



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 08-01-2008 and ending 07-31-2009

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

C Name of organization  
SISTEMA UNIVERSITARIO ANA G MENDEZ INC  
Doing Business As  
Number and street (or P O box if mail is not delivered to street address)  
PO BOX 21345  
Room/suite  
City or town, state or country, and ZIP + 4  
SAN JUAN00928  
Puerto Rico

D Employer identification number  
66-0201206

E Telephone number  
(787) 751-3889

G Gross receipts \$ 264,056,309

F Name and address of Principal Officer  
JOSE F MENDEZ GONZALEZ  
PO BOX 21345  
SAN JUAN,PR 00928

H(a) Is this a group return for affiliates?  
☐ Yes ☒ No

H(b) Are all affiliates included?  
☐ Yes ☐ No  
(If "No," attach a list See instructions )

H(c) Group Exemption Number

I Tax-exempt status ☒ 501(c) ( 3 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Web site: www.SUAGM.edu

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1950

M State of legal domicile PR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
SEE STATEMENT 1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 12

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 10

5 Total number of employees (Part V, line 2a) . . . . . 5 5,201

6 Total number of volunteers (estimate if necessary) . . . . . 6

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a -37,641

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 35,480,977

9 Program service revenue (Part VIII, line 2g) . . . . . 9 162,585,695

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10 2,044,936

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 9,660,023

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 209,771,631

Current Year

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 13 20,607,684

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 108,324,267

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

b (Total fundraising expenses, Part IX, column (D), line 25 2,428 ) . . . . . b

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . . 17 85,216,650

18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) . . . . . 18 214,148,601

19 Revenue less expenses Subtract line 18 from line 12 . . . . . 19 -4,376,970

End of Year

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 276,352,815

21 Total liabilities (Part X, line 26) . . . . . 21 186,820,715

22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 22 89,532,100

Beginning of Year

Part II Signature Block

Please Sign Here

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

Signature of officer Alfonso L Davila Silva Acting VP Financial Affairs

Date 2010-06-11

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 70,557,188 including grants of \$ 696,259 ) (Revenue \$ 180,715,448 )

INSTRUCTION - These are the expenditures to provide a complete instruction program, allowing the students to obtain a quality higher education It also includes academic administration expenses which primary function is instructional Some examples of expenses included in this category are faculty salaries, expenses incurred by schools, deans, departments and other academic units

4b

(Code ) (Expenses \$ 15,876,977 including grants of \$ 1,558,807 ) (Revenue \$ 46,808 )

STUDENT SERVICES - These are the expenditures for activities other than formal instruction that contribute to the student's emotional and physical well-being and to their intellectual, cultural and social development such as student activities, cultural events, intramural athletics and others

4c

(Code ) (Expenses \$ 26,868,961 including grants of \$ ) (Revenue \$ 927,968 )

OPERATING AND MAINTENANCE - These are the expenditures for activities to provide services and maintenance to campus grounds and facilities that are used for educational and general purposes Thes include energy, water and any utilities necessary for the operation of plant It also includes custodial and janitorial services for buildings, maintenance of grounds, disaster preparedness, hazardous waste disposal, and logistical services such as central receiving as well as space and capital leasing

4d

Other program services (Describe in Schedule O )



















(Expenses \$ 47,557,273 including grants of \$ 21,797,674 ) (Revenue \$ 6,132,028 )

4e

Total program service expenses \$ 160,860,399

Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	Yes
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	Yes

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	28a Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28b Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34 Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35 Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a5,201		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body . . .

1a

12

1b

Enter the number of voting members that are independent . . .

1b

10

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .

4

Yes

5

Did the organization become aware during the year of a material diversion of the organization's assets? . . .

5

No

6

Does the organization have members or stockholders? . . . . .

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body? . . . . .

8a

Yes

8b

each committee with authority to act on behalf of the governing body? . . . . .

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates? . . . . .

9a

Yes

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .

9b

Yes

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13 . . .

