264.00	3,014.20	FMV		GOC & POC
(6) Asoc. de Personas con Impedimentos Edif.Claudette Toro, St Dr. Veve SG PR	660374268		45,112.00		FMV		GOC & POC
(7) Asoc.Educ Pro Des Humano de Culebra PO Box 477, Culebra, PR, 00775-0477	660421458		52,430.00	112.98	FMV		GOC & POC
(8) Asoc. Mayagüezana Personas con Impedi PO Box 745, Mayaguez, PR, 00681	660406690		49,358.00	50.20	FMV		GOC & POC
(9) Asoc Pro Ciudadano Impedido Sab.Grande 28 Calle Betances,Sabana Grande, PR	660386413		28,136.00		FMV		POC
(10) Asoc Pro Juventud Barrio Palmas Inc. PO Box 63476 Cataño, PR, 00963-0476	660406990		101,431.00	19,798.52	FMV		GOC & POC
(11) Asociación Puertorriqueña de Diabetes PO Box 190842. San Juan PR 00919-0842	660442165		20,752.00		FMV		GOC & POC
(12) Becas			19,750.00		FMV		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							114
3 Enter total number of other organizations listed in the line 1 table							148

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

66-0269222

OMB No 1545-0047

2015

**Open to Public
Inspection**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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, Inc. PO Box 195678, San Juan, PR, 00919-5678	660493399		45,766.00		FMV		GOC & POC
(2) Boy Scouts of America PR Council, Inc. Edif Boys Scouts Sec Ind Los Frailes Guay	660201809		83,830.00		FMV		GOC & PSF
(3) Boys and Girls Club of PR, Inc. Res. Las Margaritas, Santurce, PR	660327580		94,970.00		FMV		GOC & POC
(4) Cáritas de Puerto Rico PO Box 8812 Fdez Juncos Sta. S. J. PR	660287035		41,356.00	272.94	FMV		GOC & POC
(5) Casa de la Bondad, Inc. MSC 406 PO Box 890, Humacao, PR, 00792	660502690		42,391.00		FMV		GOC & POC
(6) Casa de Niños Manuel Fernandez Juncos ST. Villa Verde Miramar, San Juan, PR	660191953		103,054.00	2,767.11	FMV		GOC & POC
(7) Casa del Peregrino Aguadilla, Inc. PO Box 3837, Aguadilla, PR, 00605	660541904		23,194.00	6,461.80	FMV		GOC & POC
(8) Casa Juan Bosco, Inc. La Joya, 107 Calle San Carlos, Aguadilla,	662540316		41,155.00		FMV		GOC & POC
(9) Casa la Providencia, Inc. St 2 Parcelas Suarez 175, Loiza, PR,	660276597		116,794.00	3,364.57	FMV		GOC & POC
(10) Casa Pensamiento Mujer del Centro Inc 57 Calle Degetau Norte, Aibonito, PR,	660462822		65,092.00		FMV		GOC & POC
(11) Casa Protegida Julia de Burgos, Inc. St. Las Palmas Pda #20 San Juan PR,	660387659		55,330.00		FMV		GOC & POC
(12) Centro Coameño para la Vejez Calle Mario Braschini #28. Coamo PR 00769	660312685		17,094.00		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 ▶

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

Schedule I (Form 990) (2015)

