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DLN: 93493074006053

Form **990**

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

						Inspection
he 2011 ca		ending 07-31	-2012			
ıf applicable	C Name of organization SISTEMA UNIVERSITARIO ANA G MENDEZ INC				D Employer id	lentification number
ss change				L	66-02012	
change	Doing business as			[]	•	
return	Number and street (or P O box if mail is not delivered to stree	et address) Roc	om/suite		(787)751	
nated	PO BOX 21345	,	,	_	G Gross receipts	s \$ 300,644,457
ded return	City or town, state or country, and ZIP + 4					
ation pending	San Juan, Puerto Rico 00928-1345 Puerto Rico					
			H/a	\ Takkia		fo
	Jose F Mendez Gonzalez		П(а			⊤Yes ▼ No
				_		
	3411 Judii, 1 1 0 0 0 2 3 1 3 4 3		Н(р	-		
xempt status	▼ 501(c)(3)	.) or 527	H(c)			•
site: ► www			```(``.	,		
			<u> </u>			
			LY	ear of form	ation 1950	M State of legal domicile PR
	<u> </u>					
three edu public tel the puert non-sect	icational institutions (Universidad Metropolitana, Universidad Metropolitana, Universion station (Sistema TV) in Puerto Rico SUAGM orican society All institutions, colleges, programs or arian, coeducational, and will not permit discrimination	versidad del promotes cu schools est n, on the bas	Este, and last in the last of	Jniversida al, econoi irected an	ad del Turabo mic developr id superviseo	o) and a noncommercial ment, and well-being of d by SUAGM will be
2 Check th	is box দ if the organization discontinued its operation	ons or dispo	sed of more	than 25°	% of its net a	assets
3 Numbero	of voting members of the governing body (Part VI, line	1a)			3	13
4 Numbero	f independent voting members of the governing body	(Part VI, line	e 1b)		4	9
5 Total nun	nber of individuals employed in calendar year 2011 (P	art V , line 2	a)		5	6,138
	*				6	0
			•		7a	149,908
b Net unrel	ated business taxable income from Form 990-T, line	34				149,908
0 Cambuuh	when and make (Dark)/III line 1 h)					Current Year
						43,034,520
					-	2,127,986
					-	14,607,626
					2,000,000	11,007,020
						278,943,013
				2		22,494,828
					0	0
	s, other compensation, employee benefits (Part IX, co	olumn (A), lir	nes	12	9,850,913	147,150,439
,	sional fundraising fees (Part IX, column (A), line 11e)		. $dash$		0	0
		4e)	一	9	6,847,517	109,848,591
						279,493,858
9 Revenu	ie less expenses Subtract line 18 from line 12		. \square	3	0,279,216	-550,845
			В			End of Year
			<u> </u>			
			<u> </u>			362,870,525
						205,418,607
		<u> </u>	•	15	9,669,5/4	157,451,918
_		a accompanyi	na schodule	e and stat	oments and	to the best of my
[ture of officer			2013 Date	-03-15	
Alfons	ture of officer to L Davila Vicepresident for Financial Affairs or print name and title					
Alfons Type	o L Davila Vicepresident for Financial Affairs or print name and title		Charle 6	Date		aver identification number
Alfons	to L Davila Vicepresident for Financial Affairs or print name and title Date		Check if self-	Date		ayer identification number is)
Alfons Type Preparer'signature	o L Davila Vicepresident for Financial Affairs or print name and title Date			Date	Preparer's taxp	
Alfons Type Preparer' signature Firm's na if self-em	Date me (or yours apployed),		self-	Date	Preparer's taxp	
Alfons Type Preparer' signature Firm's na if self-em	Date me (or yours		self-	Date	Preparer's taxp (see instruction	
	change return lated led return lition pending seempt status site: www f organization I Sumr I Briefly de Sistema l three edu public tel the puert non-sect physcial of I Number of Total num	Total number of independent voting members of the governing body (Part VI, line 14). Number of independent voting members of the governing body (Part VII, column (C), b Net unrelated business revenue (Part VIII, column (A), lines 3, 4, and 7 Other revenue (Part VIII, column (A), lines 3, 4, and 7 Other revenue (Part VIII, column (A), lines 3, 4, and 7 Other revenue (Part VIII, column (A), lines 3, 4, and 7 Other expenses (Part IX, column (A), line 4) Salaruse Block mealties of perjury. I declare that I have examined this return, including Revenue less expenses Subtract line 20 I Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 Signature Block mealtlies of perjury. I declare that I have examined this return, including 15 signature Block mealtlies of perjury. I declare that I have examined this return, including 15 signature Block 15 signature Block	Total unrelated business result of Street and street (or P O box if mail is not delivered to street address) Roc Po Box 21345 Som Juan, Puerto Rico 00928-1345 Puerto Rico F Name and address of principal officer Jose F Mendez Gonzalez PO Box 21345 San Juan, PR 009281345 Sempt status F 501(c)(3)	thange elum Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 21345 Into pending Po Box 21345 Founds Roo Founds Roo Founds Roo Founds Roo Room/suite PO Box 21345 San Juan, Parto Roo 00928-1345 Founds Roo Room/suite PO Box 21345 San Juan, PR 009281345 Reprint San Juan, PR 1018411 Reprint San Jua	The property of the property	Doing Diseases As Number and steed (or P O box if mail is not delivered to street address) Room/suite

