



2021 - 990 ACCEPTANCE LETTER FORM 990 ONLINE FILING

Congratulations! Your 2021 tax return has been accepted by the IRS. Thank you for preparing your exempt tax return, IRS Form 990, with ExpressTaxExempt. Your return information is listed below and we hope you had a pleasant experience e-filing with ExpressTaxExempt.

FORM INFORMATION

TAX YEAR: **2021**

IRS SUBMISSION ID: **32133920223082100169**

RETURN ID: **4D001862262635-27**

E-FILE TIME STAMP: **11/3/2022 12:50:19 PM**

TAXPAYER INFORMATION

NAME: **FONDOS UNIDOS DE PUERTO RICO INC**

TIN: **66-0269222**

DBA NAME:

ADDRESS: **Calle Marginal Los Angeles Esq. Sagrado
Corazon Pda. 26 1/2**

CITY: **Santurce**

STATE/COUNTRY: **PR**

ZIP: **00909**

PHONE: **(787) 728-8500**

EMAIL: **h.cortes@fondosunidos.org**

PLEASE PRINT A COPY OF THIS LETTER FOR YOUR RECORDS

Thank you again for your business. If you have any questions or need any assistance, please contact our customer support via live online chat, email at support@expresstaxexempt.com, or by phone at 704-839-2321. We're here to help!

Sincerely,
ExpressTaxExempt Support Team
(704) 839-2321
support@expresstaxexempt.com

Span Enterprises • (704) 839-2321 • 2685 Celanese Road Suite 100 • Rock Hill, SC • 29732

Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year beginning January 01, 2021, and ending December, 2021
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
▶ Go to www.irs.gov/Form8453TE for the latest information.

2021

| | |
|--|---------------------------------|
| Name of filer FONDOS UNIDOS DE PUERTO RICO INC | EIN or SSN 66-0269222 |
|--|---------------------------------|

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|--|--|-----|------------|
| 1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | 25,457,284 |
| 2a Form 990-EZ check here . . . ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here . . . ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here . . . ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . | 4b | |
| 5a Form 8868 check here . . . ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here . . . ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here . . . ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here . . . ▶ <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here . . . ▶ <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here ▶ <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here _____ | 11/2/2022 | _____
Signature of officer or person subject to tax | Date | Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|----------------|--|------|--|---|---------------------------------|
| ERO's Use Only | ERO's signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | | | | EIN |
| | | | | | Phone no. (704)-839-2321 |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| | | | | | |
|------------------------|--|----------------------|------------|---|---------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | JOSE A GONZALEZ TORRES | | 11/01/2022 | | P01485821 |
| | Firm's name ▶ GONZALEZ TORRES & CO., CPA, PSC | | | | Firm's EIN ▶ 66-0528656 |
| | Firm's address ▶ 1250 PONCE DE LEON AVE, SUITE 801, SAN JUAN, Puerto Rico (PR), - | | | | Phone no. (787) 993-4360 |

Return of Organization Exempt From Income Tax

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

2021

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 for instructions and the latest information.**

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **January 01**, **2021**, and ending **December 31**, **20** **21**

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

C Name of organization **FONDOS UNIDOS DE PUERTO RICO INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
Calle Marginal Los Angeles Esq. Sagrado
 City or town, state or province, country, and ZIP or foreign postal code
Santurce, PR 00909

D Employer identification number
66-0269222

E Telephone number
787-728-8500

F Name and address of principal officer: **SAMUEL GONZALEZ**
Calle Marginal Los Angeles ,Esq. Sagrado Corazon Pda. 26

G Gross receipts \$ **25,457,284**

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.

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: **PR**

Part I Summary

| | | | | |
|------------------------------------|--|--|--------------------------------|----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: RAISE FUNDS IN ANNUAL CAMPAIGN TO COVER PROGRAM SERVICES OF ITS PARTICIPATING AGENCIES. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 43 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 42 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 50 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 1244 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 17,844,210 | 24,782,257 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 79,586 | 102,207 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 803,851 | 572,820 |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 18,727,647 | 25,457,284 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 5,319,494 | 6,113,881 |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 1,761,308 | 1,860,214 |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 642,764 | 0 | 0 |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2,289,162 | 18,952,871 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 9,369,964 | 26,926,966 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,357,683 | (1,469,682) |
| | Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year |
| 21 | | Total liabilities (Part X, line 26) | 19,619,066 | 17,572,017 |
| 22 | | Net assets or fund balances. Subtract line 21 from line 20 | 1,751,770 | 1,174,403 |
| | | | 17,867,296 | 16,397,614 |

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: JOSE A GONZALEZ TORRES
 Preparer's signature: _____ Date: 11/03/2022
 Check if self-employed PTIN: P01485821
 Firm's name ▶ GONZALEZ TORRES & CO., CPA, PSC Firm's EIN ▶ 66-0528656
 Firm's address ▶ 1250 PONCE DE LEON AVE, SUITE 801, SAN JUAN, Puerto Rico Phone no. 787-993-4360

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 \$ 3,755,334 including grants of \$ 3,755,334) (Revenue \$ 3,780,920)

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 \$ 75,637 including grants of \$ 0) (Revenue \$ 0)

INFORMATION AND REFERRAL - 211 PHONE NUMBER 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 TIME OF CRISIS. 211 CAN OFFER ACCESS TO BASIC HUMAN NEED RESOURCES, PHYSICAL AND MENTAL HEALTH RESOURCE, AND ANY OTHER SERVICE.

