

## Federal E-File Confirmation

Printed : 08/12/2021 09:33 AM

FALCON SANCHEZ  
isalcedo@falcon-sanchez.com  
PO Box 366397  
San Juan , PR 00936  
Phone : (787) 425-0500

FONDOS UNIDOS DE PR INC

Thank you for electronically filing your 2020 federal income tax return. This letter is a confirmation of the transmission of your return to the IRS. It is designed to help you understand some of the procedures involved with electronic filing. PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF YOUR RETURN.

<b>Exempt Organization Confirmation of Your Tax Return</b>	
Acknowledgment Date	08/11/2021 10:11 AM
Status	Accepted
Submission ID	6614972021223f9zg5j4

### If You Need to Make a Change to Your Return

In the event you need to make a change or correct the return you filed electronically, you must file an amended paper return, Form 990, and check 'Amended return' on Client Information Sheet.

### Additional Questions

If you have any other questions about your electronically filed return, you may call the Electronic Filing Section of the IRS at the Ogden Service Center at 866-255-0654, or you may write to Internal Revenue Service, Ogden Service Center, Attn: Stop 6052, 1160W. 1200 S. Ogden, UT 84201

**Return of Organization Exempt From Income Tax**

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning **01/01, 2020**, and ending **12/31, 2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **FONDOS UNIDOS DE PR 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**

**D** Employer identification number  
**66-0269222**

**E** Telephone number  
**(787)728-8500**

**G** Gross receipts \$ **18,727,647**

**F** Name and address of principal officer: **SAMUEL GONZALEZ**  
**PO BOX 191914 San Juan PR 00919**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ <https://unitedwaypr.org/en/>

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1967** **M** State of legal domicile: **uerto Rico**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: RAISE FUNDS IN ANNUAL CAMPAIGN TO COVER PROGRAM SERVICES OF ITS PARTICIPATING AGENCIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	38
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	37
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	45
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,201
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	6,410,443	17,844,210
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,306	79,586
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259,761	803,851
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,756,510	18,727,647
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,035,659	5,319,494
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,706,786	1,761,308
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 715,763		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,030,289	2,289,162
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,772,734	9,369,964	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,016,224	9,357,683	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 9,964,118	End of Year 19,619,066
	<b>21</b> Total liabilities (Part X, line 26)	1,454,505	1,751,770
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,509,613	17,867,296

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**SAMUEL GONZALEZ** PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: CPA IVAN N SALCEDO MALDONADO, E Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: P02073004  
 Firm's name ▶ FALCON SANCHEZ Firm's EIN ▶ 66-0585022  
 Firm's address ▶ PO BOX 366397 San Juan PR 00936 Phone no.:

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE PURPOSE OF THE ORGANIZATION IS TO RAISE FUNDS IN ANNUAL CAMPAIGNS TO COVER PROGRAM SERVICES OF ITS PARTICIPATING AGENCIES

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,961,171 including grants of \$ 3,961,171 ) (Revenue \$ 4,849,969 )  
FUNDS DISTRIBUTIONS AND ALLOCATION SERVICES - PAYMENT TO PARTICIPATING AGENCIES. GRANTS CONSIST OF ALLOCATION OF FUNDS COLLECTED THROUGH THE ANNUAL CAMPAIGN IN PUBLIC AND PRIVATE SECTOR TO MORE THAN ONE THOUSAND WELFARE AND HEALTH AGENCIES OF WHICH 114 ARE AFFILIATED TO THE AGENCY WHICH BENEFIT MORE THAN 800k PEOPLE IN PUERTO RICO

**4b** (Code: ) (Expenses \$ 103,108 including grants of \$ ) (Revenue \$ )  
INFORMATION AND REFERRAL - 211 OF THE PUERTO RICO IS AN EASY TO REMEMBER PHONE NUMBER THAT CONNECT CALLERS TO INFORMATION ABOUT CRITICAL HEALTH AND HUMAN SERVICES AVAILABLE IN PUERTO RICO. THIS SERVICE PROVIDES CALLERS WITH INFORMATION AND REFERRAL TO HUMAN SERVICES FOR EVERYDAY NEEDS AND IN THE TIME OF CRISIS. 211 CAN OFFER ACCESS TO BASIC HUMAN NEED RESOURCES, PHYSICAL AND MENTAL HEALTH RESOURCES AND ANY OTHER SERVICES THAT THE PERSON NEEDS.

**4c** (Code: ) (Expenses \$ 69,343 including grants of \$ ) (Revenue \$ )  
VOLUNTEER CENTER - MATCH YOU WITH VOLUNTEER OPPORTUNITIES THAT FIT THE INTEREST, SKILLS, AVAILABILITY AND LOCATION WITH THE NEEDS OF THE NON-PROFIT ORGANIZATION. ALSO, PROMOTE THE VOLUNTEER HELP AMONG THE CORPORATIONS THAT SUPPORT THE ANNUAL FUNDRAISING CAMPAIGN. ALSO HAD A PROGRAM CALLED CLUB ME IMPORTAS TU THAT DEVELOPS THE LEADERSHIP SKILLS FOR HIGH SCHOOL AND UNIVERSITY STUDENTS