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 Com Rvda Ines J Figueroa Inc Carr. 177 Marginal Ave Lomas Verdes Bay	660561388		22,292.00	371.80	FMV		GOC & POC
(2) Centro Cultural y de Serv. de Cantera 2406 Santa Elena, Pen de Cantera Santurce	660390654		101,875.00	4,165.61	FMV		GOC & POC
(3) Centro de Act Múlt. Juan de los Olivos Carr 620 Km 2 Sector Fatima Bo Candelaria	660345980		39,624.00		FMV		GOC & POC
(4) Centro de Ayuda Niños con Imp(CANII) 133 St. Dr. Gonzalez Isabela PR 00662	660443137		65,092.00		FMV		GOC & POC
(5) Centro de Ayuda Social, Inc. 391 St Asuncion Puerto Nuevo PR 00916	660394330		2,543.00		FMV		GOC & POC
(6) Cent Ayuda y Terapia Niño con Imp(AYANI) 133 St Dr. Gonzalez, Moca, PR, 00676	660479321		65,932.00	7,465.70	FMV		GOC & POC
(7) Centro de Enseñanza para la Familia PO Box 8052 Humacao PR 00791	660551278		18,701.00		FMV		GOC & POC
(8) Centro de Envejecientes Club de Oro PO Box 9176 Caguas PR 00726	660268890		65,013.00		FMV		GOC & POC
(9) Centro de Envej Hogar Paz de Cristo Llanos del Sur 47-747 St Los Claveles	660360384		36,533.00	3,612.70	FMV		GOC & POC
(10) Cent de Int e Integración Paso a Paso Carr 129 Km 8.6 Bo Campo Alegre Hatillo	660590565		21,902.00		FMV		GOC & POC
(11) Centro de Orientación y Acción Social 59 y 60 St. Teodoro Ramirez Vega Alta	660556542		22,292.00		FMV		GOC
(12) Cent de Ren y Des Humano Esp. El Buen Car 1 Km 24.2, Bo Rio Guaynabo Guaynabo	Pastor 660576940		18,580.00	1,839.50	FMV		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	▶						

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

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 ☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) Cen de Respiro y Reh. San Francisco Carr. 715 Km 0.7 Bo Sumido Cayey, PR	660567316		41,356.00		FMV		GOC & POC
(2) Centro de Servicios a la Comunidad Carr 455 Km 27 Bo Cibao San Sebastian	660596051		25,401.00	3,085.71	FMV		GOC & POC
(3) Centro de Servicios Com. Vida Plena 200 Ave Cupey Gard Ste 6W Plaza Cupey Gard	660559045		39,290.00		FMV		GOC & POC
(4) Centro de Servicios Ferrán, Inc. 58 Final Calle A Bda Ferran Ponce PR	660479776		65,092.00	8,890.03	FMV		GOC & POC
(5) Centro del Triunfo Inc (Centro APACEDO) Urb del Carmen 1020 Los Angeles R. Piedras	660516904		90,524.00		FMV		GOC & POC
(6) Centro Educativo Joaquina de Vedruna Carr 1 Ramal 838 Km 3.4 Ave Lomas Verdes	660366788		36,606.00		FMV		GOC & POC
(7) Centro Esperanza, Inc PO Box 482, Loiza, PR, 00772	660479375		73,103.00	5,458.36	FMV		GOC & POC
(8) Centro ESPIBI Mayaguez, PR, 00681-0216	660395415		85,764.00		FMV		GOC & POC
(9) Centro Geriat Caritativo La Milagrosa Carr 349 Km 3.3 Cerro Las Mesas, Mayaguez	660310437		24,032.00	155.56	FMV		GOC & POC
(10) Centro Geriátrico El Remanso, Inc. Carr 862 Km 0.8 Sec Los Frailes Bayamon	660379774		36,892.00	3,208.60	FMV		GOC & POC
(11) Centro Madre Dominga-Casa Belén Urb. San Jorge 3504 St Andino Apt 2 Ponce	660590720		15,608.00		FMV		GOC & POC
(12) Centro Margarita, Inc. Carr 172 Km 9.1 Bo Bayamon Cidra, PR	660366245		76,576.00		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 ►

