6049327200001 8

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning January 1 , 2017, and ending December 31 , 20 17

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [X] Amended return
- [ ] Application pending

C Name of organization
Fondos Unidos de Puerto Rico, Inc.
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
San Juan, PR 00919-1914

D Employer identification number
66-0269222

E Telephone number
787-728-8500

G Gross receipts $ 13,051,042.00

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

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

H(b) Are all subordinates included? [ ] Yes [X] No

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

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

J Website ▶ WWW.FONDOSUNIDOS.ORG

H(c) Group exemption number ▶

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

L Year of formation 1967 M State of legal domicile PR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: RAISE FUNDS IN ANNUAL 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	38
4	Number of independent voting members of the governing body (Part VI, line 1	4	37
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	51
6	Total number of volunteers (estimate if necessary)	6	6525
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.00

RECEIVED
B022 SEP 26 2018 IRS-OSC
OGDEN, UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,001,597.00	12,492,005 00
9	Program service revenue (Part VIII, line 2g)	0.00	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,338 00	114,336 00
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106.00	444,701.00
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,095,041 00	13,051,042 00
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,638,787 00	7,524,554.00
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)	1,765,613 00	1,811,158 00
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 830,841.00		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,016,548 00	1,007,138 00
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,420,948 00	10,342,850 00
19	Revenue less expenses Subtract line 18 from line 12	-325,907.00	2,708,192.00

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	12,840,179 00	13,556,652 00
21	Total liabilities (Part X, line 26)	3,778,282 00	1,616,175 00
22	Net assets or fund balances Subtract line 21 from line 20	9,061,897 00	11,940,477 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 9/20/18

▶ Type or print name and title Samuel Gonzalez, President & CEO

Paid Preparer Use Only

Print/Type preparer's name: KAREN GONZALEZ	Preparer's signature	Date 9/17/18	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) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

JSA
7E1010 1 000

SCANNED OCT 30 2018

g62 2

Part III **Statement of Program Service Accomplishments**

Check 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? . . . . . X 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 X 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 $ 5,348,191.00 including grants of $ 5,348,191 00) (Revenue $ 8,994,172.00)

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 $ 121,146.00 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 SERVICE PROVIDES CALLERS WITH INFORMATION ABOUT AND REFERRAL TO HUMAN SERVICES FOR EVERY DAY NEEDS AND IN TIME OF CRISIS. 211 CAN OFFER ACCESS TO THE FOLLOWING TYPES OF SERVICE: BASIC HUMAN NEED RESOURCES, PHYSICAL AND MENTAL HEALTH RESOURCES AND ANY OTHER SERVICES THAT THE PERSON NEED.

4c (Code _____) (Expenses $ 83,828.00 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 FUNDRASING CAMPAIGN. ALSO HAD A PROGRAM CALLED "CLUB ME IMPORTAS TU" THAT DEVELOPS THE LEADERSHIP SKILLS FOR HIGH SCHOOL AND UNIVERSITY STUDENTS. 8,661,607.00

4d Other program services (Describe in Schedule O.)

(Expenses $ 3,108,442 00 including grants of $ 2,176,363.00) (Revenue $ 4,061,076.00)

4e Total program service expenses ▶ 8,661,607.00

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.*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		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.*	21	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.*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
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.*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III.*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV.*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M.*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I.*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response 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?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" 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. ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
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?			13a	N	A
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	N	A

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

Check if Schedule O contains a response 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 . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ 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.

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; 787-728-8500

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

Check 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) SAMUEL GONZALEZ PRESIDENT	40	X		X	X	X		143,693.00	0.00	0.00
(2) HEIDI E. CORTES VP FINANZAS & ADM.	40	X		X		X		76,576.00	0.00	0.00
(3) NINA GIRON HUMAN RESOURCES DIRECTORS	40	X				X		57,492.00	0.00	0.00
(4) JAIME BAHAMUNDI COMMUNICATIONS DIRECTORS	40	X				X		62,700.00	0.00	0.00
(5) ISRAEL FABERLLE VP CAMPAIGN	40	X				X		62,700.00	0.00	0.00
(6) CARMEN RODRIGUEZ AGENCY SERVICE DIRECTOR	40	X				X		60,013.00	0.00	0.00
(7) JOSE L. CASTRO SEMBRANDO FUTURO DIRECTOR	40	X				X		52,985.00	0.00	0.00
(8) VENERO ACEVEDO DIRECTOR	1	X						0.00	0.00	0.00
(9) PABLO ALMODOVAR DIRECTOR	1	X						0.00	0.00	0.00
(10) ANNIE ALONSO AMADOR DIRECTOR	1	X						0.00	0.00	0.00
(11) DAPHNE BARBEITO DIRECTOR	1	X						0.00	0.00	0.00
(12) JAIME COLON MORERA DIRECTOR	1	X						0.00	0.00	0.00
(13) JOAQUIN M DAVILA DIRECTOR	1	X						0.00	0.00	0.00
(14) JOSE JUAN DAVILA DIRECTOR	1	X						0.00	0.00	0.00

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

Check 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) IVAN FRATICELLI	1									
DIRECTOR		X						0.00	0.00	0.00
(2) RAMON FRONTANES	1									
DIRECTOR		X						0.00	0.00	0.00
(3) LUIS E. GAUTIER LLOVERAS	1									
DIRECTOR		X						0.00	0.00	0.00
(4) MARIA ELENA GONZALEZ CALDERON	1									
DIRECTOR		X						0.00	0.00	0.00
(5) AIDA L HERNANDEZ	1									
DIRECTOR		X						0.00	0.00	0.00
(6) FERNANDO LOPEZ	1									
DIRECTOR		X						0.00	0.00	0.00
(7) LUIS R. MARTI	1									
DIRECTOR		X						0.00	0.00	0.00
(8) ROBERTO J. MARTINEZ SANTIAGO	1									
DIRECTOR		X						0.00	0.00	0.00
(9) ROSANA MELENDEZ	1									
DIRECTOR		X						0.00	0.00	0.00
(10) JOSE F. ORAMAS	1									
DIRECTOR		X						0.00	0.00	0.00
(11) NESTOR L. ORTIZ DE HOYOS	1									
DIRECTOR		X						0.00	0.00	0.00
(12) CARLOS OTERO	1									
DIRECTOR		X						0.00	0.00	0.00
(13) CARMELO PADILLA	1									
DIRECTOR		X						0.00	0.00	0.00
(14) ANDRES PEREZ	1									
DIRECTOR								0.00	0.00	0.00

