

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Open to Public Inspection

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.

A For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

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 UNIDOSUS		D Employer identification number 86-0212873
	Doing business as		E Telephone number 202-785-1670
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1126 16TH STREET, NW		G Gross receipts \$ 85,675,135.
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036-4845		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JANET MURGUIA SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. (see instructions)	
J Website: WWW.UNIDOSUS.ORG		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: 1968	M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNIDOSUS, THE LARGEST NATIONAL HISPANIC CIVIL RIGHTS AND ADVOCACY ORGANIZATION IN THE UNITED		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	140
	6 Total number of volunteers (estimate if necessary)	6	35
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	155,471.
b Net unrelated business taxable income from Form 990-T, line 39	7b	127,537.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	36,308,131.	62,923,248.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,434,471.	4,806,291.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	642,856.	520,052.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,060,562.	1,463,517.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,446,020.	69,713,108.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,290,367.	10,288,922.
	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)	13,527,787.	15,680,660.
	b Total fundraising expenses (Part IX, column (D), line 25)	278,381.	159,608.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,422,034.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,183,168.	17,906,022.
19 Revenue less expenses. Subtract line 18 from line 12	41,279,703.	44,035,212.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,166,317.	25,677,896.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	102,901,189.	133,371,369.
		33,048,413.	37,908,653.
		69,852,776.	95,462,716.

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		
	HOLLY BLANCHARD, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIA FLANNERY, CPA	Preparer's signature JULIA FLANNERY, CPA	Date 08/09/21	Check if self-employed <input type="checkbox"/>	PTIN P00928918
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Phone no. 410-246-9301		
	Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202				

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 [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 11,602,582. including grants of \$ 2,929,422.) (Revenue \$) LEGISLATIVE ADVOCACY & MISSION - THESE COMPONENTS ARE DEDICATED TO IMPROVE OPPORTUNITIES AND OPEN DOORS FOR HISPANIC AMERICANS.

4b (Code:) (Expenses \$ 6,266,026. including grants of \$ 3,135,676.) (Revenue \$) HOUSING & FINANCIAL EMPOWERMENT - THE MISSION OF THIS PROGRAM IS TO BUILD HEALTHY COMMUNITIES THROUGH THE CREATION OF SOCIAL, POLITICAL,

4c (Code:) (Expenses \$ 8,611,495. including grants of \$) (Revenue \$) POLICY & ADVOCACY - THE UNIDOSUS POLICY AND ADVOCACY TEAM IS THE LEADING HISPANIC THINK TANK IN WASHINGTON, DC.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,702,397. including grants of \$ 4,223,824.) (Revenue \$ 4,806,291.)

4e Total program service expenses 38,182,500.

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included on line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, CA, CT, FL, GA, IL, KS, KY, ME, MD
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 [X] 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 HOLLY BLANCHARD - 202-785-1670 1126 16TH STREET, NW, WASHINGTON, DC 20036-4845

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET MURGUIA PRESIDENT & CEO	40.00 2.00	X		X				555,628.	0.	65,936.
(2) SONIA PEREZ CHIEF OPERATING OFFICER	40.00			X				323,650.	0.	47,458.
(3) HOLLY BLANCHARD CHIEF FINANCIAL OFFICER	40.00 5.00			X				308,925.	15,446.	44,030.
(4) ZANDRA BAERMANN SVP-COMMUNICATIONS & MARKETING	40.00					X		270,119.	0.	38,031.
(5) ERIC RODRIGUEZ VP-ORAL	40.00					X		204,271.	0.	41,425.
(6) CHARLES KAMASAKI SENIOR ADIVISOR TO THE CABINET	36.00			X				209,017.	0.	28,635.
(7) DELIA DE LA VARA SVP-COMMUNICATIONS & MARKETING	40.00					X		196,478.	0.	36,199.
(8) MARGARET MCLEOD VP, ED WORKFORCE DEV & EVAL	40.00					X		185,425.	0.	25,587.
(9) LAUTARO DIAZ VP, HOUSING & COMMUNITY DEV	40.00					X		173,543.	0.	26,280.
(10) MARIA SALINAS CHAIR	1.00	X		X				0.	0.	0.
(11) LUIS GRANADOS VICE CHAIR	1.00	X		X				0.	0.	0.
(12) MARIA CRISTINA GONZALEZ NOGUERA SECRETARY	1.00	X		X				0.	0.	0.
(13) JOHN ESQUIVEL TREASURER	1.00	X		X				0.	0.	0.
(14) DAVID ADAME EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(15) MICHAEL JOHNSON EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(16) ARNULFO MANRIQUEZ EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(17) MARIA GABRIELA PACHECO EXECUTIVE COMMITTEE	1.00	X						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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA G. ARIAS GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(19) MAYRA AGUIRRE GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(20) CYNTHIA ARAGON GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(21) RUBY AZURDIA-LEE GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(22) JOSIE BACALLAO GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(23) MAURICIO CALVO GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(24) AIDA CARDENAS GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(25) ROY COSME GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
(26) ENRIQUE GONZALEZ, III GENERAL MEMBERSHIP	1.00	X						0.	0.	0.
1b Subtotal								2,427,056.	15,446.	353,581.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,427,056.	15,446.	353,581.

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 40

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROFESSIONALS FOR NONPROFITS, INC., 515 MADISON AVE, 11TH FLOOR, NEW YORK, NY	STAFFING CONSULTANTS	2,260,743.
FAITH IN ACTION, 999 NORTH CAPITOL STREET NE, WASHINGTON, DC 20002	CONTRACT SERVICES	286,538.
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FO ONE KAISER PLAZA, SUITE 850, OAKLAND, CA 94	CONTRACT SERVICES	277,810.
NATIONAL URBAN LEAGUE, 80 PINES STREET, 9TH FLOOR, NEW YORK, NY 10005	CONSULTING SERVICES	277,218.
DEMOS: A NETWORK FOR IDEAS AND ACTIONS, LTD 80 BROAD STREET, 4TH FLOOR, NEW YORK, NY 10	CONSULTING SERVICES	270,937.

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 18

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,603,316.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	59,319,932.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,555,168.				
	h Total. Add lines 1a-1f			62,923,248.			
Program Service Revenue	2 a EVENTS	Business Code					
		900099	4,267,688.	4,267,688.			
	b MEMBERSHIP DUES	900099	538,603.	538,603.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			4,806,291.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		503,721.			503,721.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	972,580.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	972,580.				
	d Net rental income or (loss)			972,580.	155,471.	817,109.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	15,978,358.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,962,027.				
c Gain or (loss)	7c	16,331.					
d Net gain or (loss)			16,331.		16,331.		
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a OTHER	Business Code					
		900099	490,937.			490,937.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			490,937.				
12 Total revenue. See instructions			69,713,108.	4,806,291.	155,471.	1,828,098.	