orm	990 (2011)					Page 2
ar		of Program Serv				
		edule O contains a res	. , ,	lestion in this Part III		
	·	organization's mission			. K. II K I - II II KI	
erso ver ie d	develop high cultura anal and professional se student population evelopment of ethica	l and ethical values, ci skills required for such through research, cri	rtical thinking, cess in their pro tical-creative t that will allow t	and intellectual curios ofessions and their dail hinking, the construction	ntellectual challenge, the necestry, linguistic and technologically lives. Also we promote the iron of knowledge and its application wellbeing of the community for the commun	l skills as well as itegral development of a tion At last, we promote
2	the prior Form 990 o	or 990-EZ?		rvices during the year	which were not listed on	Yes 🔽 No
		ese new services on S		it changes in how it cor	nducts any program	
	services?					Yes V No
_	If "Yes," describe th	ese changes on Scheo	ule O			
•	expenses Section 5	01(c)(3) and 501(c)(4	l) organizations	and section 4947(a)(ee largest program services, a 1) trusts are required to report h program service reported	
la	(Code) (Expenses \$	84,930,495	ıncludıng grants of \$	567,722) (Revenue \$	199,562,981)
	academic administratio		unction is instruction	onal. Some examples of exp	students to obtain a higher education enses included in this category are, f	
b	(Code) (Expenses \$	18,301,423	ıncludıng grants of \$	1,051,131) (Revenue \$	206,495)
				her than formal instruction, racurricular, cultural and ath	that contribute to the student's emoti letic activities and others	onal and physical well-being
 k	(Code) (Expenses \$	34,472,136	ıncludıng grants of \$	101,302) (Revenue \$	40,373)
		itional purposes This includ			ation and maintenance of campus gro sary for the operation of plant, secunt	
	(Code) (Expenses \$	8,124,834	ıncludıng grants of \$	108,467) (Revenue \$	37,774)
					es that are carried out within academ t within the Institutions	ic departments The research
	(Code) (Expenses \$	17,429,253	ıncludıng grants of \$	126,161) (Revenue \$	2,774,062)
	the community Also, ir		are expenditures f		station providing educational and cult community service, mainly high scho	
	(Code) (Expenses \$	10,117,673	ıncludıng grants of \$	185,048) (Revenue \$	173,171)
		brary books, audiovisual ma			mission of the institution instruction a eservation and display of educational	
	(Code) (Expenses \$	20,352,238	ıncludıng grants of \$	20,410,558) (Revenue \$	31,317,468)
	selection by the institut		program It also II		unrestricted funds in the form of grai e recipients of grants are not required	
	(Code) (Expenses \$	2,102,163	ıncludıng grants of \$	45,741) (Revenue \$	2,705,266)
	Auxiliary Enterprises - 1		for essentially self	supporting operations of the	e institutions that exist to furnish a sei	

Other program services (Describe in Schedule O)

Total program service expenses►\$

58,126,161 including grants of \$

195,830,215

4d

4e

(Expenses \$

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37,007,741)