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

Check 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) GUSTAVO PEREZ FERNANDEZ DIRECTOR	1	X						0.00	0.00	0.00
(2) LIZZIE PEREZ DIRECTOR	1	X						0.00	0.00	0.00
(3) ISMAEL RIOS DIRECTOR	1	X						0.00	0.00	0.00
(4) ADRIAN RIVERA DIRECTOR	1	X						0.00	0.00	0.00
(5) NAYDA RIVERA BATISTA DIRECTOR	1	X						0.00	0.00	0.00
(6) DARIO RIVERA CARRASQUILLO DIRECTOR	1	X						0.00	0.00	0.00
(7) CARLOS JOSE RODRIGUEZ DIRECTOR	1	X						0.00	0.00	0.00
(8) HUMBERTO ROVIRA DIRECTOR	1	X						0.00	0.00	0.00
(9) MANUEL SANCHEZ SIERRA DIRECTOR	1	X						0.00	0.00	0.00
(10) ROBERTO E. SANTA MARIA DIRECTOR	1							0.00	0.00	0.00
(11) RUDY TORRELLAS DIRECTOR	1	X						0.00	0.00	0.00
(12) RAYMOND TOTTI DIRECTOR	1	X						0.00	0.00	0.00
(13) GERMAN URIBE DIRECTOR	1	X						0.00	0.00	0.00
(14) CHARLES VAILLANT DIRECTOR	1	X						0.00	0.00	0.00

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

Check 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 R. VENTA DIRECTOR	1	X						0.00	0.00	0.00
(2) JOSE JOAQUIN VILLAMIL DIRECTOR	1	X						0.00	0.00	0.00
(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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								516,159.00		
d Total (add lines 1b and 1c) ▶								516,159.00		

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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check 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	21,767.00			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,438,724 00			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,031,514 00			
	g Noncash contributions included in lines 1a-1f $		1,225,012 00			
	h **Total.** Add lines 1a-1f ▶		12,492,005 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) ▶		114,336.00	114,336 00		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUES		444,701 00	444,701 00		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		444,701 00			
	12 **Total revenue.** See instructions ▶		13,051,042 00	559,037.00		

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	7,524,554.00	7,524,554.00		
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	516,159.00	112,998.00	277,761.00	125,400.00
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	975,840.00	375,640.00	197,685.00	402,515.00
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,942.00	4,184.00	9,504.00	1,254.00
9 Other employee benefits	162,406.00	50,295.00	44,912.00	67,199.00
10 Payroll taxes	141,811.00	49,768.00	44,055.00	47,988.00
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)	127,274.00	82,535.00	8,264.00	36,475.00
12 Advertising and promotion	144,578.00	62,529.00	78,768.00	3,281.00
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	35,954.00	10,428.00	13,662.00	11,864.00
17 Travel	71,070.00	20,772.00	36,463.00	13,835.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,711.00	8,038.00	7,486.00	1,187.00
20 Interest				
21 Payments to affiliates	105,970.00	30,732.00	40,268.00	34,970.00
22 Depreciation, depletion, and amortization	87,956.00	34,363.00	28,684.00	24,909.00
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	209,683.00	206,675.00	1,348.00	1,660.00
b UTILITIES AND INSURANCE	102,911.00	61,239.00	21,244.00	20,428.00
c SUPPLIES, POSTAGE AND SHIPPING	19,251.00	5,709.00	5,510.00	8,032.00
d REPAIR AND MAINTENANCE	59,402.00	16,150.00	22,709.00	20,543.00
e All other expenses	26,378.00	4,998.00	12,079.00	9,301.00
25 **Total functional expenses** Add lines 1 through 24e	10,342,850.00	8,661,607.00	850,402.00	830,841.00
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		1	
	2	Savings and temporary cash investments	2,979,105.00	2	5,386,633.00
	3	Pledges and grants receivable, net	5,754,129.00	3	3,605,049.00
	4	Accounts receivable, net	69,625.00	4	294,636.00
	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: 3,690,669.00			
	b	Less. accumulated depreciation — 10b: 2,834,414.00	929,782.00	10c	856,255.00
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	3,061,823.00	12	3,387,911.00
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	45,715.00	15	26,168.00
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	12,840,179.00	16	13,556,652.00
Liabilities	17	Accounts payable and accrued expenses	525,423.00	17	362,325.00
	18	Grants payable	2,316,315.00	18	1,147,493.00
	19	Deferred revenue	936,544.00	19	106,357.00
	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	3,778,282.00	26	1,616,175.00
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,915,431.00	27	2,158,225.00
	28	Temporarily restricted net assets	7,146,466.00	28	9,782,252.00
	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	9,061,897.00	33	11,940,477.00
	34	Total liabilities and net assets/fund balances	12,840,179.00	34	13,556,652.00

Part XI Reconciliation of Net Assets

Check 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	13,051,042.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,342,850.00
3	Revenue less expenses Subtract line 2 from line 1	3	2,708,192.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,061,897.00
5	Net unrealized gains (losses) on investments	5	170,388.00
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	11,940,477.00

Part XII Financial Statements and Reporting

Check 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

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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 [X] 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____

10 [ ] 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)

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

12 [ ] 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) N/A						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,162,153 00	8,840,643 00	8,255,833.00	9,001,597.00	12,496,211 00	46,756,437.00
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	8,162,153 00	8,840,643 00	8,255,833.00	9,001,597.00	12,496,211 00	46,756,437.00
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						46,756,437.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	8,162,153 00	8,840,643.00	8,255,833.00	9,001,597.00	12,496,211.00	46,756,437 00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,586.00	101,507 00	89,369.00	93,338.00	114,336.00	408,136.00
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						47,164,573 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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.1347 %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	99.2594 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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)*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
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 (explain in Part VI). **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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in **Part VI** See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018** Add lines 3j and 4c.			
8	Breakdown of line 7			
a	Excess from 2013. . . .			
b	Excess from 2014. . . .			
c	Excess from 2015. . . .			
d	Excess from 2016. . . .			
e	Excess from 2017. . . .			