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ► 4,133,622

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b> x	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<b>2</b> x	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	x
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	x
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	x
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b>	x
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	x
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	x
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b>	x
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b>	x
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b> x	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b> x	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	x
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b>	x
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	x
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	x
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b> x	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	x
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	x
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	x
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<b>14b</b>	x
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b>	x
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<b>16</b>	x
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I See instructions . . . . .</i>	<b>17</b>	x
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b>	x
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	x
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	x
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> x	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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 . . . . .		<b>x</b>
<b>23</b>	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 . . . . .		<b>x</b>
<b>24a</b>	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 . . . . .		<b>x</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		<b>x</b>
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		<b>x</b>
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<b>x</b>
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		<b>x</b>
<b>b</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 . . . . .		<b>x</b>
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .		<b>x</b>
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		<b>x</b>
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		<b>x</b>
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		<b>x</b>
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		<b>x</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>x</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		<b>x</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		<b>x</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		<b>x</b>
<b>33</b>	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 . . . . .		<b>x</b>
<b>34</b>	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 . . . . .		<b>x</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<b>x</b>
<b>b</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 . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		<b>x</b>
<b>37</b>	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 . . . . .		<b>x</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>x</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>x</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
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		
	<b>2a</b> 45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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?		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	<b>11a</b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
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	<b>13b</b>	
c	Enter the amount of reserves on hand	<b>13c</b>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	



**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.

See instructions for the order in which to list the persons above.

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) SEE Part VII ,Section A. Officers, Directors, Trust										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							0	479,995	0	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							0	479,995	0	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>x</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<b>x</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>x</b>

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,216,824				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,627,386				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 611,208				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		17,844,210				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		-----						
<b>b</b>		-----						
<b>c</b>		-----						
<b>d</b>		-----						
<b>e</b>		-----						
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		79,586	79,586			
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>	<b>6a</b>						
			(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0				
	<b>7a</b>	<b>7a</b>						
			(i) Securities					
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	0	0				
<b>d</b>	Net gain or (loss) . . . . . ▶							
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		0					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		0					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		0					
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	-----						
	<b>b</b>	-----						
	<b>c</b>	-----						
	<b>d</b>	All other revenue . . . . .			803,851	803,851		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		803,851				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			18,727,647	883,437	0	0	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,319,494	5,319,494		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	479,995	67,600	359,996	52,399
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,002,286	510,111	133,935	358,240
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	23,422	6,595	12,021	4,806
<b>9</b> Other employee benefits . . . . .	132,301	44,558	46,585	41,158
<b>10</b> Payroll taxes . . . . .	123,304	49,025	36,145	38,134
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	215,443	130,428	63,178	21,837
<b>12</b> Advertising and promotion . . . . .	823,120	788,873	1,528	32,719
<b>13</b> Office expenses . . . . .	22,351	15,704	4,046	2,601
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	35,953	13,383	8,908	13,662
<b>17</b> Travel . . . . .	58,632	20,460	21,113	17,059
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,262	523	673	66
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	127,498	36,975	42,074	48,449
<b>22</b> Depreciation, depletion, and amortization . . . . .	87,032	33,657	24,808	28,567
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> VOLUNTEER, COMMUNITY AND AGENCY RELAT	679,486	678,210	424	852
<b>b</b> UTILITIES AND INSURANCE	145,483	109,843	12,480	23,160
<b>c</b> REPAIRS AND MAINTENANCE	65,825	27,303	15,125	23,397
<b>d</b> POSTAGE AND SHIPPING	3,250	1,028	1,029	1,193
<b>e</b> All other expenses	23,827	8,538	7,825	7,464
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,369,964	7,862,308	791,893	715,763
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	2,389,331	<b>2</b>	12,083,814
	<b>3</b> Pledges and grants receivable, net . . . . .	2,760,181	<b>3</b>	2,692,073
	<b>4</b> Accounts receivable, net . . . . .	307,020	<b>4</b>	207,041
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	30,329
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,705,571		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 3,098,518	688,998	<b>10c</b> 607,053
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,785,942	<b>12</b>	3,998,756
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	32,646	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	9,964,118	<b>16</b>	19,619,066	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	482,076	<b>17</b>	1,054,461
	<b>18</b> Grants payable . . . . .	761,234	<b>18</b>	682,192
	<b>19</b> Deferred revenue . . . . .	211,195	<b>19</b>	15,117
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,454,505	<b>26</b>	1,751,770
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	5,825,846	<b>27</b>	14,660,383
	<b>28</b> Net assets with donor restrictions . . . . .	2,683,767	<b>28</b>	3,206,913
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	8,509,613	<b>32</b>	17,867,296	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	9,964,118	<b>33</b>	19,619,066	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,727,647
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,369,964
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,357,683
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	8,509,613
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,867,296

**Part XII Financial Statements and Reporting**

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

- 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
- 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
- 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 on Schedule O.
- 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? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits .

	Yes	No
<b>2a</b>		<b>x</b>
<b>2b</b>	<b>x</b>	
<b>2c</b>	<b>x</b>	
<b>3a</b>		<b>x</b>
<b>3b</b>		

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. FONDOS UNIDOS DE PR INC	Taxpayer identification number (TIN) 66-0269222
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 191914	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Juan PR 00919	

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

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

- The books are in the care of ▶ \_\_\_\_\_
- Telephone No. ▶ \_\_\_\_\_ (787)728-8500 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . ▶ . If it is for part of the group, check this box . . . ▶  and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year 20 20 or
  - ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return FONDOS UNIDOS DE PR INC	Business or activity to which this form relates	Identifying number 66-0269222
--	---	----------------------------------

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	1,040,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	2,550,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	1,040,000
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	1,040,000
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	0
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	<b>14</b>	0
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	0
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	0