20,875,975) (Revenue \$

Part TV	Checklist o	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 (see instructions)? 💋	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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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Par	t IV Checklist of Required Schedules (continued)			_
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
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? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"			110
	complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? 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 Man	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		No
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 sections 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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<i>55</i>		
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	70		
h	required?	7g		
•	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	3		
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			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u		
-	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans Enter the appropriate amount of recognize an hand.			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule C	contains a response	to any d	illestion in	this Part VI					
Check ii Schedule C	contains a response	to ally q	laestion in	tillo rait vi			•		. 1*

Se	ection A. Governing Body and Management							
			Yes	No				
4_								
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
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	Yes					
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 governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Ke	evenue Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	-110				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
	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				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure	TOD						
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)							

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Alfonso Davila

PO BOX 21345-1345

San Juan, PR 009281345 (787) 751-0178

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiza	ition nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Florabel G Mullick Director	1	Х						0	0	0
(2) Antonio J Colorado Director	1	Х						0	0	0
(3) Jose Domingo Perez Director	1	х						0	0	0
(4) Zoraida Fonalledas Director	1	х						0	0	0
(5) Juan R Melecio Director	1	х						0	0	0
(6) Victor R Hernandez Mendez Director	1	Х						0	0	0
(7) Felix Rodriguez Schmidt Director	1	х						0	0	0
(8) Hector A Jimenez Ramirez Director	1	Х						0	0	0
(9) Rene A Leon Rodriguez Director	1	х						0	0	0
(10) Jose F Mendez Jr Director / Executive VP	40	х		Х				201,922	0	4,686
(11) Jose F Mendez Gonzalez Director / President	40	х		Х				653,084	0	20,540
(12) Ramıro Mıllan Director	1	х						0	0	0
(13) Rafael Nadal Arcelay Director	1	х						0	0	0
(14) Alfonso L Davila Silva VP Financial Affairs	40			Х				263,816	0	19,037
(15) Jorge L Crespo Armaız VP Plannıng & Academic Affairs	40			Х				207,610	0	15,905
(16) Victoria de Jesus VP Human Resources	40			Х				207,619	0	15,718
(17) Jesus A Diaz Ortiz VP Administrative Affairs	40			Х				188,645	0	14,686

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

	_	,								
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n one son er ai	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(18) Francisco J Bartolomei VP Marketing and Student Affairs	40			х				282,722	0	17,504
(19) Federico Matheu Delgado Chancellor	40			х				255,808	0	15,516
(20) Alberto Maldonado Ruiz Chancellor	40			Х				252,483	0	16,298
(21) Dennis Alicea Rodriguez Chancellor	40			Х				262,139	0	18,289
(22) Migdalia Torres Rivera Chancellor	40			Х				190,096	0	18,689
(23) Marganta Torres Mıllan VP & General Manager	40			х				189,220	0	2,820
(24) John Navarro Ferreira Internal Audit Director	40			х				171,940	0	18,548
(25) Luis Zayas Seijo VP National & International Affairs	40			х				120,964	0	2,766
(26) Juan Arratia Executive Director	40					х		137,575	0	1,514
(27) Marcelino Rivera Lopez Dean	40					х		140,557	0	0
(28) Roberto Loran Santos Vice - Chancellor	40					х		138,133	0	0
(29) Gladys Betancourt Vice - Chancellor	40					х		148,091	0	0
(30) Angela Candelario Fernandez Dean	40					х		128,342	0	0
1b Sub-Total			•				F			
c Total from continuation sheets	to Part VII, Sect	ion A					>			
d Total (add lines 1b and 1c) .							•	4,140,766	0	202,516
2 Total number of individuals (incl	udına but not lım	ited to	those	list	ed a	hove') who	received more tha	 n	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►39