4c (Code:) (Expenses \$ 63,891 including grants of \$ 0) (Revenue \$ 0)

VOLUNTEERS 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 AND HAS A PROGRAM CALLED "CLUB ME IMPORTAS TÚ" THAT DEVELOPS 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 3,894,862

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| 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 | 2a | 50 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <input type="checkbox"/> | <input type="checkbox"/> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 the instructions and file Form 4720, Schedule N. | 15 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | 16 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 43 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 42 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► PR
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 HEIDI CORTES, LOS AGELES PDA 261/2 ESQ BOULV, SAN JUAN, PR, 00909, (787) 728-8500

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SAMUEL GONZALEZ PRESIDENT | 40.00 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 0 | 152,656 | 3,053 |
| (2) HEIDI CORTES FINANCE VICEPRESIDENT | 40.00 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 87,015 | 1,740 |
| (3) CARLOS GOMEZ CAMPAIGN DIRECTOR | 40.00 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 74,745 | 0 |
| (4) JAIME BAHAMUNDI DIRECTOR OF COMMUNICATIONS | 40.00 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 71,248 | 1,425 |
| (5) NINA GIRON HUMAN RESOURCES DIRECTOR | 40.00 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 65,330 | 1,307 |
| (6) JUAN GONZALEZ COMMUNITY INITIATIVE DIRECTOR | 40.00 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 57,458 | 1,149 |
| (7) JUAN MARIO ALVAREZ DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (8) EUSTAQUIO BABILONIA DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (9) MARC BJORKMAN DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (10) JOSE L BORGES DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (11) GRAHAM CASTILLO DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (12) VICTOR M CRUZ DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (13) JOSE JUAN DAVILA DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (14) JAVIER F DEIDA DIRECTOR | 0.00 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) JAIME FIGUEROA ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (16) DIANA FLORES ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (17) IVÁN FRATICELLI ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (18) LORI ANN RONTERA ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (19) JONATHAN GARCIA ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (20) MARIA ELENA GONZALEZ CALDERON ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (21) PAUL T HARGEN ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (22) JORGE HERNANDEZ ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (23) ARTUR JOTIC ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (24) LUIS R. MARTI ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| (25) ROBERTO J. MARTINEZ SANTIAGO ----- DIRECTOR | 0.00 ----- 0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 0 | 508,452 | 8,674 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 508,452 | 8,674 |

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 |
|---|---------------------------------|---------------------|
| InterAmerican University of Puerto, PO Box 363255, SAN JUAN, PR 00936 | INTERVENTIONS AND PSYCHOLOGICAL | 378,988 |
| Universidad Carlos Albizu, PO Box 923711, SAN JUAN, PR 00902 | SUPPORT SERVICE | 125,114 |
| Consumer Credit Counseling Service, PO Box 8908, SAN JUAN, PR 00910 | CREDIT INVESTIGATION | 115,227 |
| | | 0 |

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 **▶ 3**

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|--|----------------|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | 0 | | | | |
| | e | Government grants (contributions) | 1e | 20,855,070 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,927,187 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 11,731 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 24,782,257 | | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2a | ----- | | 0 | | | | |
| | b | ----- | | | | | | |
| | c | ----- | | | | | | |
| | d | ----- | | | | | | |
| | e | ----- | | | | | | |
| | f | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f ▶ | | 0 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 102,207 | 102,207 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 | Royalties ▶ | | | | | | |
| | 6a | Gross rents | | | | | | |
| | | | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | | |
| | d | Net rental income or (loss) ▶ | | 0 | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | | |
| | | | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | | |
| | c | Gain or (loss) | 7c | 0 | 0 | | | |
| | d | Net gain or (loss) ▶ | | 0 | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | |
| | b | Less: direct expenses | | 8b | | | | |
| c | Net income or (loss) from fundraising events ▶ | | 0 | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | |
| b | Less: direct expenses | | 9b | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | 0 | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | 10a | | | | | |
| b | Less: cost of goods sold | | 10b | | | | | |
| c | Net income or (loss) from sales of inventory ▶ | | 0 | | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| | 11a | ----- | | | | | | |
| | b | ----- | | | | | | |
| | c | ----- | | | | | | |
| | d | All other revenue | | | 572,820 | 572,820 | | |
| e | Total. Add lines 11a-11d ▶ | | | 572,820 | | | | |
| 12 | Total revenue. See instructions ▶ | | | 25,457,284 | 675,027 | 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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 6,113,881 | 6,113,881 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 508,452 | 57,458 | 376,249 | 74,745 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,073,241 | 709,229 | 83,006 | 281,006 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 21,664 | 6,676 | 12,056 | 2,932 |
| 9 Other employee benefits | 115,008 | 35,417 | 47,812 | 31,779 |
| 10 Payroll taxes | 141,849 | 70,576 | 38,897 | 32,376 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 1,567,708 | 1,494,886 | 61,146 | 11,676 |
| 12 Advertising and promotion | 2,345,764 | 2,300,529 | 3,004 | 42,231 |
| 13 Office expenses | 686,232 | 681,929 | 2,667 | 1,636 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 35,952 | 13,527 | 8,763 | 13,662 |
| 17 Travel | 78,888 | 39,938 | 19,988 | 18,962 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 14,521 | 10,476 | 730 | 3,315 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 102,986 | 29,865 | 33,986 | 39,135 |
| 22 Depreciation, depletion, and amortization | 91,262 | 38,393 | 24,573 | 28,296 |
| 23 Insurance | | | | |
| 24 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.) | | | | |
| a VOLUNTEER, COMMUNITY AND AGENCY RELATIONS | 13,802,258 | 13,799,526 | 1,893 | 839 |
| b UTILITIES AND INSURANCE | 119,322 | 77,080 | 15,315 | 26,927 |
| c REPAIRS AND MAINTENANCE | 76,837 | 37,690 | 15,952 | 23,195 |
| d POSTAGE AND SHIPPING | 3,958 | 1,238 | 1,199 | 1,521 |
| e All other expenses | 27,183 | 9,632 | 9,020 | 8,531 |
| 25 Total functional expenses. Add lines 1 through 24e | 26,926,966 | 25,527,946 | 756,256 | 642,764 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 12,083,814 | 2 | 9,871,308 |
| | 3 Pledges and grants receivable, net | 2,692,073 | 3 | 2,359,122 |
| | 4 Accounts receivable, net | 207,041 | 4 | 276,716 |
| | 5 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 30,329 | 9 | 27,795 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3,830,229 | | |
| | b Less: accumulated depreciation | 3,189,781 | 607,053 | 640,448 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 3,998,756 | 12 | 4,396,628 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 19,619,066 | 16 | 17,572,017 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,054,461 | 17 | 437,064 |
| | 18 Grants payable | 682,192 | 18 | 728,040 |
| | 19 Deferred revenue | 15,117 | 19 | 9,299 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,751,770 | 26 | 1,174,403 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 14,660,383 | 27 | 14,059,546 |
| | 28 Net assets with donor restrictions | 3,206,913 | 28 | 2,338,068 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 17,867,296 | 32 | 16,397,614 |
| 33 Total liabilities and net assets/fund balances | 19,619,066 | 33 | 17,572,017 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 25,457,284 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 26,926,966 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (1,469,682) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 17,867,296 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 16,397,614 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