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2020 . . . . .	<b>17</b>	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		0	0			0
b 5-year property		0	0			0
c 7-year property		0	0			0
d 10-year property		0	0			0
e 15-year property		0	0			0
f 20-year property		0	0			0
g 25-year property		0	25 yrs.		S/L	0
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property		0	39 yrs.	MM	S/L	0
		0	0	MM	S/L	0

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life		0	0		S/L	0
b 12-year		0	12 yrs.		S/L	0
c 30-year			30 yrs.	MM	S/L	
d 40-year		0	40 yrs.	MM	S/L	0

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	87,032
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	87,032
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .								<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:									
BUILDING		100 %	1,433,180	1,433,180		S/L	35,832		
BUILDING IMPROV		100 %	615,364	615,364		S/L	33,787		
EQUIPMENT & FU		100 %	1,407,020	1,407,020		S/L	17,413		
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	87,032	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . . . .	0	0	0	0	0	0	0	0	0	0	0	0
<b>31</b> Total commuting miles driven during the year . . . . .	0	0	0	0	0	0	0	0	0	0	0	0
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	0	0	0	0	0	0	0	0	0	0	0	0
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year . . . . .				<b>43</b>	0
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

FONDOS UNIDOS DE PR 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  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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	9,001,597	12,496,211	14,814,072	6,410,433	18,648,061	61,370,374
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	9,001,597	12,496,211	14,814,072	6,410,433	18,648,061	61,370,374
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						61,370,374

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	9,001,597	12,496,211	14,814,072	6,410,433	18,648,061	61,370,374
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	93,338	114,336	101,911	128,113	79,586	517,284
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10						61,887,658
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.16 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.0717 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> 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 . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						0
<b>b</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						0
<b>c</b> Add lines 7a and 7b . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						0
<b>c</b> Add lines 10a and 10b . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	0	0	0	0	0	0
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	0 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	0 %
<b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>3b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>4b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>4c</b>	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)? <i>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.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>5b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>9b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>9c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
<b>10b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b 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 <b>Part VI</b> 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 line 2a, above, 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 <b>Part VI</b> 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 lines 3a and 3b 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? If "Yes" or "No," provide details in <b>Part VI</b> .	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 <b>Part VI</b> 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	0 0
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	0 0
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	0 0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	0 0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0 0
6	Multiply line 5 by 0.035.	6	0 0
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0 0
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	0
2	Enter 0.85 of line 1.	2	0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	0
7	<input type="checkbox"/> 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	0
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4	Amounts paid to acquire exempt-use assets	0
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	0
6	Other distributions (describe in Part VI). See instructions.	0
7	<b>Total annual distributions.</b> Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	0
9	Distributable amount for 2020 from Section C, line 6	0
10	Line 8 amount divided by line 9 amount	0

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.	0	
3	Excess distributions carryover, if any, to 2020		
a	From 2015 . . . . . 0		
b	From 2016 . . . . . 0		
c	From 2017 . . . . . 0		
d	From 2018 . . . . . 0		
e	From 2019 . . . . .		
f	<b>Total</b> of lines 3a through 3e	0	
g	Applied to underdistributions of prior years	0	
h	Applied to 2020 distributable amount		0
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2020 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years	0	
b	Applied to 2020 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	0	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2016 . . . . . 0		
b	Excess from 2017 . . . . . 0		
c	Excess from 2018 . . . . . 0		
d	Excess from 2019 . . . . . 0		
e	Excess from 2020 . . . . . 0		





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization  
FONDOS UNIDOS DE PR INC

Employer identification number  
66-0269222

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>FONDOS UNIDOS DE PR INC</b>	Employer identification number <b>66-0269222</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MACKENZIE FOUNDATION ----- 2888 UNIVERSITY STREET ----- Seattle WA 98155 -----	\$ 10,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PUERTO RICO DEPARTMENT OF HEALTH ----- GPO Box 70184 ----- San Juan PR 00936 -----	\$ 1,216,824	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WALMART PUERTO RICO INC ----- Carr 1 Km 28 7 Bo Rio Canas ----- Caguas PR 00725 -----	\$ 381,427	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FONDOS UNIDOS DE PR INC	Employer identification number 66-0269222
---	--

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization FONDOS UNIDOS DE PR INC	Employer identification number 66-0269222
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

Employer identification number

FONDOS UNIDOS DE PR INC

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 . . . . .		
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 . . . . .	▶ \$ _____
(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 FASB 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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f 0   |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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	0	0	0	0	0

- 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 Term 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		250,007
b Buildings		1,433,180	1,182,456	250,724
c Leasehold improvements		615,364	492,049	123,315
d Equipment		1,407,020	1,424,013	-16,993
e Other				0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				607,053

**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	3,998,756	
(A) EQUITY MUTUAL FUND	3,140,727	F
(B) EXCHANGED TRADED PRODUCTS	858,029	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	3,998,756	

**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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .	0	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	0

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	0

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	18,727,647
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	18,727,647
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12a.) . . . . .		<b>5</b>	18,727,647

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	9,369,964
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	9,369,964
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	9,369,964

**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.

-----

-----

-----

-----

-----









**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
FONDOS UNIDOS DE PR 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				
2				
3				
4				
5			85,994	
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19			10,830	FMV
20			460,702	FMV
21				
22				
23				
24				
25			3,983	FMV
26			49,699	FMV
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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?		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?		x
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		x
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization  
**FONDOS UNIDOS DE PR 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.

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.