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 X

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 ...	10,288,922.	10,288,922.		
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	1,524,310.	1,158,471.	365,839.	
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	11,355,300.	8,061,797.	2,747,879.	545,624.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	649,605.	466,468.	153,352.	29,785.
9 Other employee benefits	1,299,484.	946,844.	293,035.	59,605.
10 Payroll taxes	851,961.	615,280.	199,961.	36,720.
11 Fees for services (nonemployees):				
a Management				
b Legal	103,923.	59,410.	43,213.	1,300.
c Accounting	127,545.		127,545.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	159,608.			159,608.
f Investment management fees	65,984.		65,984.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	9,956,930.	8,774,739.	1,002,553.	179,638.
12 Advertising and promotion	756,009.	708,967.	25,794.	21,248.
13 Office expenses	481,311.	311,547.	153,436.	16,328.
14 Information technology	884,183.	731,347.	134,973.	17,863.
15 Royalties				
16 Occupancy	617,730.	465,444.	125,474.	26,812.
17 Travel	1,111,447.	854,798.	207,535.	49,114.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	802,861.	738,931.	60,786.	3,144.
20 Interest	893,063.		893,063.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	207,299.		207,299.	
23 Insurance	169,419.	88,987.	76,632.	3,800.
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 EQUIPMENT RENTAL	292,926.	17,367.	274,578.	981.
b BAD DEBT EXPENSE	116,985.		37,485.	79,500.
c ALLOCATION OF INDIRECT	0.	3,863,341.	-4,019,539.	156,198.
d _____				
e All other expenses _____	1,318,407.	29,840.	1,253,801.	34,766.
25 Total functional expenses. Add lines 1 through 24e	44,035,212.	38,182,500.	4,430,678.	1,422,034.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,000.	1	1,000.
	2 Savings and temporary cash investments	28,577,571.	2	44,718,232.
	3 Pledges and grants receivable, net	4,144,565.	3	5,021,026.
	4 Accounts receivable, net	335,133.	4	740,942.
	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	153,062.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,151,624.		
	b Less: accumulated depreciation	10b 1,976,241.	23,373,132.	10c 23,175,383.
	11 Investments - publicly traded securities	11,189,242.	11	11,458,770.
	12 Investments - other securities. See Part IV, line 11		12	13,469,283.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	35,127,484.	15	34,786,733.
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,901,189.	16	133,371,369.	
Liabilities	17 Accounts payable and accrued expenses	5,219,938.	17	7,094,185.
	18 Grants payable		18	
	19 Deferred revenue	1,396,241.	19	1,500,625.
	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	14,559,142.	23	16,606,589.
	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	11,873,092.	25	12,707,254.
	26 Total liabilities. Add lines 17 through 25	33,048,413.	26	37,908,653.
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	11,432,819.	27	31,424,173.
	28 Net assets with donor restrictions	58,419,957.	28	64,038,543.
	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	69,852,776.	32	95,462,716.
33 Total liabilities and net assets/fund balances	102,901,189.	33	133,371,369.	

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	69,713,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,035,212.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,677,896.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,852,776.
5	Net unrealized gains (losses) on investments	5	-67,956.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	95,462,716.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization <p style="text-align: center;">UNIDOSUS</p>	Employer identification number <p style="text-align: center;">86-0212873</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,124,444.	24,246,730.	35,161,763.	36,308,131.	62,923,248.	187,764,316.
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	29,124,444.	24,246,730.	35,161,763.	36,308,131.	62,923,248.	187,764,316.
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)						65,336,230.
6 Public support. Subtract line 5 from line 4.						122,428,086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	29,124,444.	24,246,730.	35,161,763.	36,308,131.	62,923,248.	187,764,316.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	397,908.	285,165.	366,303.	1,026,121.	1,476,301.	3,551,798.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				98,055.	100,754.	198,809.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,087,966.	1,116,368.	938,334.	516,140.	490,937.	4,149,745.
11 Total support. Add lines 7 through 10						195,664,668.
12 Gross receipts from related activities, etc. (see instructions)					12	28,356,484.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	62.57 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	70.02 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

UNIDOSUS

Employer identification number

86-0212873

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNIDOSUS	Employer identification number 86-0212873
--------------------------------------	--

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	 	\$ 13,555,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 	\$ 8,837,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 	\$ 4,384,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 	\$ 3,950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 	\$ 2,659,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIDOSUS	Employer identification number 86-0212873
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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
7	 	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 	\$ 1,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 	\$ 1,759,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 	\$ 1,460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 	\$ 1,333,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIDOSUS	Employer identification number 86-0212873
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ 13,555,168.	07/10/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization UNIDOSUS	Employer identification number 86-0212873
--------------------------------------	--

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization <p style="text-align: center;">UNIDOSUS</p>	Employer identification number <p style="text-align: center;">86-0212873</p>
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	795,890.													
c	Total lobbying expenditures (add lines 1a and 1b)	795,890.													
d	Other exempt purpose expenditures	43,239,322.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	44,035,212.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	431,918.	478,925.	497,121.	795,890.	2,203,854.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

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

2019

Open to Public Inspection

Name of the organization UNIDOSUS Employer identification number 86-0212873

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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	5,801,928.	5,657,574.	5,505,316.	5,018,054.	4,709,488.
b Contributions					
c Net investment earnings, gains, and losses	367,870.	178,145.	185,878.	515,907.	344,548.
d Grants or scholarships					
e Other expenditures for facilities and programs		16,391.	16,430.	13,840.	16,972.
f Administrative expenses	35,132.	17,400.	17,190.	14,805.	19,010.
g End of year balance	6,134,666.	5,801,928.	5,657,574.	5,505,316.	5,018,054.

- 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 65.00 %
 - c Term endowment 35.00 %
- 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 | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 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		21,000,000.		21,000,000.
b Buildings		1,508,495.	95,288.	1,413,207.
c Leasehold improvements		2,124,302.	1,466,380.	657,922.
d Equipment		274,974.	241,883.	33,091.
e Other		243,853.	172,690.	71,163.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,175,383.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) E V SHT DURATION GOVT INC I (EILDY)	13,469,283.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,469,283.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	610,154.
(2) SECURITY DEPOSITS	61,920.
(3) FUNDS HELD IN TRUST	32,944,200.
(4) SPECIAL EVENTS RECEIVABLE	1,005,000.
(5) DUE FROM SIFLR	73,822.
(6) OTHER	91,637.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	34,786,733.

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) DEFERRED COMPENSATION	610,154.
(3) INTEREST RATE SWAP	1,350,981.
(4) DUE TO SIFLR	10,651,575.
(5) TENANT DEPOSITS	94,544.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,707,254.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	91,200,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-67,956.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	21,621,265.
e	Add lines 2a through 2d	2e	21,553,309.
3	Subtract line 2e from line 1	3	69,647,124.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,984.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	65,984.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	69,713,108.