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ ***Go to www.irs.gov/Form990 for instructions and the latest information.***

OMB No 1545-0047

2017

Open to Public Inspection

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) 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)					

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-.		

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. *See the separate instructions for lines 2a through 2f.*)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	N/A				
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
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?	1	N	A
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2	N	A
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	N	A

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

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

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a N/A
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 on Form 990, Part VIII, line 1 ▶ $ 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	N/A
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	N/A				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

The percentages 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.

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		1,433,180.00	1,074,960 00	358,220.00
c Leasehold improvements		615,364.00	421,611.00	193,753.00
d Equipment				
e Other		1,392,118.00	1,337,843.00	54,275.00
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				856,255.00

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	3,387,911.00	FAIR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,387,911.00	

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)	N\A	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

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	13,221,430 00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	170,388.00		
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	170,388 00
3	Subtract line **2e** from line **1**			3	13,051,042 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	13,051,042 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	10,342,850.00
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	10,342,850 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	10,342,850 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 GAIN ON INVESTMENT SECURITIES $170,388

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BAJO LAS ESTRELLAS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	18,250.00			18,250.00
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	18,250.00			18,250.00
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				18,250.00

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain.

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in.

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information See instructions.

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Albergue Los Pelegrinos, Inc PO BOX 6300 Ponce, PR 00732	660264286		29,412.26	3,491.00	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(2) ASSPEN APARTADO 28002 San Juan PR 00928	660706760		0.00	3,957.30	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(3) Asamblea Fam Virgilio Davila,Inc. PO BOX 607061, Bayamon,PR,00960	660487112		51,401.55	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(4) Asesores Financieros Comunitarios PO Box 192726. San Juan PR 00919-2726	660704758		22,955.28		FMV		GOC & POC
(5) Asoc.De Alzheimer Y Desordenes Edif La Elec 1608 San Juan	660472045		23,686.38		FMV		GOC & POC
(6) Asoc. Espina Bifida e Hidrocefalia PO Box 8262, Bayamon, PR, 00960-8032	660423489		63,721.56	1,846.12	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(7) Asoc de Personas con Impedimentos Edif Claudette Toro Calle Dr Veve	660374268		42,136.14	698.20	FMV	Gen,ext,gas can	GOC,POC,DDD/ER
(8) Asoc Ed. Pro Des. Hu de Culebra PO Box 477, Culebra, PR, 00775-0477	660421458		58,069.87		FMV		GOC,POC,DDD/ER
(9) Asoc May de Personas con Imp PO Box 745, Mayaguez, PR	660406690		46,573.34	1,396.40	FMV	Gen,food,solar lamps	POC,GOC,DDD/ER
(10) Asoc. Pro Ciud Impedido SG, Inc. 28 Calle Betancesa Sabana Grande, PR	660386413		26,321.69	698.20	FMV	Gen,ext,gas can	GOC,POC,DDD/ER
(11) Asoc. Pro Juventud Barrio Palmas PO Box 63476, Cataqo, PR, 00963-0476	660406990		92,656.82	3,500.06	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(12) Asoc Puertorriqueña de Diabetes PO Box 190842 San Juan PR 00919-0842	660442165		25,553.60		FMV		GOC,POC,DDD/ER