FORM 990, PAGE 6, PART VI, LINE 15B 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

FORM 990, PAGE 6, VI, LINE 19 UPON REQUEST

Name of the organization FONDOS UNIDOS DE PR INC	Employer identification number 66-0269222
---	--

Area with horizontal dashed lines for supplemental information.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name of organization or government	(a) Address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asamblea Familiar Virgilio Davila Inc	PO BOX 607061, Bayamon, PR, 00960	66-0487112		37,460				
Asesores Financieros Comunitarios Inc	PO BOX 192726, San Juan, PR, 00919	66-0701458		17,858				
Asociacion de Alzheimer y Desordenes Relacionados de Puerto Rico Inc	EDIFICIO LA ELECTRICA 1608, San Juan, PR, 00910	66-0472045		18,547	4,045	FMV	FOOD AND SUPPLIES	
Asoc de Espina Bifida e Hidrocefalia de Puerto Rico Inc	PO BOX 8262, Bayamon, PR, 00960	66-0423489		49,950	3,067	FMV	FOOD AND SUPPLIES	
Asociacion de Personas con Impedimentos Inc	EDIF CLAUDETTE TORO CALLE DR VEVE, San German, PR, 00683	66-0374268		26,708				
Asociacion Educativa Pro Desarrollo Humano de Culebra Inc	PO BOX 477, Culebra, PR, 00775	66-0421458		44,802				
Asoc Mayaguezana de Personas con Impedimentos Inc	PO BOX 745, Mayaguez, PR, 00680	66-0406690		33,839	2,045	FMV	FOOD AND SUPPLIES	
Asociacion Pro Ciudadanos con Impedimentos de Sabana Grande Inc	28 CALLE BETANCES, Sabana Grande, PR, 00637	66-0386413		20,221				
Asociacion Pro Juventud y Comunidad de Barrio Palmas Inc	PO BOX 63476, Catano, PR, 00963	66-0406990		71,195	25,674	FMV	FOOD AND SUPPLIES	
Asociacion Puertorriquena de Diabetes Inc	PO BOX 19445, San Juan, PR, 00910	66-0442165		19,160				
Banco de Alimentos de PR Second Harvest of Puerto Rico Inc	INDUSTRIAL CORUJO MARGINAL 9, Bayamon, PR, 00960	66-0444882		51,313	294	FMV	FOOD AND SUPPLIES	
Bills Kitchen Inc	PO BOX 195678, San Juan, PR, 00919	66-0493399		35,815	23,178	FMV	FOOD AND SUPPLIES	
Boy Scouts of America PR Council Inc	ESMERALDA EDIF BOYS SCOUT, Guaynabo, PR, 00969	66-0201809		52,914				
Boys and Girls Clubs of Puerto Rico Inc	RES LAS MARGARITAS AVE EDUARDO COND, San Juan, PR, 00923	66-0327584		62,299	294	FMV	FOOD AND SUPPLIES	
Caritas de Puerto Rico Inc	PO BOX 8812 FERNANDEZ JUNCOS, San Juan, PR, 00910	66-0287035		50,093	5,954	FMV	FOOD AND SUPPLIES	
Casa de la Bondad Inc	MSC 406 PO BOX 890, Humacao, PR, 00791	66-0502690		30,011	2,716	FMV	FOOD AND SUPPLIES	
Casa de Ninos Manuel Fernandez Juncos Inc	CALLE VILLA VERDE ESQ REFUGIO FINAL, San Juan, PR, 00907	66-0191953		76,800	201	FMV	FOOD AND SUPPLIES	
Casa del Peregrino Inc	PO BOX 3837, Aguadilla, PR, 00605	66-0541904		17,381	1,636	FMV	FOOD AND SUPPLIES	
Casa Juan Bosco Inc	LA JOYA 107 ST SAN CARLOS, Aguadilla, PR, 00603	66-0540316		30,685	409	FMV	FOOD AND SUPPLIES	