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
St James Securities Services Inc 1604 Ponce de Leon Avenue Caribe Urb San Juan, PR 00926	Security	3,819,249
National Building Maintenance 855 Hostos Avenue Ponce, PR 007161105	Maintenance	2,558,660
Quality Air Refrigeration Services PO BOX 3225 Carolina, PR 009843225	Service	2,173,500
BBDO Puerto Rico PO BOX 11854 San Juan, PR 009221854	Advertising	1,930,347
Optima Contratista General Inc PO Box 909 Guaynabo, PR 00970	Construction	1,836,125
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 99								Page 9
	/!!!	Statement of			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
許	1a	Federated cam	paigns 1a	0				
きぎ	b	Membership du	ies 1b	0				
Contributions, gifts, grants and other similar amounts	C	Fundraising ev	ents 1c	0				
無った	d	Related organiz	zations 1d	0				
ω E	e	Government grant	rs (contributions) 1e	43,034,520				
F S	f	All other contribution	ons, gifts, grants, and 1f	0				
ë E	g	Noncash contr	ibutions included in					
늍		lines 1a-1f $\$ \frac{3}{2}$	7,984					
ပိုင်း	h	Total. Add line	s 1a-1f	· · · •	43,034,520			
<u> </u>				Business Code				
Program Service Revenue	2a	Tuition & Fees		611710	216,581,800	216,581,800	0	0
Fe.	ь	Auxiliary Enterprise	e	611710	1,080,447	1,080,447	0	0
95	c	Sistema Tv		515100	1,510,634	1,159,816	0	350,818
E.	d							
2	e							
E	f	All other progra	am service revenue		0	0	0	0
Š	g	Total. Add line:	s 2a-2f		219,172,881			
	3		ome (including dividen					
			aramounts)		1,218,888	0	0	1,218,888
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0	0	0	0
	5	Royalties .	<u></u>	▶	0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents	45,626	0				
	b	Less rental expenses	5,759	U				
	C	Rental income or (loss)	39,867	0				
	d	Net rental inco	me or (loss)		39,867	0	0	39,867
			(ı) Securities	(II) Other				
	7a 	Gross amount from sales of assets other than inventory Less cost or	20,460,536	0				
	້	other basis and sales expenses	25,002,100					
	c	Gain or (loss)	909,098	0				
	d	Net gaın or (los	ss)		909,098	0	0	909,098
Other Revenue	8a	events (not inc \$	from fundraising luding <u>0</u> s reported on line 1c)					
é		See Part IV, lır	ne 18					
<u>ū</u>		1	a	0				
돌	b c		penses b (loss) from fundraising	events - •	n		n	n
•	9a	Gross income f	from gaming activities ne 19		V			
	ь		penses b					
	с 10а	Gross sales of		vities	0	0	0	0
	ь	returns and allo	owances . a oods sold b	3,608,911 2,144,247				
	С	_	(loss) from sales of inv		1,464,664	0	0	1,464,664
		Miscellaneou	s Revenue	Business Code				
	11a	Continuing Edu	ıcatıon	611710	2,735,464	2,735,464	0	0
	ь	Miscellaneous	Revenues	611710	4,609,244	4,609,244	0	0
	C	F & A Recovery	/	611710	1,927,838	1,927,838	0	0
	d	All other reven	ue		3,830,549	3,680,641	149,908	0
	e		s 11a-11d	▶	13,103,095			
	12	Total revenue.	See Instructions .	· · •	278,943,013	231,775,250	149,908	3,983,335

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 no	theck if Schedule O contains a response to any question in this Part IX of include amounts reported on lines 6b, p, 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 United States See Part IV, line 21	0	0		<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	22,494,828	22,494,828		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,359,743	0	3,359,743	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	111,566,721	95,786,927	15,779,794	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,110,538	64,673	8,045,865	0
9	Other employee benefits	13,598,202	8,212,232	5,385,970	0
10	Payroll taxes	10,515,235	8,641,221	1,874,014	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	644,675	0	644,675	0
C	Accounting	391,912	0	391,912	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	371,561	0	371,561	0
g	Other	17,450,034	13,271,593	4,178,441	0
12	Advertising and promotion	4,876,386	515,768	4,360,618	0
13	Office expenses	11,709,962	8,241,554	3,468,408	0
14	Information technology	2,237,529	1,358,291	879,238	0
15	Royalties	0	0	0	0
16	Occupancy	22,872,563	21,953,828	918,735	0
17	Travel	3,742,132	2,392,661	1,349,471	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	17,437	0	17,437	0
19	Conferences, conventions, and meetings	8,451,544	6,735,527	1,716,017	0
20	Interest	4,694,710	0	4,694,710	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	18,124,439	0	18,124,439	0
23	Insurance	1,530,786	1,508,218	22,568	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Production & Programming	1,944,830	1,944,830	0	0
b	Bad Debt	4,737,716	26,784	4,710,932	0
c	Others	6,050,375	2,681,280	3,369,095	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	279,493,858	195,830,215	83,663,643	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 18.148.075 39,423,125 2 2 Savings and temporary cash investments 3 2,214,600 2.217.216 2.396.714 2.042.119 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 1.859.836 8 1.739.870 9 4.521.352 5,131,714 Prepaid expenses and deferred charges 10a 440.588.620 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 187, 169, 224 b Less accumulated depreciation 232,718,595 10c 253,419,396 44, 139, 051 11 45,322,662 11 1,423,217 1,516,462 12 12 Investments—other securities See Part IV, line 11 13 769,433 13 769,433 Investments—program-related See Part IV, line 11 . . 14 14 11,912,934 15 11,288,528 15 320, 103, 807 362,870,525 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 31,673,356 17 32,074,237 17 Accounts payable and accrued expenses . 18 18 19 19 20 93,669,164 20 124.245.302 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24.078.361 23 34,271,252 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 11,013,352 25 14,827,816 D 26 160,434,233 26 205,418,607 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 146,271,688 27 144,770,256 Unrestricted net assets 5,128,813 28 4,218,446 28 Temporarily restricted net assets Fund 29 8,269,073 29 8,463,216 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 159.669.574 33 157,451,918 34 Total liabilities and net assets/fund balances 320.103.807 34 362.870.525