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 . . . . . ▶ 21

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Bill's Kitchen, Inc PO Box 195678 San Juan, PR, 00919-5678	660493399		44,341.20	3,657.00	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(2) Boy Scouts of America PR , Ave. Esmeralda Fl Edif Boys Scouts	660201809		77,206.89	0.00	FMV		GOC, POC, DDD/ER
(3) Boys and Girls Club of PR, Inc. Res Las Margaritas, Ave. Eduardo Conde	660327580		82,856.85	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(4) Cáritas de Puerto Rico PO Box 8812 Fernández Juncos Sta	660287035		41,298.56	698.20	FMV	Gen, exts, gas ca	GOC, POC, DDD/ER
(5) Casa de la Bondad, Inc MSC 406 PO Box 890, Humacao, PR	660502690		39,987.95	698.20	FMV	Gen, exts, gas ca	GOC, POC, DDD/ER
(6) Casa de Niños Manuel Fernandez Calle Villa Verde Esq. Refugio final	660191953		98,766.97	1,212.00	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(7) Casa del Peregrino Aguadilla, Inc PO Box 3837, Aguadilla, PR, 00605	660541904		24,282.11	2,094.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(8) Casa Juan Bosco, Inc La Joya, 107 St San Carlos, Aguadilla	662540316		39,428.14	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(9) Casa la Providencia, Inc Calle 2, Parcelas Suarez 175, Loiza PR	660276597		101,856.62	2,933.00	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(10) Casa Pensamient. Muj del Centro 57 Calle Degetau Norte, Aibonito, PR,	660462822		63,845.85	1,530.97	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(11) Casa Protegida Julia de Burgos Calle Las Palmas Pda #20, San Juan, PR	660387659		53,404.90	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(12) Centro Coameño para la Vejez Calle Mario Braschini #28 Coamo PR	660312685		34,983.37	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Ce Com. Ines J Figueroa Carr. 177 Marginal Ave Lomas Verdes	660561388		20,696.80	698.20	FMV	Gen,exts,gas can	GOC,POC,DDD/ER
(2) Centro Cultural y de Cantera 2406 Calle Santa Elena,Pen de Cantera	660390654		83,548.31	4,081.35	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(3) Ce Act Mult Juan de los Olivos Carr 620 Km 2 0, Sector fatima	660345980		37,279.00	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(4) C de Ayuda a Niños con Imp 133 Calle Dr Gonzalez, Isabela, PR	660443137		62,142.69	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(5) Centro de Ayuda Social, Inc 391 Calle Asuncion, Puerto Nuevo, PR	660394330		0.00	1,396.40	FMV	Gen,food,solar lamp	DDD/ER
(6) Centro de Ayuda y Terapia al Niño 133 Calle Dr. Gonzalez, Moca, PR, 00676	660479321		81,714.79	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(7) CARIBE GIRL SCOUTS COUNCIL INC 500 Calle Elisa Colberg SJ PR 00907	660200470		45,802.47	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(8) Ce. de Envejecientes Club de Oro PO Box 9176 Caguas PR 00726	660268890		62,743.63	1,449.30	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(9) Ce de Env Hogar Paz de Cristo Urb Llanos del Sur Calle Los Claveles	660360384		44,835.78	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(10) Ce de Interv Paso a Paso Carr 129, Km 8 6, Bo Campo Alegre	660590565		20,667.29	698.20	FMV	Food,batt,diaper,filter	GOC,POC,DDD/ER
(11) Ce. de Orientación y Acción Social 59 y 60 Calle Teodomiro Ramirez	660556542		22,998.82	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(12) Ce de Renovacion El Buen Pastor Carr 1, Bo Rmo Guaynabo, Guaynabo, PR	660576940		17,623.65	1,920.50	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Ce Respiro y Rehab San Francisco Carr. 715, Km 0 7, Bo Sumido, Cayey, PR,	660567316		37,949.33	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(2) Centro de Serv Comunidad, Inc Carr 455, Km 27, Bo Cibao	660596051		11,830.31	0.00	FMV		GOC & POC
(3) Centro de Servicios Comunitarios 200 Ave Cupey Gardens Suite 6 W	660559045		28,362.97	698.20	FMV	Gen,ext,gas can	GOC,POC,DDD/ER
(4) Centro de Servicios Ferran, Inc 58 Final Calle A, Bda. Ferran, Ponce	660479776		61,151.46	1,617.58	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(5) Centro del Triunfo, Inc. Urb. Del Carmen, 1020 Calle Los Angeles,	660516904		80,147.29	1,882.35	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(6) Ce. Educ. Joaquina de Vedruna, Inc. Carr. 1 Ramal Ave Lomas Verdes	660366788		33,904.28	2,456.00	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(7) Centro Esperanza, Inc PO Box 482, Loiza, PR, 00772	660479375		77,873.16	6,763.89	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(8) Centro ESPIBI PO Box 216, Mayaguez PR 00681	660395415		76,443.40	0.00	FMV		GOC,POC,DDD/ER
(9) Ce Ger Caritativo La Milagrosa PO Box 2247@ Mayaguez PR 00681	660310437		23,876.62	1,929.18	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(10) Ce Geriátrico El Remanso, Inc. Carr 862 Km 0 8, Bayamon,00956	660379774		38,302.66	5,475.04	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(11) Centro Madre Dominga-Casa Belen Urb San Jorge 3504 Calle Andino Apt 2	660590720		18,739.11	698.20	FMV	Gen,food,solar lamps	GOC,POC,DDD/ER
(12) Centro Margarita, Inc Carr 172 Bayamon, Sector Certenejas I	660366245		77,150.08	0.00	FMV		GOC,POC,DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Centro Nuevos Horizontes, Inc Lomas verdes, 3M-20 Ave Laurel	660445431		40,220.20	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(2) Centro para Niños El Nuevo Hogar Sector Olimpia, Adjuntas, PR, 00601	660423758		43,346.53	2,258.78	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(3) Centro Providencia para Personas Apartado 482 Loiza PR 00772	660313509		58,337.46	7,736.85	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(4) Centro Ramón Frade para Personas Centro Comunal, Res Benigno Fdez	660430105		39,035.33	3,961.32	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(5) Centro Renacer , Inc , Carr. 834, Sector Las Parcelas, Bo Sonadora	660419857		37,319.45	3,751.16	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(6) Centro San Francisco, Inc 105 Calle 3, Bo. Tamarindo, Ponce, PR	660407440		61,907.45	2,094.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(7) Centro Santa Luisa, Inc Carr 842 Sector Los Romeros, Caimito	660311358		30,136.37	4,959.32	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(8) Centros Sor Isolina Ferre, Inc. Carr 842 Sector Los Romeros Caimito	660277396		712,927.18	486,678.95	FMV		GOC, POC, DDD/ER