| | |
|---|---|
| Name of the organization FONDOS UNIDOS DE PUERTO RICO INC | Employer identification number 66-0269222 |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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 0
 - 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) | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (B) | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (C) | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (D) | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (E) | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|-----------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 12,496,211 | 14,814,072 | 6,410,433 | 18,646,061 | 25,355,077 | 77,721,854 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 12,496,211 | 14,814,072 | 6,410,433 | 18,646,061 | 25,355,077 | 77,721,854 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 77,721,854 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|-----------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 12,496,211 | 14,814,072 | 6,410,433 | 18,646,061 | 25,355,077 | 77,721,854 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 114,336 | 101,911 | 128,113 | 79,586 | 102,207 | 526,153 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 78,248,007 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.33 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 99.16 % |
| 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 20 Private foundation. 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 |
|--|--------------------------|--------------------------|
| 1 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| c 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 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).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did one or more disqualified persons (as defined on 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did a disqualified person (as defined on 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input type="checkbox"/> |

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 on lines 11b and 11c below, the governing body of a supported organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | A family member of a person described on line 11a above? | <input type="checkbox"/> | <input type="checkbox"/> |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | <input type="checkbox"/> | <input type="checkbox"/> |
| | 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | <input type="checkbox"/> | <input type="checkbox"/> |

Section C. Type II Supporting Organizations

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

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | By reason of the relationship described on 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 Part VI the role the organization's supported organizations played in this regard. | <input type="checkbox"/> | <input type="checkbox"/> |

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 line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the activities described on 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 Part VI. | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <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 | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|---|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2021 | | |
| a | From 2016 | | |
| b | From 2017 | | |
| c | From 2018 | | |
| d | From 2019 | | |
| e | From 2020 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2021 distributable amount | | |
| i | Carryover from 2016 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2021 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2017 | | |
| b | Excess from 2018 | | |
| c | Excess from 2019 | | |
| d | Excess from 2020 | | |
| e | Excess from 2021 | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number 66-0269222

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \$ 0

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

| | |
|--|--|
| Name of organization FONDOS UNIDOS DE PUERTO RICO INC | Employer identification number 66-0269222 |
|--|--|

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 | AAFAF - "CARES" ACT FUNDS ----- Av. de Diego ----- SAN JUAN, PR, 00912 ----- | \$ 19,689,286 | 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 ----- | \$ 1,165,785 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CAMPANA BENEFICA EMPLEADOS PUBLICOS ----- CALLE MARGINAL LOS ANGELES, ESQ. SAGRADO CORAZON, PI ----- SAN JUAN, PR, 00909 ----- | \$ 1,040,769 | 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.) |

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|--|--|
| Name of the organization FONDOS UNIDOS DE PUERTO RICO INC | Employer identification number 66-0269222 |
|--|--|

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 |
- 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 | | | | | |

- 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) <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | 3a(ii) <input type="checkbox"/> | <input type="checkbox"/> |
- 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 | 1,218,288 | 214,892 |
| c Leasehold improvements | | 616,407 | 515,010 | 101,397 |
| d Equipment | | 1,530,635 | 1,456,483 | 74,152 |
| e Other | | 0 | 0 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 640,448 |

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 EQUITY MUTUAL FUND | 3,355,074 | |
| (A) EXCHANGED TRADED PRODUCTS | 1,041,554 | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | 4,396,628 | |

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) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number