-(-	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		278 9	943,013
2	Total expenses (must equal Part IX, column (A), line 25)	2			93,858
3	Revenue less expenses Subtract line 2 from line 1	3		- 5	550,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		159,6	69,574
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,6	66,811
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		157,4	51,918
Par	The triangle of the contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

STEM	A UNI	VERSITARI	O ANA G MENI	DEZ INC					66-0201	206			
Par	tΙ	Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	lete this p			tions		
				e foundation becaus									
1	Γ	A churc	h, conventi	on of churches, or as	ssociation of	churches s	ection 170(b)(1)(A)(i).					
2	✓	A schoo	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)						
3	\sqcap	A hospi	tal or a coo	perative hospital se	rvice organiz	atıon descri	bed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ			n organization operat ty, and state	ted in conjun	ction with a	hospital desc	ribed in sec	tion 170(b)	(1)(A)((iii). Ente	r the	
5	Γ	=	•	erated for the benefi A)(iv). (Complete P	_	or universit	y owned or o	perated by a	governmen	tal unit	: describe	_ ed in	
6	\sqcap	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).				
7	Γ	describ	ed ın	at normally receives (A)(vi) (Complete P		l part of its	support from	a governme	ntal unit or f	rom the	e general	public	:
8	\sqcap	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	nplete Part II)					
9	_	receipts its supp acquire	from active from ground from g	at normally receives ities related to its e oss investment inco ganization after June	xempt function me and unrel 30,1975 S	ons—subject ated busine ee section 5	to certain ex ss taxable in 609(a)(2). (C	cceptions, a come (less s omplete Par	nd (2) no mo section 511 t III)	ore thai	n 331/3%	of	ss
.0	Γ	An orga	nızatıon orç	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).				
1	 -	one or r the box a	nore public that descri Type I	ganized and operated ly supported organiz bes the type of supp b Type I	ations descr orting organ I c	ibed in secti ization and c Type III	on 509(a)(1) complete line - Functional	or section! s 11e throug y integrated	509(a)(2) S gh 11h i	ee sec l	t ion 509(Type II	a)(3). I - Oth	Check ner
е	ı	other th	an foundati	•	_		•				•	•	
f				received a written de	etermination	from the IRS	S that it is a ⁻	Type I, Type	e II or Type	III sup	porting c	rganız	ation,
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	ted any gift	or contribution	on from any	of the				
		(i) a pe	rson who dı	rectly or indirectly c	ontrols, eithe	er alone or to	ogether with p	ersons des	cribed in (ii)	ı		Yes	No
			•			_	ition?				11g(i)		
											11g(iii)		
h		Provide	the followin	ng information about	the supporte	ed organızatı	on(s)						
Provide the following information about the supported organization(s) (ii) Type of Organization (described on Supported Organization organization organization organization organization organization organization organization or IRC section organization or IRC section organization organizati					unt of								
				(see instructions))	Yes	No	Yes	No	Yes	No			

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First 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 Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493074006053