(9) Christian Community Center, Inc Centros 1 y 2, Carr 842 Sector Correa	660429449		17,052.33	2,067.07	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(10) Col Educ Esp y Rehab Integral Urbanizacion El Cerezal 1628	660505420		47,177.60	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(11) Colegio San Gabriel PO Box 360347, San Juan PR 00936-0347	660035515		63,045.73	2,134.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(12) Co de Gericultura de Guayama, Inc Ca Hostos Sur Final, Area Recreativa	660312684		47,375.34	2,016.28	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) CENTRO DE EDUCACION SOLES DEL JARDIN@_ 9087 FITO VALLE Quebradillas PR 00678	660525697		0.00	846.28	FMV	Generator (Gen)	DDD/ER
(2) Concilio de la Comunidad, Inc R Llorens Torres Edf 66 Apto 1252	660439370		25,191.38	698.20	FMV	Gen, ext, gas can	GOC,POC,DDD/ER
(3) Consejo Renal de Puerto Rico, Inc 117 Eleonor Roosevelt Oficina 100A,	660408212		46,043.63	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(4) Corporacion Milagros de Amor, Inc 78 Calle Gautier Benmtez, Caguas, PR	660528522		33,712.96	2,407.73	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(5) CREARTE, Inc. PO BOX 190969, San Juan, PR, 00919-0969	660585251		45,855.93	11,527.55	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(6) Cruz Roja Americana Capitulo de PR Predios de Centro Medico	660188842		177,545.75	5,585.60	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(7) Vol Serv Med de Emergencias Urb HatilPO Box 1290 Hatillo PR 00659	660563792		34,628.09	798.20	FMV	Food,Diapers,batt	GOC,POC,DDD/ER
(8) Esperanza para la Vejez, Inc. Urb Lomas Verdes 2G-1 Calle Duende	660268234		66,170.12	698.20	FMV	Gen, ext, gas can	GOC,POC,DDD/ER
(9) Forjando un Nuevo Comienzo, Inc PMB 312 PO Box 7886, Guaynabo PR	660592098		17,754.48	698.20	FMV	Gen, ext, gas can	GOC,POC,DDD/ER
(10) Fundación DAR, Inc PO Box 360648, San Juan, PR, 00936-0648	660450481		53,325.56	698.20	FMV	Gen, exts, gas can	GOC,POC,DDD/ER
(11) Fundación Dr García Rinaldi, Inc. 1413 Ave Fernandez Juncos	660491622		29,720.71	0.00	FMV		GOC,POC,DDD/ER
(12) Fundación Hogar Niñito Jesus 52 Camino Los Guayabos, Sector Morelo	660478096		76,615.78	0.00	FMV		GOC,POC,DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Fundación Modesto Gotay Urb Villas de Cupey C Platero B-1	660219031		0.00	1,396.40	FMV	Gen, food, solar lamp	DDD/ER
(2) Fundacion Puertorriquena del Riñon PO BOX 29793, San Juan , PR 00929	660480279		17,250.66	698.20	FMV	Gen, ext, gas can	GOC,POC,DDD/ER
(3) Ho. Alb de Niños de San Germán Calle Gamboa # 4, San German, PR	660469637		40,630.65	1,396.40	FMV	Gen, food, solar lamps	GOC,POC,DDD/ER
(4) Alb Niñ Maltratados Jesus Apartado 1147, Mayaguez PR	660476875		69,090.14	1,396.40	FMV	Gen, food, solar lamps	GOC,POC,DDD/ER
(5) CIRCULO INFANTIL EL DESPERTAR Ave Antonio R BARCELO 340 Cayey PR 00736	660418260		0.00	880.43	FMV	Generator	DDD/ER
(6) Hogar Colegio La Milagrosa, Inc C 651 km 0 hm 4, Arecibo PR	660320329		28,603.59	1,808.19	FMV	Gen, food, solar lamps	GOC,POC,DDD/ER
(7) Hogar Cuna San Cristobal, Inc C 1 km 27 4, Caguas PR	660479465		62,387.93	0.00	FMV		GOC,POC,DDD/ER
(8) CENTRO PRE-ESCOLAR BONNY St 9/1N4 URB LA PROVIDENCIA Toa Alta PR	660518263		0.00	846.28	FMV	Generator	DDD/ER
(9) Hogar de Ayuda el Refugio, Inc 1 Calle II Santa Rosa Lima, Guaynabo PR	660477909		51,876.06	4,120.90	FMV	Gen, food, solar lamps	GOC,POC,DDD/ER
(10) Hogar de Niñas de Cupey PO Box 20667, San Juan PR, 00920	660202913		69,280.60	0.00	FMV		GOC,POC,DDD/ER
(11) Hogar del Niño El Ave María, Inc. Urb. Bayamon Gardens , Bayamon PR	660530257		71,592.66	2,146.96	FMV	Gen, food, solar lamps	GOC,POC,DDD/ER
(12) Hogar Envejecientes Irma Fe 50 Calle Pedro Albizu, Lares PR	660450949		32,722.89	4,684.17	FMV	Gen, food, solar lamp	GOC,POC,DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Hogar Escuela Sor María Rafaela Carr. 871, Bo. Volcan, Hato Tejas	660289568		87,249.38	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(2) Hogar Fátima, Inc C Esteban Cruz, Cerro Gordo,Bayamon	660319405		95,992.06	2,094.60	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(3) Hogar Forjadores de Esperanza, Inc. C 862,Km 0.6, Bo Pajaros Amer	660481158		76,355.26	3,753.01	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(4) Hogar Infantil Jesus Nazareno Carr. 113, Ave. Noil Estrada 384	660440089		53,505.23	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(5) H. Inf S. Teresita del Niño Jesus PO Box 140057, Arecibo, PR, 00614-0057	660514199		37,643.88	2,126.16	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(6) Hogar La Piedad, Inc Apartado 6300 Caguas PR 00726-6300	660264286		16,003.00	0.00	FMV		GOC,POC,DDD/ER
(7) Ho Muj S Maria d la Merced,Inc PO Box 370927, Cayey, PR, 00737	660470812		82.60	1,710.59	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(8) Hogar Posada La Victoria, Inc 52 Bo Galateo, Toa Alta PR	660448888		29,021.50	8,884.88	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(9) Hogar Ruth, Inc Carr 2 KM 0.29, Vega Alta, PR, 00692	660413881		38,564.68	0.00	FMV		GOC,POC,DDD/ER
(10) Hogar Santa Maria de los Angeles 352 San Claudio St 304, San Juan,	660558775		34,264.40	698.20	FMV	Gen,exts,gas can	GOC,POC,DDD/ER