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

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

1	Total expenses and losses per audited financial statements	1	60,627,907.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	16,658,679.
e	Add lines 2a through 2d	2e	16,658,679.
3	Subtract line 2e from line 1	3	43,969,228.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,984.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	65,984.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	44,035,212.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE UNIDOSUS AND SIFLR ENDOWMENT FUNDS ARE INTENDED FOR THE FOLLOWING

USES: (1) THE EARNINGS FROM THE CHARLES STEWART MOTT FOUNDATION ENDOWMENT

ARE INTENDED FOR THE GENERAL PURPOSES OF THE ORGANIZATION AND (2) THE

EARNINGS FROM THE FORD FOUNDATION ENDOWMENT ARE FOR CHARITABLE SCIENTIFIC,

LITERARY OR EDUCATIONAL PURPOSES.

PART X, LINE 2:

UNIDOSUS DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS

AND ACCORDINGLY, WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX

BENEFITS. UNIDOSUS HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE

JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, UNIDOSUS HAS

Part XIII Supplemental Information (continued)

FILED INTERNAL REVENUE FORM 990 TAX RETURNS AS REQUIRED AND ALL APPLICABLE

RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. UNIDOSUS BELIEVES

THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S.

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS BEFORE 2017.

HOWEVER, UNIDOSUS IS STILL OPEN TO EXAMINATIONS BY TAX AUTHORITIES FROM

FISCAL YEAR 2017 FORWARD. FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019,

THERE WERE NO INTEREST OR PENALTIES RECORDED IN THE CONSOLIDATED

STATEMENTS OF ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

STRATEGIC INVESTMENT FUND REVENUE	2,251,229.
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RAZA DEVELOPMENT FUND REVENUE	19,838,701.
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ELIMINATION ENTRIES	-468,665.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	21,621,265.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

STRATEGIC INVESTMENT FUND EXPENSES	34,855.
------------------------------------	---------

RAZA DEVELOPMENT FUND EXPENSES	17,092,489.
--------------------------------	-------------

ELIMINATION ENTRIES	-468,665.
---------------------	-----------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,658,679.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

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 instructions and the latest information.**

Name of the organization

UNIDOSUS

Employer identification number

86-0212873

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

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRAHAM PELTON CONSULTING, INC. - 39 BEECHWOOD ROAD,	FUNDRAISING CONSULTING SERVICES & CAMPAIGN		X	0.	159,608.	-159,608.
Total					159,608.	-159,608.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GRAHAM PELTON CONSULTING, INC.

(I) ADDRESS OF FUNDRAISER: 39 BEECHWOOD ROAD, SUMMIT, NJ 07901

(II) ACTIVITY: FUNDRAISING CONSULTING SERVICES & CAMPAIGN FEASIBILITY STUDY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization UNIDOSUS Employer identification number 86-0212873