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Interna	al Revenue Service	► Attach to	Form 990. ► See separate instructions.		Inspection	
	me of the organ			Employer identi	fication number	
SIS	IEMA UNIVERSITAR	IO ANA G MENDEZ INC		66-0201206		
Pa			Advised Funds or Other Similar F		nts. Complete if th	ne
	organi	zation answered "Yes" to Form 9		1 (1) = 1		_
	-		(a) Donor advised funds	(b) Funds a	nd other accounts	
1	Total number a					_
2		stributions to (during year)				_
3		nts from (during year)				_
4		ue at end of year		1		_
5	funds are the o	organization's property, subject to th	dvisors in writing that the assets held in dor ne organization's exclusive legal control?		☐ Yes ☐ No	D
6	used only for c		nd donor advisors in writing that grant funds enefit of the donor or donor advisor, or for a		┌ Yes ┌ No	0
Pa	rt III Conse	rvation Easements. Complet	te if the organization answered "Yes" t	to Form 990, Par	t IV, line 7.	
2	Protection Preservat Complete lines	n of natural habitat tion of open space	ation or pleasure) Preservation of ar Preservation of a Preservation of a label and the form	certified historic st	tructure	
				Held at	the End of the Year	
а	Total number o	of conservation easements		2a		2
b	Total acreage	restricted by conservation easemen	nts	2b	12 1	17
C	Number of con	iservation easements on a certified h	historic structure included in (a)	2c		0
d	Number of con	nservation easements included in (c)	acquired after 8/17/06	2d		0
3	Number of con the taxable ye		sferred, released, extinguished, or terminato	ed by the organızat	ion during	
4	Number of stat	tes where property subject to conse	rvation easement is located 🛌 👤 1			
5	_	nızatıon have a wrıtten policy regardı f the conservatıon easements it holo	ing the periodic monitoring, inspection, han ds?	dling of violations,	and Yes ✓ N	D
6	Staff and volur	nteer hours devoted to monitoring, in	nspecting and enforcing conservation easen	nents during the ye	ar ► 0	
7	A mount of exp	enses incurred in monitoring, inspec	cting, and enforcing conservation easement	s during the year		
•	► \$	0				
8		nservation easement reported on line i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	ction	┌ Yes ┌ No	0
9	balance sheet,		conservation easements in its revenue and of the footnote to the organization's financia ements			
Pai	t IIII Organ	nizations Maintaining Collect	ions of Art, Historical Treasures, d "Yes" to Form 990, Part IV, line 8.	or Other Simil	ar Assets.	
1a	art, historical t	treasures, or other similar assets he	AS 116, not to report in its revenue statemed of the statemed of the statements of the statements that describes these in the statements that describes these in the statements.	ch in furtherance o		
b	historical treas		AS 116, to report in its revenue statement a or public exhibition, education, or research i ms			
	(i) Revenues i	ıncluded ın Form 990, Part VIII, lıne	e 1	► \$		0
	(ii) Assets inc	luded in Form 990, Part X		> \$	1,409,897	7
2	If the organiza	,	storical treasures, or other similar assets f FAS 116 relating to these items	· 		_
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$	(0

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	, His	torica	<u>I Trea</u>	isures, or (<u> </u>	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)									
а	Public exhibition		d	▼ Lo	oan or e	exchange prog	rams	;		
b	Scholarly research		e	Г о	ther					
С	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they fu	ırther tl	he organizatio	n's ex	xempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	√ No
Pai	t IV Escrow and Custodial Arrang						ed "Y	es" to Form 99	0,	
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or other as:	sets		Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing tabl	e	Г		I		
_						-	4	Amo	unt	
C	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					Į	1f			
2a	Did the organization include an amount on F		e 21?						Yes	│ No
b	If "Yes," explain the arrangement in Part XI\				U\	I - F 000		171/ 1 40		
Рa	rt V Endowment Funds. Complete	(a)Current Year		werea Prior Yeai		c)Two Years Back			e) Four Y	ears Back
1a	Beginning of year balance	48,952,243	(5)	43,641		38,628,7	-	44,520,968	-	cars back
ь	Contributions	294,143		367	7,354	317,0	00	80,000		
c	Investment earnings or losses	499,826		5,658	3,794	5,575,2	42	-4,868,206		
d	Grants or scholarships	0			0		0	0		
e	Other expenditures for facilities	497,472		257	7,742	485,4	76	708,426		
	and programs	152.721								
f	Administrative expenses	460,501			7,912	393,7		395,619		
g	End of year balance	48,788,239		48,952	2,243	43,641,7	49	38,628,717		
2	Provide the estimated percentage of the year		as							
а	Board designated or quasi-endowment 🕨	54 7 %								
b	Permanent endowment 🕨 287 %									
C	Term endowment ► 166%									
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	that are	held ar	nd administere	d for	the	Yes	No
	(i) unrelated organizations							3a(i)	103	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th									
Pai	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa							
	Description of property			(a) Cos basıs (ın	st or othe vestmen			(c) Accumulated depreciation	(d) Boo	k value
1a	Land					0 34,52	3,860		34	1,528,860
b	Buildings		•			0 254,98	1,180	85,748,612	169	,232,568
c	Leasehold improvements		•			0	0	0		C
d	Equipment		•			0 107,32	4,638	81,105,878	26	,218,760
е	Other					0 43,75	3,942	20,314,734	23	3,439,208