(11) Hogar Santa Maria Eufrasia, Inc. PO Box 1909. Arecibo PR 00613	660447891		19,566.74	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(12) Hogar Santísima Trinidad, Inc C 861 Villas del Toa, Bo Mucarabones	660530256		30,754.21	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Hogares Rafaela Ybarra, Inc 432 Calle Torrelaguna Embalse San Jose	660353899		100,022.18	2,094.60	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(2) Hogares Teresa Toda PO Box 868, Canovanas, PR, 00729	660488810		63,427.76	2,094.60	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(3) EDUCARE HC 33 BOX 2047 DORAVILLE Dorado PR	660765964		0.00	698.20	FMV	Food,batt,diaper,filter	DDD/ER
(4) Iglesia Defensores de la Fe PO Box 2814, Bayamón PR 00960	660423361		0.00	5,385.74	FMV	Gen,food,solar lamp	DDD/ER
(5) Departamento de Salud PO Box 70184_ San Juan PR 00936	660437470		0.00	18,238.66	FMV	Solar lamps,batt,food	DDD/ER
(6) INICIATIVA COMUNITARIA DE INV PO Box 366535 San Juan PR 00936	660483960		72,337.33	0.00	FMV		GOC,POC,DDD/ER
(7) I for Ind , Group and Org Dev 51 Altos Calle Santiago Norte, Gurabo	660481394		36,526.32	3,782.74	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(8) Inst. de Ori y Terapia Familiar Plaza San Alfonso Gautier Benitez	660307031		74,234.58	698.20	FMV	Gen,exts,gas can	GOC,POC,DDD/ER
(9) I del Hogar Celia y Harry Bunker Urb. Hyde Park, 154 Calle Los Mirtos	660215050		44,768.36	698.20	FMV	Gen,exts,gas can	GOC,POC,DDD/ER
(10) I. Esp. para el Des. Int del Ind. Bda Esperanza Calle 4	660508696		56,871.33	2,947.80	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(11) Instituto Especial (Maricao) Carr. 128 Int , 428 Sector El treinta	660508696		59,323.37	8,347.76	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(12) I Esp para el Des Int del Ind 66 C Madre Dominga Florit st 3372	660508696		61,503.49	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Inst. Pre-Vocac e Ind de PR C Eugenio Maria de Hostos,Arecibo, PR	6604221420		35,130.47	2,321.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(2) Instituto Psicopedagogico, inc Calle Marginal, Bayamon , PR	660196040		70,384.63	2,094.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(3) Instituto Santa Ana, Inc. Carr. 5516 Sector El D, Adjuntas,PR	660439236		85,539.00	2,604.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(4) Jóvenes de Puerto Rico en Riesgo 112 Calle Arzuaga, San Juan, PR	660491142		44,815.08	0.00	FMV		GOC, POC
(5) Juan Domingo en Accion, Inc Barrio Juan Domingo, Guaynabo,PR	660394776		28,958.74	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(6) La Casa de Todos, Inc. Hc-23 Box 6128, Juncos ,PR, 00777	660425468		33,462.11	2,189.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(7) La Fondita de Jesus, Inc 704 Calle Monserrate, San Juan, PR	660426787		85,176.44	2,297.55	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(8) Make a Wish Foundation of PR Urb Hato Rey, Calle Agueybana San Juan	660481941		63,517.49	698.20	FMV	Food, batt, diapers	GOC, POC, DDD/ER
(9) Min de Ay al Nec , C Miseric Gurabo, PR	6605006917		16,489.43	4,094.65	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(10) Mision Rescate, Inc Calle William F Brennan, Mayaguez	660359707		42,822.40	4,517.87	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(11) Mov. Alcance Vida Ind (MAVI) Urb San Juan C 15-N11 Caguas, PR	660446732		21,855.65	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(12) Ofic Promo Y Desarrollo Humano PO Box 353 Arecibo, PR , 00613	660508486		42,912.98	2,094.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Politécnico Amigó, Inc 960 Calle Refugio, Miramar	660576367		59,456.19	2,444.60	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(2) PR Down Syndrome Foundation, Inc. Carr 199, Km 17 7, Ave Las Cumbres	660480413		45,640.93	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(3) Pr. de Apoyo y Enlace Comunitario PO Box 9000 Aguada, PR, 00602	660528378		35,632.61	4,148.30	FMV	Gen, food, solar lamp	GOC, POC DDD\ER
(4) Pr de Educ Comu de Entr y Serv 106 Calle 11, Parcelas Viejas 00741	660444454		703,884.62	375,659.87	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(5) Pr. del Adolescente de Naranjito PO Box 891 Naranjito PR 00719	660459355		37,905.76	5,206.56	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(6) Proyecto La Nueva Esperanza PO Box 603. San Antonio PR 00690	660565479		22,506.59	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(7) Sociedad San Vicente de Paul PO Box 4196_ Vega Baja_ PR 00694	660393319		35,420.07	0.00	FMV		GOC, POC
(8) San Jorge Children's Research 268 Calle San Jorge, Ste 202 00911	660531105		138,922.85	0.00	FMV		GOC, POC, DDD/ER
(9) Second Harvest of PR, Inc Industrial Corujo Marginal # 9 00960	660444882		115,109.12	0.00	FMV		GOC, POC, DDD/ER
(10) Serv Soc Cat de May ,Inc Carr 108, Km 2 8 Interior	660407820		74,943.14	1,396.40	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(11) Soc Americana del Cáncer de PR PO Box 366004 San Juan PR 00936-6004	660321594		175,803.13	3,088.96	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER
(12) (SER) de PR, Inc Urb Perez Morris, 500 Calle Baez	660207947		209,655.60	2,792.80	FMV	Gen, food, solar lamp	GOC, POC, DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) Soc Pro Niños Sordos Ponce, Inc PMB Box 497, Ponce , PR	660356920		23,786.00	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(2) Soc Puertorr de Epilepsia, Inc 1100 Calle Marginal Ruiz Soler 00959	660312587		98,701.68	1,396.40	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(3) Taller Salud, Inc Carr. 187, Km 0 7, Sector Tocones	660494692		41,305.52	1,396.40	FMV		GOC,POC,DDD/ER
(4) Travelers Aid of PR, Inc PO Box 38017 Carolina PR 00937-1017	660226397		34,405.34	0.00	FMV		GOC,POC
(5) YMCA de Ponce, Inc Urb. Santa Marma 7843 Calle Nazaret	660204831		102,096.70	3,988.49	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(6) YMCA San Juan, Inc 800 Boulev,Ca.Los Angeles Final	660190784		100,669.01	2,274.60	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(7) BECAS			2,250.00	0.00	FMV		
(8) OTHER UNDER $4,000			14,262.06	4,792.56	FMV	Gen,food,solar lamp	GOC,POC,DDD/ER
(9)				0.00			
(10) LESS DESIGNATION			-1,936,859 00	0.00			
(11)							
(12)							