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

12c

Yes

13

Does the organization have a written whistleblower policy? . . . . .

13

Yes

14

Does the organization have a written document retention and destruction policy? . . . . .

14

Yes

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

15a

The organization's CEO, Executive Director, or top management official? . . . . .

15a

No

15b

Other officers or key employees of the organization? . . . . .

15b

No

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed PR

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
ALFONSO L DAVILA SILVA  
PO BOX 21345  
SAN JUAN, PR 009281345  
(787) 751-0178

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D)  Reportable compensation from the organization (W- 2/1099MISC)	(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			
<b>1b Total . . . . .</b>								2,550,515	0	0

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

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ST JAMES SECURITY SERVICES INC 1604 AVE PONCE DE LEON URB CARIBE SAN JUAN, PR 00926	SECURITY	2,605,344
NATIONAL BUILDING MAINTENANCE 855 AVE HOSTOS PONCE, PR 007161105	MANTEINANCE	1,965,205
QUALITY AIR REFRIGERATION PO BOX 3225 CAROLINA, PR 00984	MANTEINANCE	939,332
ANTONIO RODRIGUEZ VILLANUEVA C/2 NO 352 HILL BROTHERS RIO PIEDRAS, PR 00924	CONTRACTOR	902,918
CANCIO NADAL RIVERA DIAZ PO BOX 364966 SAN JUAN, PR 009364966	LEGAL	499,723
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		26

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .				
			1b			
	c	Fundraising events . . . . .		277		
			1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e	40,999,730		
	f	All other contributions, gifts, grants, and similar amounts not included above				
			1f			
g	Noncash contributions included in lines 1a-1f \$ 1,381,775					
h	Total (Add lines 1a-1f) . . . . .		41,000,007			
Program Service Revenue	2a	TUITION AND FEES	Business Code 611,710	177,174,607	177,174,607	
	b	AUXILIARY ENTERPRISE	611,710	827,338	827,338	
	c	CHANNEL 40	515,100	1,114,930	865,475	249,455
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
		\$ 179,116,875				
	Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .		1,439,365	
4		Income from investment of tax-exempt bond proceeds . . . . .		0		
5		Royalties . . . . .		0		
6a		Gross Rents	(i) Real 39,675	(ii) Personal		
b		Less rental expenses	5,341			
c		Rental income or (loss)	34,334			
d		Net rental income or (loss) . . . . .		34,334		34,334
7a		Gross amount from sales of assets other than inventory	(i) Securities 30,881,907	(ii) Other		
b		Less cost or other basis and sales expenses	36,337,479			
c		Gain or (loss)	-5,455,572			
d		Net gain or (loss) . . . . .		-5,455,572		-5,455,572
8a		Gross income from fundraising events (not including \$ 13,977 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .	a	277		
b		Less direct expenses . . . . .	b	2,428		
c		Net income or (loss) from fundraising events . . . . .		11,549		11,549
9a		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . . . . .		0		
10a		Gross sales of inventory, less returns and allowances . . . . .	a	2,647,312		
b		Less cost of goods sold . . . . .	b	1,755,421		
c		Net income or (loss) from sales of inventory . . . . .		891,891		891,891
		Miscellaneous Revenue	Business Code			
11a		CONTINUE EDUCATION	611,710	3,487,606	3,487,606	
b		F & B RECOVERY	611,710	1,227,001	1,227,001	
c	PY WRITE-OFFS RECOVERY	611,710	928,755	928,755		
d	All other revenue		3,273,829	3,311,470	-37,641	
e	Total. Add lines 11a-11d . . . . .					
	\$ 8,917,191					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		225,955,640	187,822,252	-37,641	-2,828,978