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 Nuevos Horizontes, Inc. Lomas Verdes 3W-20 Ave. Laurel, Bayamon PR 660445431	660445431		42,880.00		FMV		GOC & POC
(2) Centro para Niños El Nuevo Hogar Sector Olimpia, Adjuntas, PR, 00601	660423758		38,076.00	1,039.35	FMV		GOC & POC
(3) Centro Prov para Personas de Mayor Edad Apartado 482 Loiza PR 00772	660313509		53,997.00	900.88	FMV		GOC & POC
(4) Cent Ramón Frade Personas Mayor Edad Centro Com Res Benigno Fdez Garcia Cayey	660430105		40,668.00		FMV		GOC & POC
(5) Centro Renacer, Inc Carr 834 Km 4.2 Sec Las Parcelas Guaynabo	660419857		37,765.00	4,435.74	FMV		GOC & POC
(6) Centro San Francisco, Inc 105 Calle 3, Bo. Tamarindo, Ponce, PR	660407440		67,388.00	50.20	FMV		GOC & POC
(7) Centro Santa Luisa, Inc. Carr 842 Km 1.9 Los Romeros Caimito SJ	660311358		32,674.00		FMV		GOC & POC
(8) Centros Sor Isolina Ferré, Inc. Carr 842 Km 1.9 Los Romeros Caimito SJ	660277396		503,881.00	167,152.30	FMV		GOC & POC
(9) Christian Community Center, Inc. Carr 842 Km 1.1 Sec. Correa, Caimito SJ	660429449		18,580.00	2,228.30	FMV		GOC & POC
(10) Col de Educ Esp y Reh Integ (CODERI) Urb. El Cereza 1628 St Guadiana San Juan	660505420		51,693.00	50.20	FMV		GOC & POC
(11) Colegio San Gabriel PO Box 360347, San Juan PR 00936	660035515		67,196.00		FMV		GOC & POC
(12) Comité de Gericultura de Guayama, Inc. Calle Hostos Sur Area Recreativa Guayama	660312684		40,180.00		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							

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 ☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) Concilio Caribe de Niñas Escuchas 500 St Elisa Colberg, San Juan, PR, 00907	660200470		50,936.00		FMV		GOC & POC
(2) Concilio de la Comunidad, Inc. Res Luis Llorens Edf 66 Apt 1252 SJ	660439370		27,652.00		FMV		GOC & POC
(3) Consejo Renal de Puerto Rico, Inc 117 Eleonor Roosevelt Oficina 100A, SJ	660408212		48,936.00		FMV		GOC & POC
(4) Corporación Malagros de Amor, Inc 78 St Gautier Benitez, Caguas, PR	660528522		32,744.00		FMV		GOC & POC
(5) CREATTE, Inc PO BOX 190969, San Juan, PR, 00919	660585251		42,056.00		FMV		GOC & POC
(6) Cruz Roja Americana - Cap de PR Predios Centro Medico Rio Piedras PR	660188842		163,722.00		FMV		GOC & DDGS
(7) Cuerpo de Vol de ServMédicos Emerg Hatillo del Mar 1 St Rdo Vic. Lopez Hatillo	660466944		29,413.00		FMV		POC
(8) Educare, Inc. HC 33 Box 2047 Doraville, Dorado PR 00646	660765964		1,000.00		FMV		GOC & POC
(9) El Pequeño Joshua St Gautier Benitez Floral Park Hato Rey	660489388			2,297.35	FMV		GOC & POC
(10) Esperanza para la Vejez, Inc Urb Lomas Verdes 2G-1 St Duende Bayamon	660268234		67,694.00		FMV		GOC & POC
(11) Forjando un Nuevo Comienzo, Inc. PMB 312 PO Box 7886, Guaynabo PR	660592098		18,580.00		FMV		GOC & POC
(12) Fund Acción Social Refugio Eterno PO Box 8388 Bayamón PR 00960	660520354		5,744.00		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 ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