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 . . . . . ▶ 21

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) EGIDA METROPOLITANA REPT MATROPOLITANO 908-CALLE 1 SJ PR	660695186		0.00	1,218.70	FMV	Gen,solar lamps,food	DDD/ER
(2) EL JARDIN DE LOS DUENDECITOS 111 CALLE 2 BO SAINT JUST T A PR 00977	660500356		0.00	880.43	FMV	Generator	DDD/ER
(3) FUNDACION CABECITAS RAPADAS AVE ANDALUCIA 362 PMB 149 SJ PR 00920	660719679		0.00	880.43	FMV	Generator	DDD/ER
(4) TALLER EDUCATIVO- HEADSTAR CAGUAS URB Terralinda 318 Caguas PR 00726	660548318		0.00	419.85	FMV	charger, solar lamp	DDD/ER
(5) HABITAT FOR HUMANITY PMB 135-1357 AVE ASHFORD SJ PR 00907	660515156		0.00	1,396.40	FMV	Gen,solar lamps, food	DDD/ER
(6) Hermanas Mercedarias de la Caridad Urb Rep. Montellano ST AE 69 SJ PR	660873622		0.00	942.20	FMV	Gen,solar lamps,food	DDD/ER
(7) Iglesia Cristiana Misionera, Inc. Box 537 Bayamon PR 00960	660427053		0.00	1,807.62	FMV	Gen,solar lamps, food	DDD/ER
(8) Instituto Nueva Escuela 1101 Ponce de Leo Suite 200 SJ PR	660725105		0.00	664.05	FMV	Food,batt,diaper,filter	DDD/ER
(9) Jennifer González 112 Sur Antonio J Landrau Carolina	582335969		0.00	846.28	FMV	Generator	DDD/ER
(10) Kelvin Kids Day Care Calle 691 Km 309 Los Puertos Dorado	XXXXX8624		0.00	846.28	FMV	Generator	DDD/ER
(11) Mi pequeño Eden P O Box 2259 Vega Baja PR	660533639		0.00	846.28	FMV	Generator	DDD/ER
(12) MIS PEQUEÑAS HUELLITAS AVE AMELIA PAOLI 7MA EXT Levittown	660788741		0.00	846.28	FMV	Generator	DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) MUNICIPIO DE DORADO MUNICIPIO DE DORADO PR 00646	660433565		0.00	510.98	FMV	Gen,exts,gas can	DDD/ER
(2) NEW YORK FOUNDING PO BOX 191274 San Juan PR 00919	131624123		0.00	716.23	FMV	Gen,exts,gas can	DDD/ER
(3) Niños de Nuestra Esperanza P O Box 89 Toa Baja PR 00951	660607020		0.00	698.20	FMV	Gen,exts,gas can	DDD/ER
(4) Parroquia San Antonio de Padua P O Box 2820 Guayama PR 00784	660192446		0.00	958.70	FMV	Gen,solar lamps,food	DDD/ER
(5) PROYECTO ACTIVATE PO BOX 801 Dorado PR 00646	660625525		0.00	698.20	FMV	Gen,exts,gas can	DDD/ER
(6) Shaddai Child Development Bo. Mameyal 94 C/18 Dorado PR 00646	660707044		0.00	1,189.86	FMV	Gen,solar lamps,food	DDD/ER
(7) The Hummane Society Of PR Carr #20 Km 3 8 Guaynabo PR 00970	530225390		0.00	698.20	FMV	Gen,exts,gas can	DDD/ER
(8) St Jude Children's Research Hosp 654 Muñoz Rivera Ave Ste 1717 SJ PR 00918	351044585		7,342.50	0.00			
(9) El Faro de los Animales, Inc PO Box 361532 San Juan PR 00936	660601885		4,164.62	0.00			
(10) Community Health Charities 1240 N Pitt Street 3rd Floor VA 22314	136167225		5,552.66	0.00			
(11) ABRAZO MATERNAL 4 BRISAS DEL CAMPO Cidra PR 00739	660885366		0.00	139.95	FMV	Solar lamp,charger	DDD/ER
(12) ACADEMIA PEQUEÑO EDEN PO BOX 2256 Vega Baja PR 00694	660533639		0.00	3,600.00	FMV	Solar lamp,charger	DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) ANDARINES DAY CARE PO BOX 367479 SJ PR 00936	660675609		0.00	510.00	FMV	Solar lamp,charger	DDD/ER
(2) AYUDANDO A LOS NUESTROS APARTADO 396 SJ PR 00936	xxxxx5306		0.00	7,272.12	FMV	Sol lamp,charger,Batt,food	DDD/ER
(3) San Agustin El Coqui PO box 127 Aguas Buenas PR 00703	660484387		0.00	1,491.40	FMV	Sol lamp,charger,Batt,food	DDD/ER
(4) CENTRO EDUCATIVO PASITOS DEL SABER CALLE 3 L19 URB DIPLO Naguabo PR 00718	660837234		0.00	1,179.90	FMV	Solar lamp,charger	DDD/ER
(5) CENTRO INFANTIL ESQUILIN MANGUAL URB BAIROA 1 BZ 4 CAGUAS 00725	660452131		0.00	739.95	FMV	solar lamp,charger	DDD/ER
(6) CIRCUS KETS DAY CARE & LEARNING CENTER PO BOX 1467 SABANA SECA PR 00952	660518263		0.00	1,169.85	FMV	solar lamp,charger	DDD/ER
(7) COLEGIO SAN JUAN BAUTISTA APARTADO 1877 Orocovis PR 00720	660318534		0.00	3,600.00	FMV	solar lamp,charger	DDD/ER
(8) COMUNIDAD EL NEGRO MUNICPIO DE YABUCOA PR 00767			0.00	672.34	FMV	Batt, clothes	DDD/ER
(9) COMUNIDAD MAUNABO MUYAS ALTOS BAJO PALO SECO Maunabo			0.00	4,007.38	FMV	Food, sunshade	DDD/ER
(10) Vidas Servicios sociales Episcopales Saint Just ST PO Box 775 TA PR 00978	660486217		0.00	1,759.80	FMV	solar lamp, charger	DDD/ER
(11) EDEN EL PARAISO HC01 BOX 3040 YABUCOA PR 00767	660683390		0.00	1,339.95	FMV	solar lamp, charger	DDD/ER
(12) WAVES 4 WATER SAN JUAN PR	271319189		0.00	925.20	FNV	sunshade	DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) HAPPY FACE PO BOX 894 PUNTA SANTIAGO Humacao PR	660773854		0.00	1,689.75	FMV	solar lamp, charger	DDD/ER
(2) HEADSTAR CIUDAD ESMERALDA Barrio Mary	XXX XX 6907@_		0.00	750.00	FMV	solar lamp, charger	DDD/ER
(3) IGLESIA SANTISIMO REDENTOR CIUDAD MASSO 43 calle 4 San Lorenzo			0.00	1,059.32	FMV	water, sunshades	DDD/ER
(4) IGLESIA DISCIPULOS DE CRISTO DORADO PUEBLO PR 00646	660624663		0.00	2,877.78	FMV	Gen, solar lamps, food	DDD/ER
(5) Valle Infantil Mun. Hormigueros PO Box 97 Hormiguero PR 00660	660423361		0.00	879.90	FMV	solar lamps, charger	DDD/ER
(6) IGLESIA SAMARIA EVANGELICA PO BOX 825 GURABO_PR 00778	660480484		0.00	698.20	FMV	Gen, ext, gas can	DDD/ER
(7) JEREH DAY CARE HC 2 BOX 15437 CAROLINA PR 00985	660823178		0.00	1,179.90	FMV	solar lamp, charger	DDD/ER
(8) KID ZONE CHILD CARE Carr #2 Km 28 DORADO PR	66060070		0.00	846.28	FMV	Generator	DDD/ER
(9) LUIS SEVILLANO CALLE 1970 ALTURAS MAYAGUEZ PR 00682			0.00	698.20	FMV	Gen, gas can	DDD/ER
(10) MIS ANGELITOS BRILLANTES PO BOX 1289 San Lorenzo PR 00754	660433532		0.00	2,400.00	FMV	solar lamp, charger	DDD/ER
(11) MOCHILEANDO SULTANA DEL OESTE 35 FLAMINGO Bay 00956			0.00	933.20	FMV	sunshade	DDD/ER
(12) PARROQUIA NUESTRA SRA DE FATIMA URB BALDRICH AVE MUNOZ RIVERA 608 HR	660290599		0.00	1,081.80	FMV	sunshade, water	DDD/ER