## FONDOS UNIDOS DE PR INC

66-0269222

Casa la Providencia Inc	CALLE 2 PARCELAS JUAREZ 175,Loiza,PR,00772	66-0276597		70,352				
Casa Pensamiento Mujer del Centro Inc	57 CALLE DEGETAU NORTE,Aibonito ,PR,00705	66-0462822		47,988	23,581	FMV	FOOD AND SUPPLIES	
Casa Protegida Julia de Burgos Inc	CALLE LAS PALMAS PDA 20,San Juan,PR,00909	66-0387659		38,471	1,088	FMV	FOOD AND SUPPLIES	
Centro Coameno para la Vejez Inc	CALLE MARIO BRASCHINI 28,Coamo,PR,00769	66-0312685		25,405	1,758	FMV	FOOD AND SUPPLIES	
Centro Comunitario Rvda Ines J Figu	CARR 177 MARGINAL AVE LOMAS VERDES,Bayamon,PR,00956	66-0561388		15,828	1,413	FMV	FOOD AND SUPPLIES	
Centro Cultural y Servicios de Cantera Inc	2406 CALLE SANTA ELENA PEN DE CANTR, San Juan,PR,00915	66-3906546		55,979	26,579	FMV	FOOD AND SUPPLIES	
Centro de Ayuda a Ninos con Impedimentos Inc	133 CALLE DR GONZALEZ,Isabela,PR,00662	66-0443137		49,163				
Centro de Ayuda y Terapia al Nino con Impedimentos Inc	133 CALLE DR GONZALEZ,Moaca,PR,00676	66-0479321		62,961	1,022	FMV	FOOD AND SUPPLIES	
Centro de Envejecientes Club de Oro Inc	PO BOX 9176,Caguas,PR,00726	66-0268890		40,812	23,077	FMV	FOOD AND SUPPLIES	
Centro de Envejecientes Hogar Paz de Cristo	URB LLANOS DEL SUR CALLE LOS CLAVEL,Coto Laurel,PR,00780	66-0360384		25,767	1,671	FMV	FOOD AND SUPPLIES	
Centro de Envejecientes Juan de los Olivos Inc	CARR 620 KM 2 SECTOR FATIMA,Vega Alta,PR,00692	66-0345980		27,056	2,421	FMV	FOOD AND SUPPLIES	
Centro de Orientacion y Accion Social Inc	59 Y 60 CALLE TEODOMIRO RAMIREZ,Vega Alta,PR,00692	66-0556542		16,425	27,047	FMV	FOOD AND SUPPLIES	
Centro de Renovacion y Desarrollo Humano Espiritual El Buen Pastor Inc	HC 1 Box 22925,Caguas,PR,00725	66-0576940		13,801	1,388	FMV	FOOD AND SUPPLIES	
Centro de Respiro y Rehabilitacion San Francisco Inc	CARR 715 BO SUMIDO,Cayey, PR,00736	66-0567316		25,273	2,045	FMV	FOOD AND SUPPLIES	
Centro de Servicios Comunitario Vida Plena Inc	200 AVE CUPEY GARDENS SUITE 6W,San Juan,PR,00926	66-0559045		21,253				
Centro de Servicios Ferran Inc	58 FINAL CALLE A BDA FERRAN,Ponce, PR,00730	66-0479776		47,157	2,045	FMV	FOOD AND SUPPLIES	
Centro del Triunfo Inc	PO BOX 20197,San Juan,PR,00928	66-0516904		58,338	102	FMV	FOOD AND SUPPLIES	
Centro Educativo Joaquina de Vedruna Inc	CARR 1 RAMAL AVE LOMAS VERDES,Bayamon,PR,00956	66-0366788		26,821				
Centro Esperanza Inc	PO BOX 482,Loiza,PR,00772	66-0479375		50,246	2,045	FMV	FOOD AND SUPPLIES	
Centro ESPIBI INC	PO BOX 216,Mayaguez,PR,00681	66-0395415		52,457	785	FMV	FOOD AND SUPPLIES	

## FONDOS UNIDOS DE PR INC

66-0269222

Centro Geriatrico Caritativo La Milagrosa	PO BOX 2247, Mayaguez, PR, 00681	66-0310437		14,495	3,471	FMV	FOOD AND SUPPLIES	
Centro Geriatrico El Remanso In	PO BOX 20197, Bayamon, PR, 00956	66-0379774		28,400	21,404	FMV	FOOD AND SUPPLIES	
Centro la Providencia para Personas de Mayor Edad Inc	APARTADO 482, Loiza, PR, 00772	66-0313509		40,805	347	FMV	FOOD AND SUPPLIES	
Centro Madre Dominga Casa Belen Inc	URB SAN JORGE 3405 C/ ANDINO APT 2, Ponce, PR, 00717	66-6605907		14,161				
Centro Margarita Inc	RR 3 BOX 7260, Cidra, PR, 00739	66-0366245		57,919	409	FMV	FOOD AND SUPPLIES	
Centro Nuevos Horizontes Inc	LOMAS VERDES 3M-20 AVE LAUREL, Bayamon, PR, 00959	66-0445431		31,031				
Centro para Ninos El Nuevo Hogar Inc	SECTOR OLIMPIO, Adjuntas, PR, 00601	66-0423758		30,937				
Centro Ramon Frade para Personas de Mayor Edad Inc	CENTRO COMUNAL RES BENIGNO FDEZ, Cayey, PR, 00736	66-0430105		26,104	2,947	FMV	FOOD AND SUPPLIES	
Centro Renacer Inc	PO BOX 3772, Guaynabo, PR, 00970	66-0419857		25,671	380	FMV	FOOD AND SUPPLIES	
Centro San Francisco Inc	PO BOX 10479, Ponce, PR, 00731	66-0407440		45,189	1,128	FMV	FOOD AND SUPPLIES	
Centro Santa Luisa Inc	RR 6 BOX 9492, San Juan, PR, 00926	66-0313581		23,884	3,359	FMV	FOOD AND SUPPLIES	
Centros Sor Isolina Ferre Inc	PO BOX 7313, Ponce, PR, 00732	66-0277396		133,574	27,015	FMV	FOOD AND SUPPLIES	
Christian Community Center Inc	CENTROS 1 Y 2 CARR 842 SECTOR CORRE, San Juan, PR, 00926	66-0554796		12,971	208	FMV	FOOD AND SUPPLIES	
Colegio de Educacion Especial y Rehabilitacion Integral Inc	URB EL CEREAL 1628, San Juan, PR, 00926	66-0355157		35,325	478	FMV	FOOD AND SUPPLIES	
Colegio San Gabriel Inc	PO BOX 360347, San Juan, PR, 00936	66-0035515		47,126				
Comite de Gericultura de Guayama Inc	PO BOX 1035, Guayama, PR, 00785	66-0312684		18,903				
Concilio Caribe de Ninas Escuchas	500 CALLE ELISA COLBERG, San Juan, PR, 00907	66-0200470		33,836				
Consejo Renal de Puerto Rico Inc	117 ELEONOR ROOSVELT OFIC 100 A, San Juan, PR, 00936	66-0408212		34,513				
Corporacion Milagros del Amor Inc	78 CALLE GAUTIER BENITEZ, Caguas, PR, 00725	66-0528522		19,992	613	FMV	FOOD AND SUPPLIES	
CREARTE Inc	PO BOX 190969, San Juan, PR, 00919	66-0585251		25,087	1,636	FMV	FOOD AND SUPPLIES	
Cruz Roja Americana - Puerto Rico Chapter	PO BOX 9021067, San Juan, PR, 00902	66-0188842		121,959				
Cuerpo de Voluntarios de Servicios Medicos de Emergencias Inc	PO BOX 1290, Hatillo, PR, 00659	66-0563792		25,386	2,437	FMV	FOOD AND SUPPLIES	