OMB No 1545-0047

2015

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) Fundación DAR, Inc. PO Box 360648 San Juan, PR, 00936-0648	660450481		59,033.00		FMV		GOC & POC
(2) Fundación Dr García Rinaldi, Inc. 1413 Ave Fdez Juncos Ste M3A Santurce, PR	660491622		32,744.00		FMV		GOC & POC
(3) Fundación Hogar Niño Jesús 52 Camino Los Guayabos, Sec Morelo SJ	660478096		65,092.00	3,573.26	FMV		GOC & POC
(4) Fundación Modesto Gotay PO Box 665 Trujillo Alto, PR 00977-0665	660219031				FMV		GOC & POC
(5) Fundación Puertorriquena del Niño PO Box 29793. San Juan PR 00929	660480279		17,836.00		FMV		GOC & POC
(6) Hogar Albergue de Niños de San Germán PO Box 1375 San Germán PR 00683	660469637		37,654.00	1,219.09	FMV		GOC & POC
(7) Hogar Alb.Niños Mal.Jesús de Nazaret PO Box 1147, Mayaguez, PA, 00681	660476875		156,673.00	950.27	FMV		GOC & POC
(8) Hogar Cedrez St Edmee AP 1 Ext Villa Rica Bay	660548121			1,599.20	FMV		GOC & POC
(9) Hogar Colegio La Milagrosa, Inc	660320329		26,918.00	423.66	FMV		GOC & POC
(10) Hogar Cuna San Cristóbal, Inc Carr 1 Km 24.7 Bo Rio Caguas Caguas	660479465		58,427.00	1,472.95	FMV		GOC & POC
(11) Hogar Ancianos San Vicente de Paúl Carr 645 La Pica Bo Alm. Sur Vega Baja	660393318		56,376.00	2,306.70	FMV		GOC & POC
(12) Hogar de Ayuda el Refugio, Inc 17-A Ponce de Leon Bo. Amelia Guaynabo	660477909		50,544.00	4,654.82	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							

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 ☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 de Niñas de Cupey Carr 176 KM 4.2 Cupey Alto San Juan	660202913		65,092.00	546.07	FMV		GOC & POC
(2) Hogar del Niño El Ave María, Inc Carr 861 Km 2.0 Bo Pajaro Bayamon	660530257		65,165.00	5,959.02	FMV		GOC & POC
(3) Hogar Envejecientes Irma Fe Pol Méndez 50 Calle Pedro Albizu Campos, Lares PR	660450949		24,084.00		FMV		GOC & POC
(4) Hogar Escuela Sor María Rafaela, Inc. Carr 871 Bo. Volcan Hato Tejas Bayamon	660289568		98,336.00		FMV		GOC & POC
(5) Hogar Fátima, Inc Cam Esteban Cruz Bo Cerro Gordo Bayamon	660319405		102,500.00	7,182.52	FMV		GOC & POC
(6) Hogar Forjadores de Esperanza, Inc. Carr 862 Km.0.6 Bo. Pajaro Bayamon	660481158		66,533.00	2,086.77	FMV		GOC & POC
(7) Hogar Infantil Jesús Nazareno Carr 113 Ave Noil Estrada 384 Isabela	660440089		51,762.00	1,578.93	FMV		GOC & POC
(8) Hogar Inf Sta Teresita del Niño Jesús PO Box 140057, Arecibo, PR, 00614	660514199		36,533.00	3,995.09	FMV		GOC & POC
(9) Hogar La Piedad, Inc Apartado 6300 Caguas PR 00726-6300	660264286		15,774.00	3,836.04	FMV		GOC & POC
(10) Hogar Nueva Mujer Sta María Mercedes PO Box 370927, Cayey, PR, 00737	660470812		51,843.00		FMV		GOC & POC
(11) Hogar Posada La Victoria, Inc (12) Hogar Ruth, Inc.	660448898		27,660.00	3,959.21	FMV		GOC & POC
Carr. 2 KM 0.29, Vega Alta, PR, 00692	660413881		38,208.00	5,690.41	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 ▶