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMIA ADVANCE CHARTER SCHOOL 115 N. AVE 53 LOS ANGELES, CA 90042	20-3082187	501(C)(3)	22,500.	0.			GRANTS
ADMINISTRATION OF RESOURCES AND CHOICES - 3003 S. COUNTRY CLUB, STE 219 - TUCSON, AZ 85713	86-0735999	501(C)(3)	76,181.	0.			GRANTS
ADVANCEMENT PROJECT 1910 W. SUNSET BLVD., #500 LOS ANGELES, CA 90026	95-4835230	501(C)(3)	135,000.	0.			GRANTS
ALIVIO MEDICAL CENTER 966 WEST 21ST ST. CHICAGO, IL 60608	36-3661051	501(C)(3)	57,700.	0.			GRANTS
ALTAMED HEALTH SERVICES CORPORATION - 500 CITADEL DRIVE, SUITE 490 - LOS ANGELES, CA 90040	92-2810095	501(C)(3)	69,500.	0.			GRANTS
AMISTADES, INC 5501 N. ORACLE ROAD, SUITE 125 TUCSON, AZ 85704	20-5274049	501(C)(3)	54,500.	0.			GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 153.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM - ONE KAISER PLAZA, SUITE 850 - OAKLAND, CA 94612	94-3030866	501(C)(3)	141,450.	0.			GRANTS
ASSOCIACION PUERTORRIQUENOS EN MARCHA, INC - 4301 RISING SUN AVENUE - PHILADELPHIA, PA 19140	23-1930630	501(C)(3)	54,250.	0.			GRANTS
ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS, INC (AAMA) - 6001 GULF FREEWAY, BLDG E - HOUSTON, TX 77023	74-1696961	501(C)(3)	46,900.	0.			GRANTS
ASSOCIATION HOUSE OF CHICAGO 1116 N. KEDZIE AVENUE CHICAGO, IL 60651	36-2166961	501(C)(3)	29,500.	0.			GRANTS
BERT CORONA CHARTER SCHOOL 9400 REMICK AVENUE ARLETA, CA 91331	20-0407224	501(C)(3)	23,500.	0.			GRANTS
BONITA FAMILY RESOURCE CENTER 2005 HIGHLAND AVE, STE 9 NATIONAL CITY, CA 91950	81-1344497	501(C)(3)	46,200.	0.			GRANTS
BORDER NETWORK FOR HUMAN RIGHTS 2115 N. PIEDRAS ST. EL PASO, TX 79930	74-2493012	501(C)(3)	43,750.	0.			GRANTS
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVENUE CHICAGO, IL 60632	36-4229387	501(C)(3)	134,200.	0.			GRANTS
BUILDING SKILLS PARTNERSHIP 828 W. WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501(C)(3)	79,500.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CAMINO NUEVO CHARTER ACADEMY 3435 W. TEMPLE ST. LOS ANGELES, CA 90026	95-4771789	501(C)(3)	79,000.	0.			GRANTS
CASA DE MARYLAND 8151 15TH AVENUE HYATTSVILLE, MD 20783	59-1372972	501(C)(3)	11,250.	0.			GRANTS
CATHOLIC CHARITIES OF EAST TENNESSEE INC - 119 DAMERON AVE - KNOXVILLE, TN 37917	62-1377551	501(C)(3)	75,000.	0.			GRANTS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON, INC - 924 G STREET, NW - WASHINGTON, DC 20001	53-0196524	501(C)(3)	65,000.	0.			GRANTS
CENTRAL AMERICAN RESOURCE CENTER 1460 COLUMBIA ROAD, NW WASHINGTON, DC 20009	52-1271888	501(C)(3)	41,500.	0.			GRANTS
CENTRO CAMPESINO FARMWORKER CENTER, INC. - 35801 SW 186TH AVENUE - FLORIDA CITY, FL 33034	59-1460598	501(C)(3)	108,750.	0.			GRANTS
CENTRO DE AYUDA PARA LOS HISPANOS 5575 SOUTH SEMORAN BLVD, UNIT 501 ORLANDO, FL 32822	26-3787663	501(C)(3)	9,500.	0.			GRANTS
CENTRO DE LA FAMILIA DE UTAH 525 S 300 W SALT LAKE CITY, UT 84101	87-0310109	501(C)(3)	8,000.	0.			GRANTS
CENTRO HISPANO OF DANE COUNTY 810 WEST BADGER ROAD MADISON, WI 53713-2527	93-0844812	501(C)(3)	86,500.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CENTRO ROMERO 6216 N. CLARK STREET CHICAGO, IL 60660	36-3517408	501(C)(3)	26,000.	0.			GRANTS
CHICANO FEDERATION OF SAN DIEGO COUNTY - 3180 UNIVERSITY AVE., STE 400 - SAN DIEGO, CA 92104	23-7085960	501(C)(3)	11,500.	0.			GRANTS
CHICANOS POR LA CAUSA - LAS VEGAS 1112 E. BUCKEYE ROAD PHOENIX, AZ 85034	47-2624854	501(C)(3)	34,250.	0.			GRANTS
CHICANOS POR LA CAUSA - NOGALES 1112 E. BUCKEYE ROAD PHOENIX, AZ 85034	86-0227210	501(C)(3)	17,500.	0.			GRANTS
CHICANOS POR LA CAUSA NEVADA, INC. 1112 E. BUCKEYE ROAD PHOENIX, AZ 85034	47-2624854	501(C)(3)	15,000.	0.			GRANTS
CHICANOS POR LA CAUSA, INC. 1112 E. BUCKEYE ROAD PHOENIX, AZ 85034	86-0227210	501(C)(3)	186,704.	0.			GRANTS
CLINICA MONSEÑOR OSCAR A. ROMERO 123 S. ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)(3)	41,000.	0.			GRANTS
CLLARO PO BOX 17932 DENVER, CO 80217	84-0562952	501(C)(3)	9,150.	0.			GRANTS
CLINICAS DE SALUD DEL PUEBLO, INC 1166 K STREET BRAWLEY, CA 92227	95-2657324	501(C)(3)	12,500.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COALITION OF FLORIDA FARMWORKERS ORGANIZATION - 214 A FIRST STREET - IMMOKALEE, FL 34142	59-2149950	501(C)(3)	139,120.	0.			GRANTS
COMMITTEE FOR HISPANIC CHILDREN & FAMILIES, INC. - 75 BROAD STREET, SUITE 620 - NEW YORK, NY 10004	11-2622003	501(C)(3)	49,499.	0.			GRANTS
COMMUNITY SERVICES OF NEVADA (CSNV) - 3320 SUNRISE AVE., SUITE 108 - LAS VEGAS, NV 89101	88-0360474	501(C)(3)	54,250.	0.			GRANTS
COMUNIDADES UNIDAS 1750 W RESEARCH WAY, STE 102 WEST VALLEY CITY, UT 84119	13-4257724	501(C)(3)	101,000.	0.			GRANTS
CONEXION AMERICAS 800 18TH AVENUE SOUTH, SUITE A NASHVILLE, TN 37203	62-1715618	501(C)(3)	57,500.	0.			GRANTS
CONGRESO DE LATINOS UNIDOS, INC. 216 N SOMERSET STREET PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	205,155.	0.			GRANTS
CONXION TO COMMUNITY 749 STORY ROAD, SUITE 10 SAN JOSE, CA 95122	94-2400381	501(C)(3)	213,438.	0.			GRANTS
CORPORACION DE DESAROLLO, ECONOMICO, VIVIENDA Y SALUD (CODEVYS) - #68 CALLE PURO GIRAU - ARECIBO, PR 00612	66-0653561	501(C)(3)	37,500.	0.			GRANTS
CREDIT & HOMEOWNERSHIP EMPOWERMENT SERVICES, INC. - 3125 GILLHAM PLAZA - KANSAS CITY, MO 64109	27-3693233	501(C)(3)	36,200.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CUBAN AMERICAN NATIONAL COUNCIL 1223 SW 4 STREET MIAMI, FL 33135	23-7269955	501(C)(3)	69,250.	0.			GRANTS
CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION - 625 JAMAICA AVE. - BROOKLYN, NY 11208-1203	11-2683663	501(C)(3)	158,600.	0.			GRANTS
DALTON-WHITFIELD COMMUNITY DEVELOPMENT CORP. - P.O. BOX 248 - DALTON, GA 30722-0248	54-2102541	501(C)(3)	36,496.	0.			GRANTS
DEL NORTE NEIGHBORHOOD DEVELOPMENT CORPORATION - 2926 ZUNI STREET, #202 - DENVER, CO 80211	84-0783694	501(C)(3)	52,000.	0.			GRANTS
DEMOS: A NETWORK FOR IDEAS AND ACTION, LTD - 80 BROAD STREET, 4TH FLOOR - NEW YORK, NY 10004	13-4105066	501(C)(3)	135,000.	0.			GRANTS
DEVNW 212 MAIN STREET SPRINGFIELD, OR 97477	93-1057296	501(C)(3)	74,000.	0.			GRANTS
DOMINICO AMERICAN SOCIETY OF QUEENS - 40-27 97TH STREET - CORONA, NY 11368	06-1389895	501(C)(3)	40,000.	0.			GRANTS
EAST BAY SPANISH SPEAKING CITIZEN FOUNDATION - 1470 FRUITVALE AVE - OAKLAND, CA 94601	94-1628221	501(C)(3)	25,000.	0.			GRANTS
EAST BOSTON ECUMENICAL COMMUNITY COUNCIL - 50 MERIDIAN STREET - EAST BOSTON, MA 02128	04-2774242	501(C)(3)	68,250.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EAST LOS ANGELES COMMUNITY CORPORATION - 530 S. BOYLE AVE. - LOS ANGELES, CA 90033	95-4531076	501(C)(3)	69,250.	0.			GRANTS
EASTMONT COMMUNITY CENTER 701 HOFNER AVENUE LOS ANGELES, CA 90022	95-6221642	501(C)(3)	73,500.	0.			GRANTS
EDUCACION PARA NUESTRO FUTURO FOUNDED BY ESCUELA BOLIVIA - 2110 WASHINGTON BLVD - ARLINGTON, VA 22204	54-1914671	501(C)(3)	59,000.	0.			GRANTS
EL CENTRO DE LA RAZA 2524 16TH AVE. SOUTH SEATTLE, WA 98144	91-0899927	501(C)(3)	152,389.	0.			GRANTS
EL CENTRO DE SERVICIOS SOCIALES INC. - 2800 PEARL AVENUE - LORAIN, OH 44055	34-1165756	501(C)(3)	26,600.	0.			GRANTS
EL CENTRO, INC 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	138,450.	0.			GRANTS
EL CONCILIO - STOCKTON, CA 308 N CALIFORNIA STREET STOCKTON, CA 95202	39-1048542	501(C)(3)	91,428.	0.			GRANTS
EL PASO COMMUNITY ACTION PROGRAM PROJECT BRAVO INC - 2000 TEXAS AVE - EL PASO, TX 79901	74-6068251	501(C)(3)	7,250.	0.			GRANTS
EL SOL SCIENCE AND ARTS ACADEMY 1010 N BROADWAY SANTA ANA, CA 92701	33-0960964	501(C)(3)	45,000.	0.			GRANTS

Schedule I (Form 990)