## FONDOS UNIDOS DE PR INC

66-0269222

Esperanza para la Vejez Inc HOPE	DD-16 URB VILLA CONTESSA, Bayamon, PR, 00956	66-0268234		39,496	30,911	FMV	FOOD AND SUPPLIES	
Forjando un Nuevo Comienzo Inc	PMB 312 PO BOX 7886, Guaynabo, PR, 00969	66-0592098		13,195	2,045	FMV	FOOD AND SUPPLIES	
Forjando un Nuevo Comienzo Inc	PMB 312 PO BOX 7886, Guaynabo, PR, 00969	66-0592098		13,195				
Fundacion DAR Inc	PO BOX 360648, San Juan, PR, 00936	66-0450481		41,292				
Fundacion Dr Garcia Rinaldi Inc	PO BOX 8816, San Juan, PR, 00910	66-0491622		22,175				
Fundacion Hogar Ninito Jesus Inc	PO BOX 192503, San Juan, PR, 00919	66-0478096		56,062	1,267	FMV	FOOD AND SUPPLIES	
Fundacion Puertorriquena del Rinon Inc	PO BOX 29793, San Juan, PR, 00929	66-0480279		14,337	1,963	FMV	FOOD AND SUPPLIES	
Fundacion Puertorriquena Sindrome Down	PO BOX 195273, San Juan, PR, 00919	66-0480413		33,916				
FUNDESCO - Fundacion de Desarrollo Comunal de PR Albergue Los Peregrinos	PO Box 6300, Ponce, PR, 0732	66-0264286		19,883	20,234	FMV	FOOD AND SUPPLIES	
FUNDESCO Fundacion de Desarrollo Comunal de PR Hogar La Piedad Inc	APTDO 6300, Caguas, PR, 00726	66-0264286		11,288	2,045	FMV	FOOD AND SUPPLIES	
Hogar Albergue de Ninos de San German Inc Portal de Amor	CALLE GAMBOA 4, San German, PR, 00683	66-0469637		28,408				
Hogar Albergue para Ninos Jesus de Nazaret Inc	APARTADO 1147, Mayaguez, PR, 00680	66-0476875		48,771				
Hogar Colegio La Milagrosa Inc	URB ZENO GANDIA 987, Arecibo, PR, 0612	66-0320329		20,586	3,556	FMV	FOOD AND SUPPLIES	
Hogar Cuna San Cristobal Inc	PMB 428 HC 01 BOX, Caguas, PR, 00725	66-0479465		45,106	364	FMV	FOOD AND SUPPLIES	
Hogar de Ayuda El Refugio Inc	1 CALLE 2 SANTA ROSA LIMA, Guaynabo, PR, 00969	66-0477909		36,769	2,045	FMV	FOOD AND SUPPLIES	
Hogar de Envejecientes Irma Fe Pol Mendez Inc	PO BOX 1185, Lares, PR, 00669	66-0450949		16,660	3,892	FMV	FOOD AND SUPPLIES	
Hogar de Ninas de Cupey Inc	PO BOX 20667, San Juan, PR, 00928	66-0202913		50,074	7,588	FMV	FOOD AND SUPPLIES	
Hogar de Ninos Forjadores de Esperanza Inc	PO BOX 4181 BAYAMON GARDENS, Bayamon, PR, 00958	66-0481158		44,782	392	FMV	FOOD AND SUPPLIES	
Hogar del Nino El Ave Maria Inc	PMB 239 A PO BOX 607071, Bayamon, PR, 00960	66-0530257		51,668	2,043	FMV	FOOD AND SUPPLIES	
Hogar Escuela Sor Maria Rafaela Inc	PO BOX 3024, Bayamon, PR, 00960	66-0554184		63,305				
Hogar Fatima Inc	C ESTEBAN CERRO GORDO, Bayamon, PR, 00956	66-0319405		73,756	8,336	FMV	FOOD AND SUPPLIES	
Hogar Infantil Jesus Nazareno	PO BOX 1671, Isabela, PR, 00662	66-0440089		37,435	986	FMV	FOOD AND SUPPLIES	
Hogar Infantil Santa Teresita del Nino Jesus Inc	PO BOX 140057, Arecibo, PR, 00614	66-0514199		26,128	1,787	FMV	FOOD AND SUPPLIES	