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	24,052,740	24,052,740		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,274,047		2,274,047	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	299,662	108,955	190,707	
7	Other salaries and wages	86,661,308	74,851,150	190,707	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,925,249	3,465,578	459,671	
9	Other employee benefits . . . . .	7,568,974	6,453,674	1,115,300	
10	Payroll taxes . . . . .	9,276,270	7,623,306	1,652,964	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	1,509,065		1,509,065	
c	Accounting . . . . .	335,564		335,564	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	357,440		357,440	
g	Other . . . . .	11,141,090	8,969,665	2,171,425	
12	Advertising and promotion . . . . .	3,619,326	52,997	3,566,329	
13	Office expenses . . . . .	10,960,924	6,942,330	4,018,394	200
14	Information technology . . . . .	1,159,835	1,109,040	50,795	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	16,212,295	15,449,154	763,141	
17	Travel . . . . .	2,071,905	1,334,838	737,067	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	23,487		23,487	
19	Conferences, conventions and meetings . . . . .	6,874,615	5,918,274	954,798	1,543
20	Interest . . . . .	6,084,880		6,084,880	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	15,048,886		15,048,886	
23	Insurance . . . . .	1,521,741	1,521,741		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	PROD & PROGRAMMING TV CHANNEL	1,259,026	1,259,026		
b	BAD DEBT EXPENSE	2,534,787	30,712	2,504,075	
c	OTHER EXPENSES	3,509,671	1,717,219	1,791,767	685
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	218,282,787	160,860,399	57,419,960	2,428
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		<b>1</b>
	<b>2</b>	Savings and temporary cash investments . . . . .	11,834,323	<b>2</b> 15,377,635
	<b>3</b>	Pledges and grants receivable, net . . . . .	2,549,058	<b>3</b> 2,481,160
	<b>4</b>	Accounts receivable, net . . . . .	2,487,403	<b>4</b> 1,475,157
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	10,643	<b>5</b> 0
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>
	<b>7</b>	Notes and loans receivable, net . . . . .	39,019	<b>7</b> 0
	<b>8</b>	Inventories for sale or use . . . . .	1,488,374	<b>8</b> 1,577,524
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	3,606,484	<b>9</b> 4,124,391
	<b>10a</b>	Land, buildings, and equipment cost basis		
		<b>10a</b> 345,600,421		
	<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .		
		<b>10b</b> 146,810,515	198,597,465	<b>10c</b> 198,789,906
	<b>11</b>	Investments—publicly traded securities . . . . .	34,930,392	<b>11</b> 30,729,003
	<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	7,455,379	<b>12</b> 6,156,385
	<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .	1,722,365	<b>13</b> 1,925,007
<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	11,631,910	<b>15</b> 12,662,851	
<b>16</b>	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	276,352,815	<b>16</b> 275,299,019	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	25,494,460	<b>17</b> 25,523,025
	<b>18</b>	Grants payable . . . . .		<b>18</b>
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>
	<b>20</b>	Tax-exempt bond liabilities . . . . .	102,888,702	<b>20</b> 99,940,523
	<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>
	<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	53,117,084	<b>23</b> 47,310,812
	<b>24</b>	Unsecured notes and loans payable . . . . .		<b>24</b>
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	5,320,469	<b>25</b> 6,182,974
	<b>26</b>	<b>Total liabilities. Add lines 17 through 25</b> . . . . .	186,820,715	<b>26</b> 178,957,334
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b>	Unrestricted net assets . . . . .	72,570,026	<b>27</b> 86,059,483
	<b>28</b>	Temporarily restricted net assets . . . . .	10,131,355	<b>28</b> 3,371,483
	<b>29</b>	Permanently restricted net assets . . . . .	6,830,719	<b>29</b> 6,910,719
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>
	<b>33</b>	Total net assets or fund balances . . . . .	89,532,100	<b>33</b> 96,341,685
	<b>34</b>	Total liabilities and net assets/fund balances . . . . .	276,352,815	<b>34</b> 275,299,019

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	No
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b>	
<b>3a</b>	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>3a</b> Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b> Yes	

Additional Data

Software ID:

Software Version:

EIN: 66-0201206

Name: SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DRA FLORABEL MULLICK , BOARD CHAIR	1 0	X						0	0	0
DR FELIX SCHMIDT , BOARD VICE CHAIR	1 0	X						0	0	0
LCDO JUAN M GARCIA PASSALACQUA , DIRECTOR	1 0	X						0	0	0
SR IVAR PRIETRI , DIRECTOR	1 0	X						0	0	0
LCDO ANTONIO J COLORADO , DIRECTOR	1 0	X						0	0	0
ING JOSE DOMINGO PEREZ , DIRECTOR	1 0	X						0	0	0
LCDO DAVID RIVE POWER , DIRECTOR	1 0	X						0	0	0
LCDO JUAN R MELECIO , DIRECTOR	1 0	X						0	0	0
LCDA ZORAIDA FONALLEDAS , DIRECTOR	1 0	X						0	0	0
DR VICTOR HERNANDEZ , DIRECTOR	1 0	X						0	0	0
ING DANERIS FERNANDEZ , DIRECTOR	1 0	X						0	0	0
JOSE F MENDEZ GONZALEZ , PRESIDENT / DIRECTOR	40 0	X		X				417,104	0	0
ALFONSO L DAVILA SILVA , ACTING VP FINANCIAL AFFAIRS	40 0			X				166,021	0	0
JORGE L CRESPO ARMAIZ , VP PLANNING RESEARCH	40 0			X				131,352	0	0
VICTORIA DE JESUS , VP HUMAN RESOURCES	40 0			X				113,801	0	0
JESUS A DIAZ ORTIZ , VP ADMINISTRATIVE AFFAIRS	40 0			X				115,504	0	0
FRANCISCO J BARTOLOMEI , VP ACADEMIC AFFAIRS	40 0			X				128,256	0	0
FEDERICO METHEU DELGADO , CHANCELLOR UMET UNIVERSITY	40 0			X				146,065	0	0
ALBERTO MALDONADO RUIZ , CHANCELLOR UNE UNIVERSITY	40 0			X				157,710	0	0
DENNIS ALICEA RODRIGUEZ , CHANCELLOR UT UNIVERSITY	40 0			X				167,704	0	0
MIGDALIA TORRES RIVERA , VP & GENERAL MANAGER CETED	40 0			X				137,637	0	0
JOHN NAVARRO FERREIRA , INTERNAL AUDITOR DIRECTOR	40 0			X				104,801	0	0
SONIA DAVILA VELAZQUEZ , INSTRUCTOR	40 0					X		225,307	0	0
LOURDES MALDONADO , DEAN	40 0					X		130,659	0	0
ROBERTO LORAN SANTOS , INSTRUCTOR	40 0					X		135,901	0	0
JUAN ARRATIA , DIRECTOR	40 0					X		128,163	0	0
MARCELINO RIVERA LOPEZ , INSTRUCTOR	40 0					X		144,530	0	0

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

SUAGM is a university system that includes three universities which have their own particular mission statements; Universidad Metropolitana, Universidad del Este and Universidad del Turabo. Nevertheless, the University System established the following philosophy and purposes statement as part of its Bylaws: (Article1: Corporate Purposes) The purposes of the Corporation, as established in its Articles of Incorporation, are the following: The corporation will be a not for profit organization To promote the cultural, social, and economic development and well-being of the Puerto Rican society through the enhancement of educational opportunities to the different constituents of the community it serves. Be aware and able to anticipate the changes and needs of the society it serves in order to make adjustments in its strategies and uses of technology to enhance and make more accessible its academic offerings to students. To establish, develop, direct, and supervise higher education institutio

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization SISTEMA UNIVERSITARIO ANA G MENDEZ INC		Employer identification number 66-0201206
--	--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input checked="" type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 <b>Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 <b>Public Support</b> subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization SISTEMA UNIVERSITARIO ANA G MENDEZ INC	Employer identification number 66-0201206
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☒ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements2
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►1

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ►\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☒ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1►\$