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ENLACE CHICAGO 2756 S HARDING AVENUE CHICAGO, IL 60623	36-3727669	501(C)(3)	11,250.	0.			GRANTS
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR STREET CHICAGO, IL 60622	36-3043253	501(C)(3)	108,500.	0.			GRANTS
ESPERANZA IMMIGRATION LEGAL SERVICES - 4261 N 5TH ST - PHILADELPHIA, PA 19140	30-0239154	501(C)(3)	22,000.	0.			GRANTS
ESPERANZA, INC 3104 W 25TH ST, 4TH FL CLEVELAND, OH 44109	34-1403492	501(C)(3)	34,000.	0.			GRANTS
FAITH IN ACTION NETWORK 999 NORTH CAPITOL STREET, NE, SUITE 200 - WASHINGTON, DC, DC 20002	94-2206497	501(C)(3)	141,450.	0.			GRANTS
FIRST BOOK 1319 F. STREET NW, SUITE 1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	10,001.	0.			GRANTS
FRIENDLY HOUSE P.O. BOX 3695 PHOENIX, AZ 85030	86-0447737	501(C)(3)	19,906.	0.			GRANTS
GADS HILL CENTER 1919 W CULLERTON CHICAGO, IL 60608	36-2167082	501(C)(3)	72,500.	0.			GRANTS
HACIENDA COMMUNITY DEVELOPMENT CORP. - 5136 NE 42ND AVE. - PORTLAND, OR 97218	93-0979064	501(C)(3)	51,500.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HISPANIC CENTER OF WESTERN MICHIGAN - 1204 GRANDVILLE AVENUE, SW - GRAND RAPIDS, MI 49503	38-2265825	501(C)(3)	63,300.	0.			GRANTS
HISPANIC CHAMBER OF COMMERCE OF LOUISIANA FOUNDATION - 1515 POYDRAS ST, STE 1010 - NEW ORLEANS, LA 70112	22-3939922	501(C)(3)	16,667.	0.			GRANTS
HISPANIC INTEREST COALITION OF ALABAMA - 117 SOUTH CREST DRIVE - BIRMINGHAM, AL 35209	63-1225764	501(C)(3)	25,000.	0.			GRANTS
HISPANIC SERVICES COUNCIL, INC. 2902 NORTH ARMENIA AVE, STE 201 TAMPA, FL 33607	59-3198934	501(C)(3)	147,300.	0.			GRANTS
HISPANIC UNITY OF FLORIDA INC. 5840 JOHNSON ST. HOLLYWOOD, FL 33021	59-2230272	501(C)(3)	259,800.	0.			GRANTS
HOMES ON THE HILL CDC 4318 WESTLAND MALL COLUMBUS, OH 43228	31-1349995	501(C)(3)	64,250.	0.			GRANTS
HOLA OHIO 53 S. ST. CLAIR PAINESVILLE, OH 44077	83-2039252	501(C)(3)	31,000.	0.			GRANTS
HOUSING AMERICA CORPORATION 2515 KINGMAN AVENUE KIGMAN, AZ 86401-4843	86-0315599	501(C)(3)	32,000.	0.			GRANTS
HOUSING AND EDUCATION ALLIANCE, INC - 550 N. RIO STREET - TAMPA, FL 33609	43-1963410	501(C)(3)	74,500.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
INSPIRE DEVELOPMENT CENTERS 105 S 6TH STREET, STE B SUNNYSIDE, WA 98944	91-1220150	501(C)(3)	12,500.	0.			GRANTS
INSTITUTO DEL PROGRESO LATINO 2570 S. BLUE ISLAND AVENUE CHICAGO, IL 60608-4817	36-2937375	501(C)(3)	47,790.	0.			GRANTS
JAMESTOWN COMMUNITY CENTER, INC. 3382 - 26TH ST SAN FRANCISCO, CA 94110	94-3213124	501(C)(3)	40,500.	0.			GRANTS
LA CLINICA DE LA RAZA, INC. 1450 FRUITVALE AVE, 3RD FLOOR OAKLAND, CA 94601	94-1744108	501(C)(3)	29,500.	0.			GRANTS
LA CLINICA DEL PUEBLO, INC. 2831 15TH STREET, NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	41,000.	0.			GRANTS
LA COMUNIDAD HISPANA, INC. 731 W. CYRESS STREET KENNETT SQUARE, PA 19348	23-2041915	501(C)(3)	13,000.	0.			GRANTS
LA FUERZA UNIDA INC 14 GLEN STREET, SUITE 305 GLEN COVE, NY 11542	11-2528786	501(C)(3)	36,500.	0.			GRANTS
LA MAESTRA COMMUNITY HEALTH CENTERS - 4060 FAIRMONT AVENUE - SAN DIEGO, CA 92105	33-0473171	501(C)(3)	146,800.	0.			GRANTS
LATIN AMERICAN ASSOCIATION 2750 BUFORD HWY ATLANTA, GA 30324	58-1237316	501(C)(3)	72,000.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE, SUITE 101 CHARLOTTE, NC 28205	58-1945776	501(C)(3)	5,750.	0.			GRANTS
LATIN AMERICAN COMMUNITY CENTER, INC. - 403 NORTH VAN BUREN STREET - WILMINGTON, DE 19805	23-7047048	501(C)(3)	9,000.	0.			GRANTS
LATIN UNITED COMMUNITY HOUSING ASSOCIATION - 3541 W NORTH AVE - CHICAGO, IL 60647	36-3213453	501(C)(3)	22,000.	0.			GRANTS
LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE - 4327 N. OTTAWA AVE - NORRIDGE, IL 60706	35-2288467	501(C)(3)	144,300.	0.			GRANTS
LATINO COMMUNITY DEVELOPMENT AGENCY - 420 SW 10TH STREET - OKLAHOMA CITY, OK 73109	73-1424239	501(C)(3)	102,300.	0.			GRANTS
LATINO ECONOMIC DEVELOPMENT CORPORATION - 2316 18TH ST NW - WASHINGTON, DC 20009-1815	52-1749216	501(C)(3)	70,500.	0.			GRANTS
LATINO LEADERSHIP, INC. 8617 E COLONIAL DR., SUITE 1600 ORLANDO, FL 32817	59-3702613	501(C)(3)	14,500.	0.			GRANTS
LATINO MEMPHIS, INC 2838 HICKORY HILL ROAD, SUITE B-25 MEMPHIS, TN 38115	31-1694878	501(C)(3)	42,340.	0.			GRANTS
LAWRENCE COMMUNITY WORKS, INC 168 NEWBURY STREET LAWRENCE, MA 01841-3910	04-2982308	501(C)(3)	180,454.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MARY'S CENTER FOR MATERNAL & CHILD CARE - 2333 ONTARIO ROAD, NW - WASHINGTON, DC 20009	52-1594116	501(C)(3)	24,000.	0.			GRANTS
METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO - 1355 THIRD AVENUE - CHULA VISTA, CA 91911	95-2457354	501(C)(3)	55,000.	0.			GRANTS
MEXICAN AMERICAN COUNCIL, INC. 151 NW 11TH STREET HOMESTEAD, FL 33030	65-0194318	501(C)(3)	83,999.	0.			GRANTS
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N GARFIELD AVENUE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	71,500.	0.			GRANTS
MEXICAN AMERICAN UNITY COUNCIL, INC. - 2300 W. COMMERCE ST, SUITE 200 - SAN ANTONIO, TX 78207	74-6088061	501(C)(3)	100,000.	0.			GRANTS
MEXICAN COALITION FOR THE EMPOWERMENT OF YOUTH & FAMILIES, INC. - 389 E 150TH ST, OFFICE 3 - BRONX, NY 10455	46-2463951	501(C)(3)	52,900.	0.			GRANTS
MI CASA RESOURCE CENTER 345 S GROVE STREET DENVER, CO 80219	84-0867773	501(C)(3)	64,000.	0.			GRANTS
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET - SAN FRANCISCO, CA 94110	51-0187791	501(C)(3)	115,400.	0.			GRANTS
MONSEÑOR OSCAR ROMERO CHARTER MIDDLE SCHOOL - 634 S SPRING STREET - LOS ANGELES, CA 90014	20-3812146	501(C)(3)	9,500.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MONTEBELLO HOUSING DEVELOPMENT CORPORATION - 1619 PARAMOUNT BLVD - MONTEBELLO, CA 90640	95-4413788	501(C)(3)	36,250.	0.			GRANTS
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	54,500.	0.			GRANTS
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - 4805 MOUNT HOPE DRIVE - BALTIMORE, MD 21215	13-1084135	501(C)(3)	100,000.	0.			GRANTS
NATIONAL CONGRESS OF AMERICAN INDIANS FUNDS - 1516 P STREET - WASHINGTON, DC 20005	53-6017907	501(C)(3)	141,450.	0.			GRANTS
NATIONAL URBAN LEAGUE 120 WALL STREET NEW YORK, NY 10005	13-1840489	501(C)(3)	141,450.	0.			GRANTS
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC - 3333 N.MERIDIAN ST., STE 201 - INDIANAPOLIS, IN 46208	35-1916572	501(C)(3)	32,000.	0.			GRANTS
NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO - 851 STEVES AVENUE - SAN ANTONIO, TX 78210	74-2379794	501(C)(3)	63,750.	0.			GRANTS
NEW ECONOMICS FOR WOMEN 303 S LOMA DRIVE LOS ANGELES, CA 90017-1103	95-3969029	501(C)(3)	98,500.	0.			GRANTS
NORTHWEST SIDE HOUSING CENTER 5007 WEST ADDISON STREET CHICAGO, IL 60641	20-1413891	501(C)(3)	207,367.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NUEVA ESPERANZA, INC 4261 NORTH 5TH STREET PHILADELPHIA, PA 19140	23-2552707	501(C)(3)	37,000.	0.			GRANTS
ONE STOP CAREER CENTER OF PUERTO RICO, INC - COND. PLAZA UNIVERSIDAD 2000 839 CALLE ANASCO - SAN JUAN, PR 00925	66-0593598	501(C)(3)	398,949.	0.			GRANTS
ORANGE COUNTY COMMUNITY HOUSING CORP. - 501 N. GOLDEN CIRCLE DRIVE, SUITE 200 - SANTA ANA, CA 92705	95-3221290	501(C)(3)	22,250.	0.			GRANTS
PARA LOS NINOS CHARTER SCHOOL 500 LUCAS AVENUE LOS ANGELES, CA 90017	95-3443279	501(C)(3)	42,500.	0.			GRANTS
PLAYA VISTA JOB OPPORTUNITIES AND BUSINESS SERV - 4112 S. MAIN STREET - LOS ANGELES, CA 90037	95-4706948	501(C)(3)	61,057.	0.			GRANTS
PODER LEARNING CENTER, INC. 1637 S ALLPORT STREET CHICAGO, IL 60608	36-4251880	501(C)(3)	133,999.	0.			GRANTS
PROJECT VIDA HEALTH CENTER 3607 RIVERA AVENUE EL PASO, TX 79905	68-0541648	501(C)(3)	77,500.	0.			GRANTS
PROMISE ARIZONA 701 SOUTH FIRST STREET PHOENIX, AZ 85004	45-2081460	501(C)(3)	42,500.	0.			GRANTS
PROYECTO IMMIGRANTE ICS, INC 6850 MANHATTAN BLVD., SUITE 200 FORT WORTH, TX 76120	20-4157357	501(C)(3)	25,000.	0.			GRANTS

