

Return of Organization Exempt From Income Tax

2020

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01, 2020, and ending 06-30, 2021

Form header section containing B (Check if applicable), C (Name of organization: University of Puerto Rico Foundation), D (Employer identification number: 66-0877611), E (Telephone number: (787) 250-0000), G (Gross receipts: \$ 501,300), H(a) (Is this a group return for subordinates?), H(b) (Are all subordinates included?), I (Tax-exempt status: 501(c)(3)), J (Website: www.upr.edu/foundation), K (Form of organization: Corporation), L (Year of formation: 2017), M (State of legal domicile: PR)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2. Check this box; 3-7. Governing body and employee statistics; 8-12. Revenue (Total: 501,300); 13-19. Expenses (Total: 1,030); 20-22. Net assets or fund balances (Total: 500,270).

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.

Signature block containing: Sign Here, Margarita Mendez (Signature of officer), Margarita Mendez, Secretary (Type or print name and title), Date

Paid Preparer Use Only section containing: Print/Type preparer's name (Jose Lebron), Preparer's signature (Jose Lebron), Date (02-27-2023), Check self-employed, PTIN (XXXXXXXXXX), Firm's name (Cloud Accounting Services Inc), Firm's address (11954 Narcoossee Rd Ste 2-115, Orlando FL 32832), Firm's EIN, Phone no. (321-529-9346)

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

Return of Organization Exempt From Income Tax

2021

Department of the Treasury
Internal Revenue Service

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

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

▶ 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 **07-01, 2021**, and ending **06-30, 2022**

| | | | |
|--|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization: University of Puerto Rico Foundatio | | D Employer identification number 66-0877611 |
| | Doing business as | | E Telephone number (787) 250-0000 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 571,725 |
| | 1187 Flamboyant St Jardin Botanico | Sur | |
| City or town, state or province, country, and ZIP or foreign postal code San Juan, PR 00926 | | F Name and address of principal officer: Angelique Sina, 3 Same as C above | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions | |
| J Website: www.upr.edu/foundation | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2017 | M State of legal domicile: PR |

Part I Summary

| | | | |
|---|--|---------------------------|----------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: The University of Puerto Rico Foundation is a non-partisan, non-profit organization that facilitates philanthropic contributions and support to benefit the University of Puerto Rico system's campuses, students and faculty. | | |
| | 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 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b 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) | 571,725 | 571,725 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 571,725 | 571,725 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 812,970 | 812,970 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 99 | 99 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 813,069 | 813,069 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | (241,344) | (241,344) | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 500,270 | 258,926 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 0 |
| | | 500,270 | 258,926 |

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 | Margarita Mendez Signature of officer | Date |
| | Margarita Mendez, Secretary Type or print name and title | |

| | | | | | |
|-------------------------------|---|--|---------------------------|---|---------------------------|
| Paid Preparer Use Only | Print/Type preparer's name Jose Lebron | Preparer's signature Jose Lebron | Date 02-27-2023 | Check <input type="checkbox"/> if self-employed | PTIN XXXXXXXXXX |
| | Firm's name ▶ Cloud Accounting Services Inc | Firm's EIN ▶ | | | |
| | Firm's address ▶ 1417 Pro Shop Ct Davenport FL 33896 | Phone no. 787-664-9004 | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.