(ii) Assets included in Form 990, Part X►\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a	Revenues included in Form 990, Part VIII, line 1	►\$	474,275
b	Assets included in Form 990, Part X	►\$	474,275

Part III

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

3

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

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	44,520,968				
b Contributions . . . . .	80,000				
c Investment earnings or losses . . . . .	-4,868,206				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	708,426				
f Administrative expenses . . . . .	395,619				
g End of year balance . . . . .	38,628,717				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 25 %

b

Permanent endowment ▶ 15 %

c

Term endowment ▶ 60 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		25,829,635		25,829,635
b Buildings . . . . .		145,024,257	38,485,762	106,538,495
c Leasehold improvements . . . . .		65,088,345	25,188,335	39,900,010
d Equipment . . . . .		82,874,243	67,203,113	15,671,130
e Other . . . . .		26,783,941	15,933,305	10,850,636
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				198,789,906

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) 		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) 		

(a) Description	(b) Book value
AGMUS INTERCOMPANY RECEIVABLES	216,373
OTHER PROGRAM RECEIVABLES	12,531,645
NOTES & LOANS RECEIVABLE, NET	-85,167
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ADV FROM FED GOV FOR STDNT LNS	70,802
LIABILITY FOR PENSION BENEFITS	6,112,172
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,182,974

**Schedule D (Form 990) 2008**

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1
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	Losses reported on Form 990, Part IX, line 25 . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D, PART II, LINE 9		The Institution does not have any conservation easements recorded on its books as of July 31, 2009, therefore there is no need for a disclosure in the financial statements related to conservation easements. However, the Institution owns (as of July 31, 2009) two properties that were donated for environmental investigations and conservation and to provide a learning environment laboratory to students from the School for Environmental Studies of UMET. They were recorded at the time of donation at market value.
SCHEDULE D, PART III, LINE 4		The Museum and Center for Humanistic Studies located at Universidad del Turabo (UT) has a collection of works of art recorded in SUAGM's books at a value of \$1,149,399 as of July 31, 2009. The collection has 3,000 registered objects in three major areas, archaeology, fine arts and folk arts. The Center is dedicated to collecting objects of the Puerto Rican cultural heritage representative of the central and eastern regions of Puerto Rico, where UT is geographically situated. Also, the Center collects works of art of national relevance that contribute to the understanding of our culture. UT's mission is to enhance knowledge through excellence in education and to promote research, innovation and the internationalization of its academic programs. The Center's mission is to collect, preserve, study and disseminate the artistic and humanistic expressions of our regional and national Puerto Rican culture for the enjoyment and benefit of the university community and the general public. Thus, the Center's mission complements that of UT in that it enhances our students and the community's knowledge of their cultural heritage.
SCHEDULE D, PART V, LINE 4		The Endowment has 3 components, Endowment, Quasi-Endowment and Scholarship Endowment. Funds are spent according to the Spending Policy included in the Board of Director's Statement of Investment Policy, Guidelines and Objectives. The Fund contains donor restricted funds, mainly for scholarships and funds related to the Endowment Challenge Grant (Title III), that provided funds to the institution that were matched dollar per dollar and which principal is restricted for a period of 20 years. Restrictions under the Title III program have been substantially completed, as these grants initiated in the 1980's. Unrestricted funds are available for spending only by Board approval for administrative expenses (investment management fees, etc.) and operational purposes.
SCHEDULE D, PART X		EFFECTIVE JULY 1, 2007, THE INSTITUTION ADOPTED THE FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAX (FIN 48). FIN 48 DID NOT HAVE A SIGNIFICANT IMPACT ON THE INSTITUTION'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JULY 31, 2008 AND 2009.