Schedule I (Form 990)

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PROYECTO VIDA DIGNA 28723 LITTLE AMERICA LANE SAN BENITO, TX 78586	47-1225826	501(C)(3)	55,500.	0.			GRANTS
PUEBLO NUEVO EDUCATION AND DEVELOPMENT - 3435 WEST TEMPLE STREET - LOS ANGELES, CA 90026	81-1668428	501(C)(3)	7,450.	0.			GRANTS
PUENTES NEW ORLEANS, INC. 1050 S. JEFFERSON DAVIS PKWY, SUITE NEW ORLEANS, LA 70125	20-8846196	501(C)(3)	15,000.	0.			GRANTS
PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT - 100 FIRST STREET - PERTH AMBOY, NJ 08861	22-2026610	501(C)(3)	48,250.	0.			GRANTS
RACE FORWARD 150 BROADWAY, STE 303 NEW YORK, NY 10038	94-2759879	501(C)(3)	141,450.	0.			GRANTS
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W MAIN STREET - IMMOKALEE, FL 34142-3933	59-1221966	501(C)(3)	30,590.	0.			GRANTS
SALVADORAN AMERICAN LEADERSHIP AND EDUCATION - 421 S. BIXEL STREET, SUITE A - LOS ANGELES, CA 90017	95-4702001	501(C)(3)	10,750.	0.			GRANTS
SEA MAR COMMUNITY HEALTH CENTER 1040 S HENDERSON STREET SEATTLE, WA 98108	91-1020139	501(C)(3)	12,500.	0.			GRANTS
SELF HELP ENTERPRISES PO BOX 6520 VISALIA, CA 93290	94-1592676	501(C)(3)	62,250.	0.			GRANTS

Schedule I (Form 990)