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**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 ☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 San José de la Montaña X-19 Villa Caparra, Guaynabo, PR,	660376248		24,827.00	765.61	FMV		GOC & POC
(2) Hogar Santa María de los Angeles 352 San Claudio St 304, San Juan, PR	660558775		36,380.00		FMV		GOC & POC
(3) Hogar Santa María Eufrasia, Inc PO Box 1909. Arecibo PR 00613	660447891		18,774.00	8,851.37	FMV		GOC & POC
(4) Hogar Santísima Trinidad, Inc. Carr 861 Km 7.2 Villas del Toa Toa Alta	660530256		30,126.00	321.78	FMV		GOC & POC
(5) Hogares Rafaela Ybarra, Inc. 432 St Torrelaguna Embalse San Jose, SJ	660353899		106,409.00	414.63	FMV		GOC & POC
(6) Hogares Teresa Toda PO Box 868, Canovanas, PR, 00729	660488810		60,930.00	1,839.50	FMV		GOC & POC
(7) Hospital del Niño	660204707				FMV		GOC & POC
(8) Igl Crist Discipulos de Cristo Rep Met	660537964				FMV		GOC & POC
(9) Iglde Dios Pent El Buen Samaritano	660497143				FMV		GOC & POC
(10) Iglesia Discipulos de Cristo Espinos	660387947				FMV		GOC & POC
(11) Iglesia Kerygma-Defensores de la Fe	660423361				FMV		GOC & POC
(12) Iglesia Luterana Evangélica Getsemani St San Quantin esq. Calle Norte, Dorado	660420997			1,451.74	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 ☐

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

Schedule I (Form 990) (2015)

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

66-0269222

OMB No 1545-0047

2015

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21, for any recipient that 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) Iniciativa Com. de Invest Inc (I.C.I.) 61 St Quisqueya Esq. Chile Hato Rey	660483960		77,556.00	1,452.60	FMV		GOC & POC
(2) Institución Torrellin Bayamón PR	660608366			1,910.88	FMV		GOC & POC
(3) Institute for Ind Group & Org Dev Inc 51 Altos St Santiago Norte Gurabo, PR	660481394		35,038.00		FMV		GOC & POC
(4) Inst de Orient. y Terapia Familiar Plaza San Alfonso Gautier Benitez Caguas	660307031		79,298.00		FMV		GOC & POC
(5) Insto del Hogar Celia y Harry Bunker Urb Hyde Park 154 Calle Los Mirtos RP	660215050		53,888.00	50.20	FMV		GOC & POC
(6) Inst Esp. (Guánica) Des. Int. Ind y Com Bda. Esperanza St 4 Esq. D, Guanica, PR	660515687		60,661.00	11,565.97	FMV		GOC & POC
(7) Inst Esp(Maricao) Des Int.Ind y Com Carr. 128 Int 428 Sec El 30 Maricao, PR	660515689		64,487.00	8,894.58	FMV		GOC & POC
(8) Inst Esp(Yauco)Des Int Ind y Com 66 St Madre Dominga Guzman Florit OP Yauco	660508696		67,388.00	8,575.85	FMV		GOC & POC
(9) Instituto Pre-Voc. e Ind de PR PO Box 1800 Arecibo PR 00613	6604221420		37,255.00	3,446.20	FMV		GOC & POC
(10) Instituto Psicopedagógico, Inc. Carr. 2, Km 8.5, Bayamon, PR, 00936-3744			75,562.00	2,079.00	FMV		GOC & POC
(11) Instituto Santa Ana, Inc. Carr 5516B KM 0.2 Sec ElDesvto, Adjuntas	660439236		71,234.00	431.59	FMV		GOC & POC
(12) Jóvenes de Puerto Rico en Riesgo 3071 Ave Alejandro PMB 164 Guaynabo	660491142		37,806.00		FMV		GOC & POC