66-0269222

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1) AGENCIA DE SERVICIOS SOCIA PO BOX 21065, SAN JUAN, PR 00908-1065 | 66-0558427 | 501 (c) (3) | \$33,041 | | FMV N/A | | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| (2) ASAMBLEA FAMILIAR VIRGILIO PO BOX 607061, BAYAMON, PR 00960 | 66-0487112 | 501 (c) (3) | \$41,896 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (3) ASESORES FINANCIEROS COMUN PO BOX 192726, SAN JUAN, PR 00919 | 66-0701458 | 501 (c) (3) | \$18,336 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (4) ASOCIACION DE ALZHEIMER Y EDIFICIO LA ELECTRONICA 1608, SAN | 66-0472045 | 501 (c) (3) | \$5,092 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (5) ASOCIACION DE ESPINA BIFID PO BOX 8262, BAYAMON, PR 00960 | 66-0423489 | 501 (c) (3) | \$38,855 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (6) ASOCIACION DE PERSONAS CON EDIF CLAUDETTE TORO, CALLE DR VEVE, SAN | 66-0374268 | 501 (c) (3) | \$25,190 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (7) ASOCIACION EDUCATIVA PRO-D PO BOX 477, CULEBRA, PR 00775 | 66-0421458 | 501 (c) (3) | \$48,376 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (8) ASOCIACION MAYAGUEZANA DE PO BOX 745, MAYAGUEZ, PR 00680 | 66-0406690 | 501 (c) (3) | \$36,585 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (9) ASOCIACION PRO CIUDADANOS 28 CALLE BETANCES, SABANA GRANDE, PR | 66-0388643 | 501 (c) (3) | \$24,259 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (10) ASOCIACION PRO JUVENTUD Y PO BOX 63476, CATANO, PR 00963 | 66-0406990 | 501 (c) (3) | \$83,822 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (11) ASOCIACION PUERTORRIQUENA PO BOX 19445, SAN JUAN, PR 00910 | 66-0442165 | 501 (c) (3) | \$11,290 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| (12) SECOND HARVEST OF PUERTO R INDUSTRIAL CORUJO MARGINAL | 66-0444882 | 501 (c) (3) | \$38,576 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |

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

3 Enter total number of other organizations listed in the line 1 table **14**

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Cat. No. 50055P

Schedule I (Form 990) 2021

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| - BOY SCOUTS OF AMERICA PR C ESMERALDA FT EDIF BOYS | 66-0201809 | 501(c)(3) | \$57,653 | | FMV N/A | | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| - BILL'S KITCHEN, INC PO BOX 195678, SAN JUAN, PR 00919 | 66-0493399 | 501(c)(3) | \$31,971 | | N/A | | TO COVER PROGRAM SERVICES OF |
| - CASA LA PROVIDENCIA, INC. CALLE 2 PARCELAS JUAREZ 175, LOIZA, PR | 66-0276597 | 501(c)(3) | \$79,217 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - BOYS & GIRLS CLUBS OF PUE RES LAS MARGARITAS, AVE EDUARDO | 66-0327584 | 501(c)(3) | \$69,644 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CENTRO COMUNITARIO RVDA IN CARR 177 MARGINAL AVE LOWAS | 66-0561388 | 501(c)(3) | \$16,043 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CARIBE GIRL SCOUTS COUNCIL 500 CALLE ELLISA COLBERG, SAN JUAN, PR | 66-0200470 | 501(c)(3) | \$36,997 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CENTRO CULTURAL Y DE SERVI 2406 CALLE SANTA ELENA, PEN DE | 66-3906546 | 501(c)(3) | \$66,839 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CENTRO DE AYUDA Y TERAPIA 133 CALLE DR GONZALEZ, MOCA, PR 00676 | 66-0443137 | 501(c)(3) | \$52,964 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - SOCIEDAD PRO HOSPITAL DEL PO BOX 2124, SAN JUAN, PR 00922 | 66-0204707 | 501(c)(3) | \$100,000 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CENTRO DE ENVEJECIENTES HC URB LIANOS DEL SUR, CALLE LOS | 66-0360384 | 501(c)(3) | \$26,436 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CENTRO DE ENVEJECIENTES JT CARR 620 KM 2, SECTOR FATIMA, VEGA | 66-0345980 | | \$24,751 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| - CENTRO DE RENOVACION Y DES HC 1 BOX 22925, CAGUAS, PR 00725 | 66-0576940 | 501(c)(3) | \$17,362 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| CARITAS DE PUERTO RICO, INC. PO BOX 8812, FERNANDEZ JUNCOS, SAN JUAN, PR 00791 | 66-0287035 | | \$59,431 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| SOCIEDAD DE EDUCACION Y RECREACION PEREZ MORRIS 500 C/ BAEZ, SAN JUAN, PR 00791 | 66-0207947 | 501(c)(3) | \$138,171 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CASA DE LA BONDAD, INC. MSC 406 PO BOX 890, HUMACAO, PR 00791 | 66-0502690 | 501(c)(3) | \$31,247 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CENTRO DE SERVICIOS COMUNICACIONALES 200 AVE CUPEY GARDENS SUITE 6W, SAN JUAN, PR 00928 | 66-0559045 | 501(c)(3) | \$27,468 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CASA DE NIÑOS MANUEL FERNA CALLE VILLA VERDE ESQ REFUGIO, SAN JUAN, PR 00928 | 66-0191935 | 501(c)(3) | \$70,583 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CASA DEL PEREGRINO, INC. PO BOX 3837, AGUADILLA, PR 00605 | 66-0541904 | 501(c)(3) | \$14,689 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CENTRO DEL TRIUNFO, INC. PO BOX 20197, SAN JUAN, PR 00928 | 66-0516904 | 501(c)(3) | \$64,775 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CASA JUAN BOSCO, INC. LA JOYA 107, ST SAN CARLOS, AGUADILLA, PR 00928 | 66-0540316 | 501(c)(3) | \$30,041 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CENTRO EDUCATIVO JOAQUINA CARR 1 RAMAL AVE LOMAS, SAN JUAN, PR 00928 | 66-0366788 | 501(c)(3) | \$28,936 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CENTRO DE DESARROLLO Y SERVICIOS PO BOX 216, MAAQUEZ, PR 00681 | 66-0395415 | 501(c)(3) | \$44,565 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CASA PENSAMIENTO MUTER DEI 57 CALLE DEGRANU NORTE, ALBORITO, PR 00928 | 66-0462822 | 501(c)(3) | \$55,234 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| CENTRO GERIATRICO EL REMAN PO BOX 20197, BAYAMON, PR 00956 | 66-0379774 | 501(c)(3) | \$29,762 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |

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Schedule I (Form 990) 2021

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| () CASA PROTEGIDA JULIA DE BU CALLE LAS PALMAS PDA 20, SAN JUAN, PR | 66-0387659 | 501(c)(3) | \$18,927 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| () CENTRO PROVIDENCIA PARA PE APTARALO 482, LOTZA, PR 00772 | 66-0313509 | 501(c)(3) | \$44,645 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO COAMENO PARA LA VEJ CALLE MARIO BRASCHINI 28, COAMO, PR | 66-0312685 | | \$26,941 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO MARGARITA, INC. RR 3 BOX 7280, CIDRA, PR 00739 | 66-0366245 | 501(c)(3) | \$60,878 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO NUEVO HORIZONTES, I LOMAS VERDES 3M-20 AVE | 66-0445431 | 501(c)(3) | \$33,126 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO PARA NINOS EL NUEVO SECTOR OLIMPIO, ADJUNTAS, PR 00601 | 66-0423758 | 501(c)(3) | \$25,746 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO DE AYUDA A NINOS CO 133 CALLE DR GONZALEZ, ISABELA, PR 00662 | 66-0443137 | 501(c)(3) | \$34,188 | \$307 | FMV/ SUPPLIES | | TO COVER PROGRAM SERVICES OF |
| () CENTRO RAMON FRADE PAR PER CENTRO COMUNAL RES BENIGNO, CAVEY, PR | 66-0430105 | 501(c)(3) | \$27,418 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO DE ENVEJECIENTES CL PO BOX 9176, CAGUAS, PR 00726 | 66-0268890 | 501(c)(3) | \$43,728 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO DE ORIENTACION Y AC 59 Y 60 CALLE TEODOMIRO RAMIREZ, VEGA | 66-0556542 | 501(c)(3) | \$18,921 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO SAN FRANCISCO, INC. PO BOX 10479, PONCE, PR 00731 | 66-0407440 | 501(c)(3) | \$49,023 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CENTRO DE SERVICIOS FERRAN 58 FINAL CALLE A BDA FERRAN, PONCE, PR | 66-0479776 | 501(c)(3) | \$51,555 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| (: CENTRO SANTA LUISA, INC. RR 6 BOX 9492, SAN JUAN, PR 00926 | 66-0313581 | | \$25,406 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| (: CENTRO ESPERANZA, INC. PO BOX 482, LOIZA, PR 00772 | 66-0479375 | 501 (c) (3) | \$55,588 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: CENTRO SOR ISOLINA FERRE, PO BOX 7313, PONCE, PR 00732 | 66-0277396 | 501 (c) (3) | \$537,837 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: CENTRO GERIATRICO LA MILA PO BOX 2247, MAYAGUEZ, PR 00681 | 66-0310437 | 501 (c) (3) | \$12,744 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: CENTRO MADRE DOMINGA CASA URB SAN JORGE 3405, C/ANDINO APT | 66-0590720 | | \$6,487 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: PROYECTO LA NUEVA ESPERANZA PO BOX 603, AGUADILLA, PR 00690 | 66-0565479 | 501 (c) (3) | \$31,405 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: CENTRO RENACER, INC. PO BOX 3772, GUAYMA, PR 00970 | 66-0419857 | 501 (c) (3) | \$25,834 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: COLEGIO DE EDUCACION ESPEC URB EL CEREAL 1628, SAN JUAN, PR 00928 | 66-0505420 | 501 (c) (3) | \$35,982 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: COLEGIO SAN GABRIEL, INC. PO BOX 360347, SAN JUAN, PR 00936 | 66-0355157 | 501 (c) (3) | \$47,154 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: COMITE DE GERICULTURA DE C PO BOX 1035, GUAYAMA, PR 00785 | 66-0312684 | | \$24,533 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: HOGARES CREA, INC. PO BOX 547, TRUJILLO ALTO, PR 00978 | 66-0314618 | 501 (c) (3) | \$9,474 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| (: CONSEJO RENAL DE PUERTO RI 117 ELEANOR ROOSEVELT OFC 100 A, SAN | 66-0408212 | 501 (c) (3) | \$23,981 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| () SOCIEDAD PUERTORRIQUENA DE 1100 C/MARGINAL RUIZ SOLER, BAYAMON, PR | 66-0312587 | 501 (c) (3) | \$80,496 | | FMV | | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| () CORPORACION MILAGROS DE AM 78 CALLE GAUTIER BENITEZ, CAGUAS, PR | 66-0528522 | 501 (c) (3) | \$24,881 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () TALLER SALUD, INC. CARR 187 KM 07 SACTOR TOCONES, LOIIZA, PR | 66-0494692 | 501 (c) (3) | \$30,896 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CREARTE, INC. PO BOX 190969, SAN JUAN, PR 00919 | 66-0585251 | 501 (c) (3) | \$26,891 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () THE SALVATION ARMY PO BOX 71523, SAN JUAN, PR 00936-1017 | 66-0240586 | 501 (c) (3) | \$8,004 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () AMERICAN NATIONAL RED CROSS PO BOX 9021067, SAN JUAN, PR 00902 | 66-0188842 | 501 (c) (3) | \$128,759 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () CUERPOS DE VOLUNTARIOS DE PO BOX 1290, HAITILLO, PR 00659 | 66-0563792 | 501 (c) (3) | \$66,788 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () SOCIEDAD AMERICANA CONTRA URB LA MERCAD #566, C CABO HERMOGENES DD-16 URB VILLA CONTESSA, BAYAMON, PR | 66-0321594 | 501 (c) (3) | \$107,883 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () ESPERANZA PARA LA VEJEZ, I PNB 312 PO BOX 7886, GUAYNABO, PR 00969 | 66-0268234 | 501 (c) (3) | \$42,830 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () FORJANDO UN NUEVO COMIENZOCARR 108 INTERIOR, MAYAGUEZ, PR 00680 | 66-0592098 | 501 (c) (3) | \$9,376 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () SERVICIOS SOCIALES CATOLIC PO BOX 9000, AGUADA, PR 00602 | 66-0407820 | 501 (c) (3) | \$79,300 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |
| () PROGRAMA DE APOYO Y ENLACE | 66-0528378 | 501 (c) (3) | \$32,828 | | FMV/ N/A | | TO COVER PROGRAM SERVICES OF |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| () FUNDACION DAR, INC. PO BOX 370648, SAN JUAN, PR 00936 | 66-0450481 | 501 (c) (3) | \$43,334 | | FMV N/A | | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| () FUNDACION DR RAUL GARCIA R PO BOX 8816, SAN JUAN, PR 00910 | 66-0491622 | 501 (c) (3) | \$21,737 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () FUNDACION HOGAR NINITO JES PO BOX 192503, SAN JUAN, PR 00919 | 66-0478096 | 501 (c) (3) | \$29,446 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () FUNDACION PUERTORRIQUENA PO BOX 29793, SAN JUAN, PR 00929 | 66-0480279 | 501 (c) (3) | \$13,092 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () FUNDACION PUERTORRIQUENA S PO BOX 195273, SAN JUAN, PR 00919 | 66-0480413 | 501 (c) (3) | \$19,225 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () FUNDESCO - ALBERGUE LOS PE PO BOX 6300, PONCE, PR 00732 | 66-0264286 | 501 (c) (3) | \$24,189 | \$888 | FMV SUPPLIES | | TO COVER PROGRAM SERVICES OF |
| () FUNDESCO - HOGAR LA PIEDAD APTDO 6300, CAGUAS, PR 00726 | 66-0264286 | 501 (c) (3) | \$9,434 | \$1,078 | FMV SUPPLIES | | TO COVER PROGRAM SERVICES OF |
| () HILL BROTHERS PR PO BOX 29126, SAN JUAN, PR 00929 | 66-0521136 | | \$11,913 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () HOGAR ALBERGUE NINOS MALTR CALLE GAMBA 4, SAN GERMAN, PR 00683 | 66-0469637 | 501 (c) (3) | \$16,104 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () HOGAR ALBERGUE JESUS DE NA APTDO 1147, MAYAGUEZ, PR 00680 | 66-0476875 | 501 (c) (3) | \$37,966 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () HOGAR COLEGIO LA MILAGROSA URB ZENO GAND'A, 987, ARECIBO, PR 00642 | 66-0320329 | 501 (c) (3) | \$8,798 | \$782 | FMV N/A | | TO COVER PROGRAM SERVICES OF |
| () HOGAR CNVA SAN CRISTOBAL, PMB 428 HC01 BOX, CAGUAS, PR 00725 | 66-0479465 | 501 (c) (3) | \$30,698 | | FMV N/A | | TO COVER PROGRAM SERVICES OF |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| () HOGAR DE AYUDA EL REFUGIO, 1 CALLE 2 SANTA ROSA LIMA, GUAYMAO, PR | 66-0477909 | 501(c)(3) | \$35,777 | \$578 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| () HOGAR DE ENVEJECIENTES IRM PO BOX 1185, LARES, PR 00669 | 66-0450949 | 501(c)(3) | \$21,816 | \$864 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| () HOGAR DE NINAS DE CUPEY, I PO BOX 20667, SAN JUAN, PR 00928 | 66-0202913 | 501(c)(3) | \$29,729 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| () HOGAR DE NINOS FORJADORES PO BOX 4181, BAYAMON, PR 00958 | 66-0481158 | 501(c)(3) | \$39,792 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| () HOGAR DE NINOS EL AVE MARI PMB 238 A PO BOX, 607071, BAYAMON, PR 960 | 66-0530257 | 501(c)(3) | \$32,374 | \$707 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| () HOGAR ESCUELA SOR MARIA RA PO BOX 3024, BAYAMON, PR 00960 | 66-0554184 | 501(c)(3) | \$72,735 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| () HOGAR FATTMA, INC. C ESTEBAN CERRO GORDO, BAYAMON, PR 00956 | 66-0319405 | 501(c)(3) | \$76,929 | \$636 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| () HOGAR INFANTIL JESUS NAZAR PO BOX 1671, ISABELLA, PR 00662 | 66-0440089 | 501(c)(3) | \$27,357 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| () HOGAR INFANTIL SANTA TERES PO BOX 140057, ARECIBO, PR 00614 | 66-0514199 | 501(c)(3) | \$17,608 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| () HOGAR RUTH, INC. PO BOX 538, YEGA ALTA, PR 00692 | 66-0413881 | 501(c)(3) | \$24,373 | \$789 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| () HOGAR SANTA MARIA DE LOS 7 352 SAN CLAUDIO STREET 304, SAN JUAN, PR | 66-0558775 | 501(c)(3) | \$25,376 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| () HOGAR SANTA MARIA EUFRASIA PO BOX 1909, ARECIBO, PR 00613 | 66-0447891 | | \$14,301 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |

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Schedule I (Form 990) 2021

Part II

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| 1 HOGAR SANTISIMA TRINIDAD, P.M.E. 326 A PO BOX, GUAYABO, PR 00970 | 66-0530256 | 501 (c) (3) | \$31,078 | \$845 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| 1 HOGARES RAPAELA YBARRA, INC. 432 TORRELAGUNA, EMBAUSE SAN JOSE, SAN | 66-0353899 | 501 (c) (3) | \$71,779 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 HOGARES TERESA TODA, INC. PO BOX 869, CANOVANAS, PR 00729 | 66-0488810 | 501 (c) (3) | \$44,627 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 INICIATIVA COMUNITARIA DE PO BOX 366535, SAN JUAN, PR 00936 | 66-0483960 | 501 (c) (3) | \$50,443 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 INTITUTE FOR INDIVIDUAL, G 51 ALTOS CALLE SANTIAGO | 66-0481394 | | \$38,289 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 INSTITUTO DE FORMACION SAN CAR 5516 B KM 0.2, SECTOR | 66-0439236 | | \$54,437 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 INSTITUTO DE ORIENTACION Y PLAZA SAN ALFONZO GAUTIER | 66-0307031 | 501 (c) (3) | \$55,664 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 INSTITUTO DEL HOGAR CELIA UBA HYDE PARK 154, CALLE LOS MIRTO, SAN | 66-0215050 | 501 (c) (3) | \$33,496 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 INSTITUTO ESPECIAL PARA EL BDA ESPERANZA CALLE 4, GUANICA, PR 00647 | 66-0508696 | 501 (c) (3) | \$160,954 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 CENTRO DE RESPIRO Y REHABILITACION 100 CAR 698 #649, DORADO, PR 00646 | 66-0567316 | 501 (c) (3) | \$27,301 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1 PROGRAMA DEL ADOLESCENTE I PO BOX 891, NARANJITO, PR 00719 | 66-0459355 | 501 (c) (3) | \$30,320 | \$486 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| 1 INTITUTO PREVOCAACIONAL E I C EUGENIO MARIA DE HOSTOS, ARECIBO, PR | 66-0421420 | 501 (c) (3) | \$38,440 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |

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

Cat. No. 50056P

Schedule I (Form 990) 2021

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| 1. INSTITUTO PSICOPEDAGOGICO CALLE MARGINAL, BAYAMON, PR 00956 | 66-0196040 | 501(c)(3) | \$49,125 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| 1. SAFE CHILD COALITION, INC. PO BOX 13162, SAN JUAN, PR 00908 | 66-0958238 | 501(c)(3) | \$10,000 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. JOVENES DE PUERTO RICO EN 112 C/ARZUAGA, SAN JUAN, PR 00925 | 66-0491142 | 501(c)(3) | \$29,950 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. JUAN DOMINGO EN ACCION, I BO JUNA DOMINGO, GUAYNABO, PR 00966 | 66-0394776 | 501(c)(3) | \$24,869 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. LA CASA DE TODOS, INC. HC 23 BOX 6128, JUNCOS, PR 00777 | 66-0425468 | 501(c)(3) | \$17,666 | \$867 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| 1. LA FONDITA DE JESUS, INC. 704 C/CONSERVATE, SAN JUAN, PR 00907 | 66-0426787 | 501(c)(3) | \$298,600 | \$1,417 | FMV | SUPPLIES | TO COVER PROGRAM SERVICES OF |
| 1. MAKE A WISH FOUNDATION OF URB HATO REY C/ADEYRANA, SAN JUAN, PR | 66-0529880 | 501(c)(3) | \$25,179 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. MINISTERIO AYUDA AL NECESI PO BOX 765, GUAYO, PR 00778 | 66-0506917 | | \$12,877 | \$547 | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. MISION RESCATE, INC. C/WILLIAM F BRENNAN, MAYAGUEZ, PR 00680 | 66-0359707 | | \$18,797 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. MOVIMIENTO PARA EL ALCANCE URB SAN JUAN C 15 N 11, CAGUAS, PR 00727 | 66-0446732 | 501(c)(3) | \$19,568 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. OFICINA PARA LA PROMOCION PO BOX 353, ARECIBO, PR 00613 | 66-0508486 | | \$24,940 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| 1. POLITECNICO AMIGO, INC. 960 C/REFUGIO MIRAMAR, SAN JUAN, PR | 66-0576367 | 501(c)(3) | \$46,424 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |

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

Cat. No. 5005SP

Schedule I (Form 990) 2021

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| - SAN JORGE CHILDRENS FOUNDA PO BOX 6719, SAN JUAN, PR 00914-6719 | 66-0531105 | 501 (c) (3) | \$60,387 | | FMV | N/A | TO COVER PROGRAM SERVICES OF PARTICIPATING AGENCIES |
| - SOCIEDAD PRO NINOS SORDOS RMB 497 AVE TITO CASTRO 609, PONCE, PR PO BOX 3817, AIRPORT | 66-0356920 | 501 (c) (3) | \$19,254 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| - TRAVELERS AID OF PR, INC. PO BOX 3817, AIRPORT | 66-0226397 | | \$37,499 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| - YMCA OF PONCE 7843 NAZARET, URB SANTA MARIA, PONCE, PR | 66-0204831 | 501 (c) (3) | \$93,111 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| - YMCA OF SAN JUAN PO BOX 360590, SAN JUAN, PR 00936-0590 | 66-0190784 | 501 (c) (3) | \$52,520 | | FMV | N/A | TO COVER PROGRAM SERVICES OF |
| - | | | | | | | |
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| - | | | | | | | |
| - PROGRAMA DE EDUCACION COMU 106 CALLE 11 PARCELIAS | 66-0444454 | 501 (c) (3) | \$415,570 | | | N/A | TO COVER PROGRAM SERVICES OF |