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SEMILLAS SOCIEDAD CIVIL 4736 HUNTINGTON DRIVE SOUTH LOS ANGELES, CA 90032	95-4795129	501(C)(3)	7,500.	0.			GRANTS
SER-JOBS FOR PROGRESS OF THE TEXAS GULF COAST, INC - 1710 TELEPHONE RD - HOUSTON, TX 77023	74-1590387	501(C)(3)	63,333.	0.			GRANTS
SHIRLINGTON EMPLOYMENT AND EDUCATION CENTER - P.O. BOX 6435 - ARLINGTON, VA 22206	54-2036192	501(C)(3)	25,000.	0.			GRANTS
SOCIEDAD LATINA, INC 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501(C)(3)	14,500.	0.			GRANTS
SOUTHWEST ECONOMIC SOLUTIONS 5716 MICHIGAN AVE, B201 DETROIT, MI 48210	46-2252476	501(C)(3)	32,500.	0.			GRANTS
SPANISH AMERICAN COMMITTEE 4407 LORAIN AVE CLEVELAND, OH 44113	34-1088559	501(C)(3)	39,250.	0.			GRANTS
SPANISH COALITION FOR HOUSING 4035 WEST NORTH AVENUE CHICAGO, IL 60639	23-7230578	501(C)(3)	272,850.	0.			GRANTS
ST. NICKS ALLIANCE CORP 2 KINGSLAND AVE BROOKLYN, NY 11211	51-0192170	501(C)(3)	50,000.	0.			GRANTS
SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN, TX 78550	74-2357970	501(C)(3)	86,250.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SYNERGY ACADEMIES P O BOX 78638 LOS ANGELES, CA 90016	20-0672173	501(C)(3)	28,000.	0.			GRANTS
TEJANO CENTER FOR COMMUNITY CONCERNS - 2950 BROADWAY - HOUSTON, TX 77017	76-0377101	501(C)(3)	64,750.	0.			GRANTS
THE ACCELERATED SCHOOLS 4000 S MAIN STREET LOS ANGELES, CA 90037	95-4487850	501(C)(3)	24,000.	0.			GRANTS
THE CONCILIO DALLAS, TX 400 SOUTH ZANG BOULEVARD, STE 300 DALLAS, TX 75208	75-1770140	501(C)(3)	112,100.	0.			GRANTS
THE RESURRECTION PROJECT 1818 S. PAULINA AVE CHICAGO, IL 60608	36-3576073	501(C)(3)	144,300.	0.			GRANTS
TIBURCIO VASQUEZ HEALTH CENTER, INC. - 22331 MISSION BLVD. - HAYWARD, CA 94541	23-7118361	501(C)(3)	25,000.	0.			GRANTS
TODEC LEGAL CENTER PERRIS P.O. BOX 1733 PERRIS, CA 92570	33-0711527	501(C)(3)	42,000.	0.			GRANTS
URBAN HEALTH PLAN 1065 SOUTHERN BOULEVARD BRONX, NY 10459	23-7360305	501(C)(3)	69,500.	0.			GRANTS
VALLE DEL SOL, INC. 3807 N. 7TH STREET PHOENIX, AZ 85014	86-0251255	501(C)(3)	30,000.	0.			GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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VISIONARY HOME BUILDERS 315 N SAN JOAQUIN STREET STOCKTON, CA 95202	68-0062062	501(C)(3)	12,250.	0.			GRANTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF EL PASO, TX YWCA - 1918 TEXAS - EL PASO, TX 79901	74-1109650	501(C)(3)	48,750.	0.			GRANTS
COMUNIDADES LATINAS UNIDAS -CLUES 797 7TH ST E SAINT PAUL, MN 55106	41-1386986	501(C)(3)	95,500.	0.			GRANTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTEES NEED TO SUBMIT FINANCIAL AND TECHNICAL REPORTS ON A MONTHLY,
 QUARTERLY, AND/OR SEMI-ANNUAL BASIS IN ACCORDANCE WITH THE REQUIREMENTS
 ESTABLISHED IN THE GRANT AGREEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization

UNIDOSUS

Employer identification number

86-0212873

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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	
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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
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	X
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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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				
(1) JANET MURGUIA PRESIDENT & CEO	(i)	520,728.	32,500.	2,400.	38,600.	27,336.	621,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SONIA PEREZ CHIEF OPERATING OFFICER	(i)	306,550.	15,000.	2,100.	19,600.	27,858.	371,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOLLY BLANCHARD CHIEF FINANCIAL OFFICER	(i)	292,639.	14,286.	2,000.	36,762.	5,171.	350,858.	0.
	(ii)	15,346.	0.	100.	1,838.	259.	17,543.	0.
(4) ZANDRA BAERMANN SVP-COMMUNICATIONS & MARKETING	(i)	258,019.	10,000.	2,100.	15,119.	22,912.	308,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC RODRIGUEZ VP-ORAL	(i)	192,171.	10,000.	2,100.	14,988.	26,437.	245,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES KAMASAKI SENIOR ADVISOR TO THE CABINET	(i)	196,917.	10,000.	2,100.	14,878.	13,757.	237,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DELIA DE LA VARA SVP-COMMUNICATIONS & MARKETING	(i)	184,378.	10,000.	2,100.	14,287.	21,912.	232,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARGARET MCLEOD VP, ED WORKFORCE DEV & EVAL	(i)	173,325.	10,000.	2,100.	13,160.	12,427.	211,012.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAUTARO DIAZ VP, HOUSING & COMMUNITY DEV	(i)	161,443.	10,000.	2,100.	12,309.	13,971.	199,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

THE PRESIDENT AND CEO RECEIVED A PERFORMANCE BONUS DURING THE YEAR THAT WAS

DETERMINED BY THE BOARD. OTHER OFFICERS AND EMPLOYEES RECEIVED A

PERFORMANCE BONUS BASED ON MEETING ORGANIZATIONAL AND DEPARTMENTAL GOALS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNIDOSUS** Employer identification number **86-0212873**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	13,555,168. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNIDOSUS

Employer identification number

86-0212873

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STATES, WORKS TO IMPROVE OPPORTUNITIES FOR HISPANIC AMERICANS. THROUGH

ITS NETWORK OF NEARLY 300 AFFILIATED COMMUNITY-BASED ORGANIZATIONS,

UNIDOSUS REACHES MILLIONS OF HISPANICS EACH YEAR IN 41 STATES, PUERTO

RICO, AND THE DISTRICT OF COLUMBIA. TO ACHIEVE ITS MISSION, UNIDOSUS

CONDUCTS APPLIED RESEARCH, POLICY ANALYSIS, AND ADVOCACY, PROVIDING A

LATINO PERSPECTIVE IN FIVE KEY AREAS: (1) ASSETS/INVESTMENTS; (2) CIVIL

RIGHTS/IMMIGRATION; (3) EDUCATION; (4) EMPLOYMENT AND ECONOMIC STATUS;

AND (5) HEALTH. IN ADDITION, IT PROVIDES CAPACITY BUILDING ASSISTANCE

TO ITS AFFILIATES WHO WORK AT THE STATE AND LOCAL LEVEL TO ADVANCE

OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNIDOSUS, THE LARGEST NATIONAL HISPANIC CIVIL RIGHTS AND ADVOCACY

ORGANIZATION IN THE UNITED STATES, WORKS TO IMPROVE OPPORTUNITIES FOR

HISPANIC AMERICANS. THROUGH ITS NETWORK OF NEARLY 300 AFFILIATED

COMMUNITY-BASED ORGANIZATIONS, UNIDOSUS REACHES MILLIONS OF HISPANICS

EACH YEAR IN 41 STATES, PUERTO RICO, AND THE DISTRICT OF COLUMBIA. TO

ACHIEVE ITS MISSION, UNIDOSUS CONDUCTS APPLIED RESEARCH, POLICY

ANALYSIS, AND ADVOCACY, PROVIDING A LATINO PERSPECTIVE IN FIVE KEY

AREAS: (1) ASSETS/INVESTMENTS; (2) CIVIL RIGHTS/IMMIGRATION; (3)

EDUCATION; (4) EMPLOYMENT AND ECONOMIC STATUS; AND (5) HEALTH. IN

ADDITION, IT PROVIDES CAPACITY BUILDING ASSISTANCE TO ITS AFFILIATES

WHO WORK AT THE STATE AND LOCAL LEVEL TO ADVANCE OPPORTUNITIES FOR

INDIVIDUALS AND FAMILIES.