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21, for any recipient that 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) Juan Domingo en Acción, Inc. 55 Int St Robles Juan Domingo, Guaynabo	660394776		30,687.00	371.80	FMV		GOC & POC
(2) La Casa de Todos, Inc. HC 1 Box 6128, Juncos, PR, 00777-9710	660425468		22,982.00		FMV		GOC & POC
(3) La Fondita de Jesús, Inc 704 St Monserrate Esq Ave Fdez Juncos	660426787		77,801.00		FMV		GOC & POC
(4) Liga de la Leche 2016 Caudal, Urb. Valle Verde, Ponce PR	660838500		1,400.00		FMV		GOC & POC
(5) Make a Wish Foundation of PR Ste 112 MSC 476 100 Gran Bulevar Paseos SJ	660481941		64,886.00		FMV		GOC & POC
(6) Min de Ayuda al Nec.Casa Misericordia PO Box 765. Gurabo PR 00778	6605006917		15,979.00		FMV		GOC & POC
(7) Misión Rescate, Inc. Carr104 Km 2.7 Bo Algarrobos Mayaguez	660359707		42,736.00	740.34	FMV		GOC & POC
(8) Movimiento para el Alcance de Vida Ind. Ave Barbosa 404-B Primer Nivel Hato Rey	660446732		23,036.00	50.20	FMV		GOC & POC
(9) Ofic para la Promoy el Des Humano PO Box 353 Arecibo PR 00613	660508486		46,750.00		FMV		GOC & POC
(10) Politécnico Amig6, Inc 960 Calle Refugio, Miramar, Santurce,	660576367		58,195.00	1,312.83	FMV		GOC & POC
(11) PR Down Syndrome Foundation, Inc. Carr 199 Ave. Las Cumbres, Guaynabo	660480413		46,830.00		FMV		GOC & POC
(12) Prog. de Apoyo y Enlace Comunitario PO Box 9000 Ste 629, Aguada, PR	660528378		37,912.00	6,932.70	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							

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

Schedule I (Form 990) (2015)

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**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 Yes ☐ No ☐

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) Programa (PECES) 106 St 11 Parc viejas Pta Santiago, PR	660444454		526,860.00	275,271.16	FMV		GOC & POC
(2) Programa del Adolescente de Naranjito PO Box 891 Naranjito PR 00719	660459355		40,254.00		FMV		GOC & POC
(3)					FMV		GOC & POC
(4) Proyecto La Nueva Esperanza PO Box 603. San Antonio PR 00690	66-0565479		14,180.00		FMV		GOC & POC
(5) Puertas de Esperanza en Manatí 14 Calle Ramos Vilez, Manatí	660573064		12,735.00		FMV		GOC & POC
(6) Samaria Iglesia Evangélica PO Box 825, Gurabo PR 00778-0825	660480484			10,705.06	FMV		GOC & POC
(7) San Jorge Children's Research Found 268 Calle San Jorge, Ste. 202, Santurce	660531105		36,573.00	2,589.70	FMV		GOC & POC
(8) Second Harvest of PR, Inc. Urb Ind Corujo Marg 9 Hato Tejas Bay	660444882		78,278.00		FMV		GOC & POC
(9) Serv Soc. Católicos de Mayagüez Carr 108 Km 2.8 Int St Obispo Mayag	660407820		80,727.00	50.20	FMV		GOC & POC
(10) Sociedad Amer del Cáncer de PR PO Box 366004 San Juan PR 00936-6004	660321594		181,348.00	2,501.10	FMV		GOC & POC
(11) Sociedad de Educ y Reh (SER) de PR Urb Pirez Morris 500 St Baez San Juan	660207947		221,644.00		FMV		GOC & POC
(12) Sociedad Pro Niños Sordos de Ponce PMB Box 497 Ste 102. Ponce PR	660356920		19,093.00		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 ▶