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

Cat. No. 50056P

Schedule I (Form 990) 2021

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FONDOS UNIDOS DE PUERTO RICO INC

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

66-0269222

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

| | Yes | No |
|----|--------------------------|--------------------------|
| 1a | | |
| 1b | <input type="checkbox"/> | <input type="checkbox"/> |

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

| | | |
|---|--------------------------|-------------------------------------|
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

| | | |
|----|--------------------------|-------------------------------------|
| 4a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

| | | |
|----|--------------------------|-------------------------------------|
| 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

| | | |
|----|--------------------------|-------------------------------------|
| 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

| | | |
|---|--------------------------|-------------------------------------|
| 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

| | | |
|---|--------------------------|-------------------------------------|
| 8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | | |
|---|--------------------------|--------------------------|
| 9 | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SAMUEL GONZALEZ 1 PRESIDENT | (i) \$112,200 (ii) \$40,456 (iii) \$3,053 | | | | | \$155,709 | |
| 2 | (i) (ii) (iii) | | | | | | |
| 3 | (i) (ii) (iii) | | | | | | |
| 4 | (i) (ii) (iii) | | | | | | |
| 5 | (i) (ii) (iii) | | | | | | |
| 6 | (i) (ii) (iii) | | | | | | |
| 7 | (i) (ii) (iii) | | | | | | |
| 8 | (i) (ii) (iii) | | | | | | |
| 9 | (i) (ii) (iii) | | | | | | |
| 10 | (i) (ii) (iii) | | | | | | |
| 11 | (i) (ii) (iii) | | | | | | |
| 12 | (i) (ii) (iii) | | | | | | |
| 13 | (i) (ii) (iii) | | | | | | |
| 14 | (i) (ii) (iii) | | | | | | |
| 15 | (i) (ii) (iii) | | | | | | |
| 16 | (i) (ii) (iii) | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Form and Line Reference: Part - I Line 3

Written employment contract, Approval by the board or compensation committee

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number

66-0269222

Form and Line Reference: Part VI Line 6

SEE FORM 990 PAGE 7 PART VII SECTION A LINE 1a

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number

66-0269222

Form and Line Reference: Part VI Line 7a

SEE FORM 990 PAGE 7 PART VII SECTION A LINE 1a

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

FONDOS UNIDOS DE PUERTO RICO INC

66-0269222

Form and Line Reference: 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.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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**Open to Public
Inspection**

Name of the organization
FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number
66-0269222

Form and Line Reference: Part VI Line 15

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

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number

66-0269222

Form and Line Reference: Part VI Line 19

UPON REQUEST

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
FONDOS UNIDOS DE PUERTO RICO INC

Employer identification number
66-0269222

Part-VII Section A List of Officers Details

| (a) Name and Title | (b) Average hours | (c) Reportable compensation(\$) | (d) Deferred compensation(\$) | (e) Other compensation(\$) |
|---------------------------------------|-------------------|---------------------------------|-------------------------------|----------------------------|
| MANUEL MATOSANTOS DIRECTOR | 0.00 0.00 | | | |
| HOMAR MAURAS DIRECTOR | 0.00 0.00 | | | |
| RUBEN MEDINA LUGO DIRECTOR | 0.00 0.00 | | | |
| ROSANA MELENDEZ DIRECTOR | 0.00 0.00 | | | |
| CARLOS J. MORELL DIRECTOR | 0.00 0.00 | | | |
| JOSE F. ORAMAS DIRECTOR | 0.00 0.00 | | | |
| N STOR L. ORTIZ DE HOYOS DIRECTOR | 0.00 0.00 | | | |
| CARLOS OTERO DIRECTOR | 0.00 0.00 | | | |
| YASMI PEDROGO DIRECTOR | 0.00 0.00 | | | |
| ANDRES PEREZ DIRECTOR | 0.00 0.00 | | | |
| LIZZIE PEREZ DIRECTOR | 0.00 0.00 | | | |
| LUIS PEREZ DIRECTOR | 0.00 0.00 | | | |
| ISMAEL RIOS DIRECTOR | 0.00 0.00 | | | |
| NAYDA RIVERA BATISTA DIRECTOR | 0.00 0.00 | | | |
| CARLOS PEPE RODRIGUEZ DIRECTOR | 0.00 0.00 | | | |
| MANUEL SANCHEZ SIERRA DIRECTOR | 0.00 0.00 | | | |
| AGNES SUAREZ DIRECTOR | 0.00 0.00 | | | |
| RAYMOND TOTTI DIRECTOR | 0.00 0.00 | | | |
| GERMAN UBIRE DIRECTOR | 0.00 0.00 | | | |
| CHARLES VAILLANT DIRECTOR | 0.00 0.00 | | | |
| VIVIANA J VAZQUEZ BONILLA DIRECTOR | 0.00 0.00 | | | |
| MIGUEL R. VENTA DIRECTOR | 0.00 0.00 | | | |
| AUDREY ZAMOT DIRECTOR | 0.00 0.00 | | | |
| | 0.00 | | | |
| | 0.00 | | | |