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) PEKEVILLE LEARNING CENTER URB EL SENORIAL 329 San Juan PR 00926	660842888		0.00	869.85	FMV	solar lamp, chargers	DDD/ER
(2) 1era IGLESIA BAUTISTA DE OROCOVIS PO BOX 181 OROCOVIS PR 00720	660371317		0.00	1,233.60	FMV	sunshades	DDD/ER
(3) SAN AGUSTIN EL COQUI PO BOX 127 AGUAS BUENAS PR 00703	660484387		0.00	1,491.40	FMV	gen, solar lamp, food	DDD/ER
(4)							
(5)							
(6)							
(7)							
(8)							
(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 . . . . . ▶

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods			8,682.00	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			82,280.00	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(Office chairs)			3,559.00	FAIR MARKET VALUE
26	Other ▶(Electric, generator, batteries, gas tanks and solar light			378,480.00	FAIR MARKET VALUE
27	Other ▶(Floor Slabs)			3,494.00	FAIR MARKET VALUE
28	Other ▶(Adm. Se. & O.Space			748,517.00	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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't 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.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2017

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 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": $154,586

PROGRAM SERIVCES EXPENSES "ALLOCATION SERVICES": $230,287

PROGRAM SERIVCES EXPENSES "OTHER PROGRAM": $216,010 GRANTS $2,250

PROGRAM SERIVCES EXPENSES "SPECIAL PROJECT": $1,419,617 GRANTS $1,175,884

PROGRAM SERVICES " DISASTER RELIEF PROGRAM - DISASTER RELIEF FUNDS AS A DIRECT RESPONSE FROM MULTIPLE THIRD-PARTIES AIMED AT HELPING FONDOS UNIDOS DE PUERTO RICO AND ITS AFFILIATED ORGANIZATIONS IN THEIR RECOVERY EFFORTS AFTER THE PASSAGE OF HURRICANES IRMA AND MARIA. THE ORGANIZATION RECOGNIZED THE AMOUNT AS A TEMPORARILY RESTRICTED CONTRIBUTION IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS WITH THE INTENTION OF RELEASING FROM RESTRICTION AMOUNTS USED AND TRANSFERRED TO OTHER ORGANIZATIONS.

PROGRAM SERVICES EXPENSES " DISASTER RELIEF PROGRAM: $998,229 REVENUE $4,061,076

FORM 990, PAGE 2, PART III, LINE 2 DISASTER RELIEF PROGRAM - CREATE THE DISASTER RELIEF FUNDS AS A DIRECT RESPONSE FROM MULTIPLE THIRD-PARTIES AIMED AT HELPING FONDOS UNIDOS DE PUERTO RICO AND ITS AFFILIATED ORGANIZATIONS IN THEIR RECOVERY EFFORTS AFTER THE PASSAGE OF HURRICANES IRMA AND MARIA ON SEPTEMBER 2017.

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

Employer identification number: 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

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

FORM 990, PAGE 6, PART VI

LINE 12C - NO CONTRACT OR TRANSACTION RELATING TO THE OPERATIONS CONDUCTED BY THE ORGANIZATION AND TO WHICH THE ORGANIZATION IS A PARTY SHALL BE INVALIDATED BY REASON OF THE FACT THAT ANY GOVERNORS OR EMPLOYEE IS INTERESTED THEREIN, BUT ANY SUCH TRANSACTION MUST BE FULLY DISCLOSED IN WRITING TO THE BOARD OF GOVERNORS FOR THE BOARD'S APPROVAL PRIOR TO THE CONTRACT OR TRANSACTION TAKING EFFECT.

LINE 15 - THE SALARY AND REMUNERATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL BE FIXED BY THE BOARDS OF GOVERNORS. SALARIES AND WAGES OF OTHER AGENTS AND EMPLOYEES SHALL BE FIXED BY THE PRESIDENT BASED ON THE SALARY RANGES APPROVED BY THE BOARD OF GOVERNORS AND SUBJECT TO THE APPROVED GENERAL OPERATING BUDGET.

LINE 19- UPON REQUEST

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

FORM 990 - PART XI- LINE 5- NET UNREALIZED GAIN ON INVESTMENT SECURITIES OF $170,388

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Fondos Unidos de Puerto Rico, Inc.

Employer identification number

66-0269222

FORM 990, PAGE 6, PART VI

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

LINE 7A- FOR CALENDAR YEAR 2017, THERE WERE 38 VOTING MEMBERS, 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: Fondos Unidos de Puerto Rico, Inc.

Employer identification number: 66-0269222

FORM 990, PAGE 6, PART VI

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