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) Sociedad Puertorriqueña de Epilepsia 1100 Ste Marginal Ruiz Soler, Bayamon,	660312587		105,364.00	1,970.80	FMV		GOC & POC
(2) Taller Salud, Inc. Carr 187 Km 0.7 Sec Tocones Loiza PR	660494692		43,436.00		FMV		GOC & POC
(3)							
(4) Travelers Aid of PR, Inc. PO Box 38017 Carolina PR 00937-1017	660226397		36,221.00		FMV		GOC & POC
(5) YMCA de Ponce, Inc. Urb. Santa Marna 7843 St Nazaret Ponce	660204831		105,502.00	50.20	FMV		GOC & POC
(6) YMCA San Juan, Inc 800 Boulevard St Los Angeles Final, SJ	660190784		110,362.00	7,142.24	FMV		GOC & POC
(7) Other			35,051.00				
(8) Less designations			-2,195,503.00				
(9)							
(10)							
(11)							
(12)							

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 ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Noncash Contributions

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

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open To Public
Inspection**

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			43,938.00	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory			104,795.00	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>TOYS</u>)			31,795.00	FAIR MARKET VALUE
26 Other ▶ (<u>COMPUTER AND MONITORS</u>)			2,272.00	FAIR MARKET VALUE
27 Other ▶ (<u>ADMINISTRATIVE SERVICES AND OFFICE SPACE</u>)			441,048.00	FAIR MARKET VALUE
28 Other ▶ (<u>BEAUTY AND HYGIENE PRODUCTS</u>)			51,332.00	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 through 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?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.** 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

FORM 990, PAGE 2, PART III, LINE 4d

PROGRAM SERVICES "SEMBRANDO FUTURO" - "SEMBRANDO FUTURO" IS AN EARLY CHILDHOOD

DEVELOPMENT INITIATIVE DEDICATED TO PROVIDE ALL CHILDREN WITH A GOOD STAR IN LIVE. 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.

PROGRAM SERVICES EXPENSES "SEMBRANDO FUTURO": \$144,040

PROGRAM SERVICES EXPENSES "ALLOCATION SERVICES": \$288,053

PROGRAM SERVICES EXPENSES "OTHER PROGRAM": \$192,068

PROGRAM SERVICES EXPENSES " SPECIAL PROJECT" \$219,608

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 COST.

DONOR DESIGNATED FOR DISASTER/EMERGENCY RELIEF (DDD/ER): AN UNRESTRICTED GRANT MADE TO
AN AGENCY AT THE DIRECTION OF THE DONORS(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

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

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 GOVERNORS OR EMPLOYEE IS INTERETED 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 BOARDS OF GOVERNORS. SALARIES AND WAGES OF OTHER AGENTS AND
EMPLOYEES SHALL BE FIXED BY THE PRESIDENT BASED OB 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 \$204,903

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

66-0269222

FORM 990, PAGE 6, PART VI

LINE 6- THE MEMBERS OF THE ORGANIZATION SHALL BE THOSE WHO ARE DONORS TO THE
ORGANIZATION AND MEET THE ELEIGIBILITY STANDARDS AND REQUIREMENTS AS MAY BE ADOPTED
FROM TIME TO TIME BY THE BOARD OF GOVERNORS OF THE ORGANIZATION.

LINE 7a - FOR CALENDAR YEAR 2015, THERE WERE 45 VOTING MEMBER. EACH MEMBER IN GOOD
STANDING MAY VOTE PERSONALLY OR THROUGH THE MEMBER DELEGATE IN PERSON AT ALL ANNUAL
AND SPECIAL MEETING 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

Employer identification number

Fondos Unidos de Puerto Rico, Inc.

66-0269222

FORM 990, PAGE 6, PART VI

LINE 11A - THE INDEPENDENT AUDITORS PREPARE THE FORM 990 AND THEY SEND IT TO THE ORGANIZATION. THE BOARDS OF GOVERNORS, AND THE FINANCE AND AUDIT COMMITTEE REVIEW AND APPROVE THE RETURN.