Name of the organization UNIDOSUS	Employer identification number 86-0212873
--------------------------------------	--

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RIGOROUS ANALYSIS AND FOCUS ON AREAS IN WHICH UNIDOSUS HAS EXPERTISE AS

WELL AS THE OPPORTUNITY AND LIKELIHOOD OF ACHIEVING MEASURABLE RESULTS.

SIMILARLY, ITS COALITION RELATIONSHIPS ARE ENHANCED BY THE EXPLICIT

UNDERSTANDING THAT UNIDOSUS VIEWS LATINOS AS AGENTS OF CHANGE FOR THE

LARGER SOCIETY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 11,702,397. INCL GRANTS OF \$ 4,223,824. REVENUE \$ 4,806,291.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM, RSM US

LLP, AND IS REVIEWED BY THE ORGANIZATION'S FINANCIAL STAFF, INCLUDING THE

CHIEF FINANCIAL OFFICER AND OTHER KEY EXECUTIVES. THE AUDIT COMMITTEE AND

FULL BOARD REVIEWS THE 990. THE BOARD EXECUTIVE COMMITTEE APPROVED THE

990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY BY THE BOARD

LIAISON TO BOARD MEMBERS. ALL ARE ASKED TO SIGN AND RETURN A STATEMENT

IDENTIFYING ANY CONFLICTING INTERESTS. CONFLICTS ARE REVIEWED BY THE

SECRETARY WHO RECOMMENDS ACTION, IF ANY.

IF A CONFLICT IS NOTED, THE BOARD MEMBER IS PERMITTED TO MAKE A

PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH

Name of the organization UNIDOSUS	Employer identification number 86-0212873
--------------------------------------	--

PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION AND THEN

VOTE ON THE NOTED TRANSACTION. THE BOARD SHALL OBTAIN ALL THE FACTS

REGARDING THE TRANSACTION AND DETERMINE IF AN ALTERNATIVE TO THE PROPOSED

TRANSACTION IS APPROPRIATE. THEN THE BOARD OR COMMITTEE SHALL DETERMINE BY

A MAJORITY OF DISINTERESTED MEMBERS WHETHER THE TRANSACTION OR ITS PROPOSED

ALTERNATIVE IS IN THE ORGANIZATION'S BEST INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

UNIDOSUS' COMPENSATION COMMITTEE IS CHARGED WITH OVERSIGHT FOR DETERMINING

THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO

THE CHIEF EXECUTIVE. WITHIN THIS PROCESS, THE COMMITTEE WILL CONDUCT AN

ANNUAL PERFORMANCE EVALUATION THAT MAY DEEM APPROPRIATE AND INCLUDES A

CHIEF EXECUTIVE COMPENSATION ANALYSIS STUDY. IN CARRYING OUT ITS

RESPONSIBILITIES, THE COMMITTEE MAY RELY UPON REASONED WRITTEN OPINIONS OF

LEGAL COUNSEL AND OF QUALIFIED LEGAL, ACCOUNTING, COMPENSATION, AND

VALUATION EXPERTS. LEGAL COUNSEL MAY BE IN-HOUSE OR INDEPENDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, CA, CT, FL, GA, IL, KS, KY, ME, MD, MI, MN, MS, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA

RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR

THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

Name of the organization UNIDOSUS	Employer identification number 86-0212873
--------------------------------------	--

PROGRAM SERVICE EXPENSES 2,328,520.

MANAGEMENT AND GENERAL EXPENSES 120,904.

FUNDRAISING EXPENSES 35,080.

TOTAL EXPENSES 2,484,504.

CONSULTANTS:

PROGRAM SERVICE EXPENSES 3,682,917.

MANAGEMENT AND GENERAL EXPENSES 522,872.

FUNDRAISING EXPENSES 113,219.

TOTAL EXPENSES 4,319,008.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES 2,547,878.

MANAGEMENT AND GENERAL EXPENSES 105,500.

FUNDRAISING EXPENSES 24,811.

TOTAL EXPENSES 2,678,189.

OTHER:

PROGRAM SERVICE EXPENSES 215,424.

MANAGEMENT AND GENERAL EXPENSES 253,277.

FUNDRAISING EXPENSES 6,528.

TOTAL EXPENSES 475,229.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 9,956,930.

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B)

ADDITIONAL INFORMATION ON AVERAGE HOURS PER WEEK: THE HOURS SHOWN IN

FORM 990, PART VII, FOR COMPENSATED EMPLOYEES REPRESENT THE HOURS

RECORDED IN OUR PAYROLL SYSTEM. THE ACTUAL HOURS WORKED BY THE

Name of the organization

UNIDOSUS

Employer identification number

86-0212873

COMPENSATED INDIVIDUALS ARE SIGNIFICANTLY HIGHER THAN THOSE SHOWN IN

PART VII.

Lined area for providing details on compensated individuals.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **UNIDOSUS** Employer identification number **86-0212873**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNIDOS PROPERTIES LLC - 83-3647156 1126 16TH STREET NW WASHINGTON, DC 20036	ADMINISTRATION OF THE RAUL YZAGUIRRE BUILDING AND ITS OPERATIONS	DISTRICT OF COLUMBIA	992,619.	26,377,106.	UNIDOSUS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RAZA DEVELOPMENT FUND, INC. - 52-1954196 1 E WASHINGTON ST, SUITE 2250 PHOENIX, AZ 85004	SUPPORT ORGANIZATION TO UNIDOSUS	ARIZONA	501(C)(3)	LINE 12A, I	UNIDOSUS	X	
STRATEGIC INVESTMENT FUND FOR LA RAZA, INC. - 52-2268398, 1126 16TH ST, NW, WASHINGTON, DC 20036	SUPPORTS CHARITABLE AND EDUCATIONAL ACTIVITIES FOR UNIDOSUS	DELAWARE	501(C)(3)	LINE 12A, I	UNIDOSUS	X	

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RAZA DEVELOPMENT FUND	S	154,250.	CASH VALUE
(2) STRATEGIC INVESTMENT FUND FOR LA RAZA, INC	E	10,651,575.	CASH VALUE
(3) STRATEGIC INVESTMENT FUND FOR LA RAZA, INC	P	314,416.	CASH VALUE
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information.