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Name of the organization SISTEMA UNIVERSITARIO ANA G MENDEZ INC	Employer identification number 66-0201206
--	--

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE UNIVERSITY IS IN COMPLIANCE WITH THE REV PROC 75-70	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement	6a Yes 6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7 Yes	

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
66-0201206

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance
See Additional Data Table					

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I, PART 1, LINE 2		Students from the three universities participate in certain scholarship programs subsidized by the institutions. The programs follow Administrative Scholarship - Only employees and their sons and daughters can participate in this program. It covers tuition (credit hours) but not fees. Also, if students qualify for any state or federal grant, they must first apply for them, the Institution will cover the difference in costs, if any. The funds are administered by the Human Resources Office. The Vice President for Human Resources budgets and assigns such funds, according to eligibility and the Institutions priorities. For example, professional development considerations are one of the criteria when evaluating an employees request. Honor Program - The PR-HONOR program, as it is called, is a scholarship program available to students at the 3 institutions. In order for a student to be eligible, it must meet certain academic standards that have been established by the institution. The program covers tuition and fees, a monthly stipend of \$50 and a stipend for books amounting \$300 per year. The institutions treat the tuition costs for these students as tuition discount and the cash for stipends is provided from the Endowment Fund Scholarship Endowment Program - These scholarships are funded from donations but are matched with institutional funds. The program is governed by an Investment Policy that establishes that only the return on investment can be used to cover tuition and stipends. The institution covers any difference not funded with investment proceeds. The grants are administered by the institutions Vice Chancellor for Grants and Internships, a position specially created to supervise the proper administration of the institutional scholarship programs. Chancellors Scholarship - The Chancellors at each institution have created an Annual Fund that includes moneys from institutional activities or operational funds. These funds are assigned discretionally by each Chancellor to needy students or to students that are not eligible to federal student aid but that meet high academic standards. The students that are to benefit from these funds are recommended to the Chancellor by the Vice Chancellors or School Deans and cover either tuition costs or other educational related costs. Athletes Scholarship - This scholarship program was created for students admitted to the universities of the System that have proven or potential athletic abilities. It is administered by the Director of the institutions Sports Program and covers tuition and fees and any other education related expense identified as needed by the student.

**Software ID:**  
**Software Version:**  
**EIN:** 66-0201206  
**Name:** SISTEMA UNIVERSITARIO ANA G MENDEZ INC

**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
Financial Need Scholarships	29343	13,503,981			
Institutional Support	120	136,302			
School Teachers - Mentors	405	72,145			
Honor Scholarships	14	18,075			
Prevention Program	31	15,500			
Athletic Scholarships	2967	3,405,350			
Research Assistants	993	470,426			
Continuing Education Program	65	30,968			
Staff / Children Scholarships	305	940,362			
Academically Advantaged Students	1524	1,545,276			
Area of Study Selected by Donors	323	446,748			
Strengthen Academic Quality	1053	488,486			
Educational Partnership Program	178	26,229			
Engineering Grants	104	103,429			
Science Scholarships	153	129,299			
Participant Academic Achievement	2430	2,720,164			

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Employer identification number  
66-0201206

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input checked="" type="checkbox"/> First class or charter travel		
	<input checked="" type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Independent compensation consultant		
	<input 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 in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in 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	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SONIA DAVILA VELAZQUEZ	(i)	154,259	65,132	5,916	828	1,818	227,953	0
	(ii)	0	0	0	0	0	0	0
JOSE F MENDEZ GONZALEZ	(i)	313,993	10,527	92,584	0	31,634	448,738	0
	(ii)	0	0	0	0	0	0	0
ALFONSO L DAVILA SILVA	(i)	142,045	2,361	21,615	2,101	4,747	172,869	0
	(ii)	0	0	0	0	0	0	0
ALBERTO MALDONADO RUIZ	(i)	142,503	3,248	11,959	2,078	1,818	161,606	0
	(ii)	0	0	0	0	0	0	0
DENNIS ALICEA RODRIGUEZ	(i)	152,096	4,082	11,526	1,646	8,892	178,242	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							

## Part III Supplemental Information

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

[illegible]

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization SISTEMA UNIVERSITARIO ANA G MENDEZ INC	Employer identification number 66-0201206
--	--

Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A AFICA BOND	69-0660050	745272EN0	04-11-2006	30,450,352	SEE SCHEDULE O		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**Part III Private Business Use** *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage** *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T been filed wth respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

Schedule L  
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization  
SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Employer identification number  
66-0201206

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
VARIOUS	INTERESTED & RELATED PERSONS	22,366

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:  
Software Version:  
EIN: 66-0201206  
Name: SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Jos F Mndez Jr	President's son	73,618	Employee of the institution		No
Victoria Rodrguez	President's spouse	59,276	Employee of the institution		No
Vctor Hernndez	Director's son	12,931	Employee of the institution		No
Laura Aponte	Officer's spouse (Crespo)	30,325	Employee of the institution		No
Antonio Daz	Officer's son (Daz)	19,800	Employee of the institution		No
Ileana Castro	Chancellor's spouse	23,717	Employee of the institution		No
Jos Rodriguez	Spouse of Key Employee	66,898	Employee of the institution		No
Julio Bayn	Son of an O ficer	29,459	Employee of the institution		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization  
SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Employer identification number  
66-0201206

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	172	474,275	OPINIONS OF EXPERTS
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 . . . . .				
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) . . . . .	X	1	874,000	COMPARABLE PROPERTY
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 (describe <u>EQUIPMENT</u> ) . . . . .	X	10	33,500	COST/SELLING PRICE
26 Other (describe _____) . . . . .				
27 Other (describe _____) . . . . .				
28 Other (describe _____) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

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

## Part II

[illegible]

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

2008

Open to Public Inspection

<b>Name of the organization</b> SISTEMA UNIVERSITARIO ANA G MENDEZ INC	<b>Employer identification number</b> 66-0201206
---	---

Identifier	Return Reference	Explanation
OTHER PROGRAM EXPENSES	FORM 990, PART III, LINE 4d	RESEARCH - These are the expenditures for activties developed to generate research outcomes that are carried out w ithin academic departments The research projects are commissioned by external agencies or separately budgeted by an organizational unit w ithin the institutions Expenses \$1,598,735 , Grants \$119,354 PUBLIC SERVICE - These are the expenditures for the operation of a non commercial television station providing educational and cultural programs to students and the community Also included under this category are expenditures from activties developed for community service, mainly high school dropout students, socially and economically challenged students, academcally outstanding students, and others Expenses \$10,896,776 , Grants \$166,592 ACADEMIC SUPPORT - These are the expenditures for activities and services to pursue the primary mision of the institution, instruction, and research Expenditures such as library books, audiovisual material and those related to the retention of students enrolled, preservation and display of educational and historical materials, scientific displays and art objects, among others Expenses \$9,309,059 , Grants \$224,201 SCHOLARSHIPS - These are expenditures for scholarships and fellow ships from restricted and unrestricted funds in the form of grants to students, resulting from selection by the institutions or from an entitlement program It also includes trainee stipends The recipients of grants are not required to perform services for the institutions as consideration for the grants, nor are they expected to repay the amount of the grant to the funding source Expenses \$22,297,317 , Grants \$21,231,639 AUXILIARY ENTERPRISES - These are the expenditures for essentially self supporting operations of the institutions that exist to furnish a service to students, faculty and staff of the institutions, and incidentally to the general public They include cafeterias, parking, bookstores, and a printing shop Expenses \$3,455,386 , Grants \$55,888 INSTITUTIONAL SUPPORT - Revenues \$5,205,382 AUXILIARY ENTERPRISES - Revenues \$827,338 ACADEMIC SUPPORT - Revenues \$99,308

Identifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	PART VI, SECTION A, LINE 4	The Bylaw s of the organization were amended by the Board of Directors as follow s 1 Article VIII, Section 6 to change the composition of the Fiduciary Committee The amendment eliminated participation of board members in the commtee The Fiduciary Committee, as amended, includes the President of the System, the Vice President for Human Resources w hich is also Plan Administrator, the Vice President for Financial Affairs, the Vice President for Administrative Affairs and the Board's Legal Counsel 2 Article X, Section 9 Amendment to merge the position of Vice President for Planning and Institutional Research w ith that of the Vice President for Academic Affairs Accordingly, the roles and responsibilities of the new position were defined in the Bylaw s

Identifier	Return Reference	Explanation
PROCESS USED TO REVIEW FORM 990	PART VI, SECTION A, LINE 10	A copy of Form 990 for fiscal year 2009 w as presented to the Board before it w as filed, at their request The Board review ed and approved the information to be filed by the organization

Identifier	Return Reference	Explanation
MONITOR & ENFORCE COMPLIANCE WITH POLICY	PART VI, SECTION B, LINE 12c	Board members and officers are required to annually complete a form to disclose conflicts of interest or potential conflicts of interest The process is conducted by the Secretary of the Board and forms are kept in file at the Board's offices The form is also administered to all employees and faculty that participate in federally funded projects This process is administered by the Office of Human Resources The policy is also discussed as part of the training program for new employees and at other activities involving staff and faculty A memorandum is distributed through the institution's internal communication softw are (Outlook) to all the university community to make them aw are of the conflict of interest policy in force

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	PART VI, SECTION B, LINE 15a	The organization periodically engages a compensation consultant to evaluate and provide comparability data to assess the Board in establishing the President's compensation package The last study w as made by Quatt Associates in December 2008 During this fiscal year (2009), tw o changes in the President's compensation were made that, as evaluated by the Human Resources Office, do not exceed the ranges of compensation for a similar position in likew ise circumstances Nevertheless, they were not contemporaneously approved by the Board

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	PART VI, SECTION B, LINE 15b	Comparability data and market analysis is periodically made by the Human Resources Office to establish the compensation of officers and employees of the organization In the case of chancellors, vice presidents and the internal audit director (officers), their compensation is periodically revised An increase in the base salaries of these officers took effect in this fiscal year that did not exceed the ranges of compensation for similar positions in likew ise circumstances Nevertheless, they were not review ed and approved by the governing board Customarily, the Board approves the officer's compensation at the time of his/her appointment and subsequent revisions of their compensation package are recommended by the HR Office to the President, w hich makes the final determination

Identifier	Return Reference	Explanation
DOCUMENTS AVAILABLE UPON REQUEST	PART VI, SECTION C, LINE 19	The institution's governing documents are available upon request at the Office of the Secretary of the Board The conflict of interest policy is available through the Office of Financial Administration of Sponsored Programs website page and through the Office of Human Resources Interim and audited financial statements are routnely distributed to banks and creditors and are also available to the public upon request

Identifier	Return Reference	Explanation
RECONCILIATION	SCHEDULE D, PARTS XI, XII AND XIII	NOT REQUIRED TO COMPLETE, THE ORGANIZATION'S FINANCIAL INFORMATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT

Identifier	Return Reference	Explanation
PURPOSE DESCRIPTION OF BOND ISSUED	SCHEDULE K, PART I, LINE A, COLUMN (f)	The net proceeds from this bond have been and are being used to (a) pay interim financing for the acquisition, construction, remodeling,improving and equipping of certain educational facilities of the Institution (b) deposit monies to the credit of the Reserve Account, and (c) pay certain expenses of the offering of the bonds

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Employer identification number  
66-0201206

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN 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

Part II

Identification of Related Tax-Exempt Organizations

(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

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
AGMUS Holding Management Inc  176 Street Km 03 Ana G Mendez Ave San Juan, PR00926 66-0589670	Plaza Metropolitana	PR	NA	INVESTMENT (100%)	908,492	10,368,926		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V

Transactions with Related Organizations

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k No

1l No

1m No

1n No

1o Yes

1p No

1q Yes

1r No

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) AGMUS Holding Management Inc		757,788
(2) AGMUS Holding Management Inc		111,687
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]