## FONDOS UNIDOS DE PR INC

66-0269222

Hogar Posada la Victoria Inc	PO BOX 6789 BAYAMON STATION, Baya mon, PR, 00960	66-0448888		19,935				
Hogar Ruth Inc	PO BOX 538, Vega Alta, PR, 00692	66-0413881		29,596	4,702	FMV	FOOD AND SUPPLIES	
Hogar Santa Maria de los Angeles Inc	352 SAN CLAUDIO STREET 304, San Juan, PR, 00926	66-0558775		25,782				
Hogar Santa Maria Eufrasia Inc	PO BOX 1909, Arecibo, PR, 00613	66-0447891		13,639				
Hogar Santisima Trinidad Inc	PMB 326 A PO BOX, Guaynabo, PR, 00970	66-0530256		21,530	546	FMV	FOOD AND SUPPLIES	
Hogares Rafaela Ybarra Inc	432 TORRELAGUN A EMBALSE SAN JOSE, San Juan, PR, 00923	66-0353899		70,518	7,462	FMV	FOOD AND SUPPLIES	
Hogares Teresa Toda Inc	PO BOX 868, Canovanas, P R, 00729	66-0488810		45,219				
Iniciativa Comunitaria de Investigacion Inc ICI	PO BOX 366535, San Juan, PR, 00936	66-0483960		52,973	3,965	FMV	FOOD AND SUPPLIES	
Institute for Individual Group and Organizational Development Inc	51 ALTOS CALE SANTIAGO NORTE, Gurabo, PR, 00778	66-0481394		30,511	1,415	FMV	FOOD AND SUPPLIES	
Instituto de Orientacion y Terapia Familiar Inc	PLAZA SAN ALFONZO GAUTIER BENITEZ, Cagua s, PR, 00725	66-0307031		53,426				
Instituto del Hogar Celia & Harry Bunker	URB HYDE PARK 154 CALE LOS MIRTOS, San Juan, PR, 00927	66-0215050		28,426				
Instituto Especial para el Desarrollo Integral del Individuo y la Comunidad	BDA ESPERANZA CALE 4, Ensenada, PR, 0 0647	66-0508696		38,228	25,378	FMV	FOOD AND SUPPLIES	
Instituto Especial para el Desarrollo Integral del Individuo y la Comunidad	CARR 128 INT 428 SECTOR EL 30, Maricao, PR, 0 0606	66-0508696		43,324	2,994	FMV	FOOD AND SUPPLIES	
Instituto Especial para el Desarrollo Integral del Individuo y la Comunidad	66 C MADRE DOMINGA FLORIT ST 3372, Yauco, PR, 0 0698	66-0508696		38,071	4,344	FMV	FOOD AND SUPPLIES	
Instituto Pre Vocacional e Industrial de PR Inc	C EUGENIO MARIA DE HOSTOS, Arecib o, PR, 00612	66-0421420		27,284	1,388	FMV	FOOD AND SUPPLIES	
Instituto Psicopedagogico de Puerto Rico Inc	CALE MARGINAL, Ba yamon, PR, 00956	66-0196040		52,227				
Instituto Santa Ana Inc	CARR 5516 SECTOR EL DESVIO, Adjunta s, PR, 00601	66-0439236		53,127				
Jovenes de Puerto Rico en Riesgo	112 C/ARZUAGA, Sa n Juan, PR, 00925	66-0491142		34,193	588	FMV	FOOD AND SUPPLIES	
Juan Domingo en Accion Inc	BO JUAN DOMINGO, Gua ynabo, PR, 00966	66-0394776		22,524				
La Casa de Todos Inc	HC 23 BOX 6128, Juncos, PR, 0 0777	66-0425468		27,075				
La Fondita de Jesus Inc	704 C/MONSERRAT E, San Juan, PR, 00907	66-0426787		66,222	10,981	FMV	FOOD AND SUPPLIES	

## FONDOS UNIDOS DE PR INC

66-0269222

Make a Wish Foundation of Puerto Rico Inc	URB HATO REY C/AGUEYBAN A, San Juan, PR, 00918	66-0529880		50,188				
Ministerio Ayuda al Necesitado Casa de Misericordia Inc	PO BOX 765, Gurabo, PR, 00778	66-0506917		12,354	2,045	FMV	FOOD AND SUPPLIES	
Mision Rescate Inc	C/WILLIAM F BRENNAN, Mayaguez, PR, 00680	66-0359707		24,610	15,689	FMV	FOOD AND SUPPLIES	
Movimiento para el Alcance de Vida Independiente Inc MAVI	URB SAN JUAN C 15 N 11, Caguas, PR, 00727	66-0446732		17,488	409	FMV	FOOD AND SUPPLIES	
Oficina para la Promocion y el Desarrollo Humano Inc	PO BOX 353, Arecibo, PR, 00613	66-0508486		31,285	3,178	FMV	FOOD AND SUPPLIES	
Politecnico Amigo Inc	960 C/ REFUGIO MIRAMAR, San Juan, PR, 00907	66-0576367		44,596	409	FMV	FOOD AND SUPPLIES	
Programa de Apoyo y Enlace Comunitario Inc PAEC	PO BOX 9000, Aguada, PR, 00602	66-0528378		27,575	25,607	FMV	FOOD AND SUPPLIES	
Programa de Educacion Comunal de Entrega y Servicios Inc PECES	106 CALLE 11 PARCELAS VIEJAS, Punta Santiago, PR, 00741	66-0444454		16,574	27,649	FMV	FOOD AND SUPPLIES	
Programa del Adolescente de Naranjito Inc	PO BOX 891, Naranjito, PR, 00719	66-0459355		30,553	4,444	FMV	FOOD AND SUPPLIES	
Proyecto La Nueva Esperanza Inc	PO BOX 603, San Antonio, PR, 00690	66-0565479		10,344	347	FMV	FOOD AND SUPPLIES	
San Jorge Children's Research Foundation Inc	268 CALLE SAN JORGE ST 202, San Juan, PR, 00911	66-0531105		110,509				
Servicios Sociales Catolicos - Diocesis de Mayaguez Inc	CARR 108 INTERIOR, Mayaguez, PR, 00680	66-0407820		53,493				
Sociedad Americana Contra el Cancer de PR Inc	PO BOX 366004, San Juan, PR, 00936	66-0321594		141,003				
Sociedad de Educacion y Rehabilitacion (SER) de PR Inc	URB PEREZ MORRIS 500 C/BAEZ, San Juan, PR, 00917	66-0207947		163,584				
Sociedad Pro Ninos Sordos de Puerto Rico Inc	PMB BOX 497, Ponce, PR, 00731	66-0356920		20,254				
Sociedad Puertorriquena de Epilepsia Inc	1100 C/MARGINAL RUIZ SOLER, Bayamon, PR, 00959	66-0312587		79,004	416	FMV	FOOD AND SUPPLIES	
Travelers Aid of PR Inc Ayuda al Viajero	PO BOX 38017, San Juan, PR, 00937	66-0226397		26,919				
Taller Salud Inc	CARR 187 KM07 SECTOR TOCONES, Loiza, PR, 00772	66-0494692		27,242	1,716	FMV	FOOD AND SUPPLIES	
YMCA de Ponce Inc	URB SANTA MARMA 7843 CALLE NAZARET, Ponce, PR, 00730	66-0204831		75,622	21,924	FMV	FOOD AND SUPPLIES	
YMCA de San Juan Inc	800 BLVD C/LOS ANGELES FINAL, San Juan, PR, 00909	66-0190784		70,630	38,407	FMV	FOOD AND SUPPLIES	

(A) Name	Title	(B) Average hours per week	Average hours per week for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutional trustee	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Key employee	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated employee	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Former	(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
SAMUEL GONZALEZ	PRESIDENT	40		YES		YES	YES	YES		0	145,700	0
HEIDI CORTES	VICEPRESIDENT OF FINANCE & ADMINISTRATION	40		YES		YES	YES	YES		0	83,476	0
NINA GIRON	HUMAN RESOURCES DIRECTOR	40		YES		YES	YES	YES		0	62,444	0
JAIME BAHAMUNDI	COMMUNICATIONS DIRECTOR	40		YES		YES	YES	YES		0	68,349	0
ISRAEL FABERLE	VICEPRESIDENT OF CAMPAIGN	40		YES		YES	YES	YES		0	54,605	0
CARMEN RODRIGUEZ	AGENCY SERVICES DIRECTOR	40		YES		YES	YES	YES		0	65,421	0
JUAN MARIO ALVAREZ	DIRECTOR	1		YES						0	0	0
EUSTAQUIO BABILONIA	DIRECTOR	1		YES						0	0	0
CPA MARC BJORKMAN	DIRECTOR	1		YES						0	0	0
GRAHAM CASTILLO ESQ	DIRECTOR	1		YES						0	0	0
VICTOR M CRUZ	DIRECTOR	1		YES						0	0	0
JOSE JUAN DAVILA ESQ	DIRECTOR	1		YES						0	0	0
DR YASMIN PEDROGO	DIRECTOR	1		YES						0	0	0
DIANA FLORES	DIRECTOR	1		YES						0	0	0
IVAN FRATICELLI	DIRECTOR	1		YES						0	0	0
LORI ANN FRONTERA	DIRECTOR	1		YES						0	0	0
JONATHAN GARCIA	DIRECTOR	1		YES						0	0	0
PAUL T HARGEN	DIRECTOR	1		YES						0	0	0
AIDA L HERNANDEZ	DIRECTOR	1		YES						0	0	0
ARTUR JOTIC	DIRECTOR	1		YES						0	0	0
LUIS R MARTI	DIRECTOR	1		YES						0	0	0

CPA ROBERTO J MARTINEZ SANTIAGO	DIRECTOR	1	YES						0	0	0
HOMAR MAURA	DIRECTOR	1	YES						0	0	0
RUBEN MEDINA LUGO ESQ	DIRECTOR	1	YES						0	0	0
ROSANA MELENDEZ	DIRECTOR	1	YES						0	0	0
JOSE FORAMAS	DIRECTOR	1	YES						0	0	0
NESTOR L ORTIZ DE HOYOS ESQ	DIRECTOR	1	YES						0	0	0
CARLOS OTERO	DIRECTOR	1	YES						0	0	0
CPA ANDRES PEREZ	DIRECTOR	1	YES						0	0	0
GUSTAVO A PEREZ HERNANDEZ	DIRECTOR	1	YES						0	0	0
LIZZIE PEREZ ESQ	DIRECTOR	1	YES						0	0	0
CPA LUIS PEREZ	DIRECTOR	1	YES						0	0	0
ISMAEL RIOS	DIRECTOR	1	YES						0	0	0
CPA NAYDA RIVERA BATISTA	DIRECTOR	1	YES						0	0	0
DARIO RIVERA CARRASQUILLO ESQ	DIRECTOR	1	YES						0	0	0
CARLOS PEPE RODRIGUEZ	DIRECTOR	1	YES						0	0	0
MANUEL SANCHEZ SIERRA	DIRECTOR	1	YES						0	0	0
CPA AGNES SUAREZ	DIRECTOR	1	YES						0	0	0
RAYMOND TOTTI	DIRECTOR	1	YES						0	0	0
GERMAN URIBE	DIRECTOR	1	YES						0	0	0
CHARLES VALIANT	DIRECTOR	1	YES						0	0	0
VIVIAN J VAZQUEZ BONILLA	DIRECTOR	1	YES						0	0	0
CPA MIGUEL R VENTA	DIRECTOR	1	YES						0	0	0

Statement - Line 24 E - All other expenses

Description	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OTHER EXPENSES	23,827	8,538	7,825	7,464