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

253,419,396

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Se		13.	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Table (Californ (b) should arrive From 2000 Part V and (D) benefits a	F		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Liability for pension benefit	10,557,164		
Adv from federal goverment for students loans	231,103		
Liability for other employee benefit	4,039,549		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	14,827,816		

	dule D (Form 990) 2011		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	278,943,013
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	279,493,858
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-550,845
4	Net unrealized gains (losses) on investments	4	-1,522,668
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-144,143
9	Total adjustments (net) Add lines 4 - 8	9	-1,666,811
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,217,656
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	259,353,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-20,309,256
3	Subtract line 2e from line 1	3	279,662,455
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 371,561		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	-719,442
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	278,943,013
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	261,570,855
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,757,814
3	Subtract line 2e from line 1	3	258,813,041
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 371,561	1	
Ь	Other (Describe in Part XIV)	1	
C	Add lines 4a and 4b	4c	20,680,817
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	279 493 858

Supplemental Information

SchD_P13_S00_L04b

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
SchD_P02_S00_L09	Schedule D, Part II, Line 9	The Institution does not have any conservation easements recorded on its books as of July 31, 2012 Therefore, there is no need for a disclosure in the financial statements related to conservation easements. However, the Institution owns (as of July 31, 2012) two properties (Land) that were donated to establish an environmental laboratory for UMET's Environmental Studies School. They were recorded at the time of donation at market value.
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Museum and Center for Humanistic Studies (The Museum) has a collection of works of art totaling \$1,409,897 as of July 31, 2012 The collection has approximately 3,200 registered objects in three major areas. Archeology, Fine Arts, and Folk Arts. The Museum collects objects of the cultural heritage representative of the central and eastern regions of Puerto Rico Also, the Museum collects works of art of national relevance that contribute to the understanding of our culture. One of SUAGM's mision is to enhance knowledge through excellence in education and to promote research, innovation and the internationalization of its academic programs. The Museum 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 Museum mission complements that of SUAGM in that it enhances our students and the community's knowledge of their cultural heritage.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The Institution's endowment has three components Endowment, Quasi Endowment, and Scholarship Edowment Endowment funds are spent according to the spending policy, as established in the Board of Director's Statement of Investment Policy, Guidelines, and Objectives The edowment contains donor restricted funds, mainly for scholarships and funds related to the endowment challenge grant (Title III Program), that provided funds to the Institution that were matched dollar per dollar and which principal is restricted for a period of twenty (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 for administrative (investment management fees, etc.) and operational expenses if approved by the Board of Directors
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The Institution follows the guidance contained in ASC Topic 740-10-25, Accounting for Uncertainty in Income Taxes ASC Topic 740-10-25 prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken Based upon its evaluation, the Institution concluded that there are no significant uncertain tax positions requiring recognition in its financial statements
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Unrelated Business income \$149,908 - Property taxes \$(5,761) = \$144,143
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Scholarships \$(20,309,256)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Unrelated business income \$149,908 + Net sales of assets other than inventory \$909,095 - Property taxes $(5,759)$ - Cost of goods sold $(2,144,247) = (1,091,003)$
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Cost of good sold \$2,144,247 + Fair Market Value Income \$1,522,665 27 - Sale of Stock Income \$(909,098 19) = \$2,757,814
SchD D12 SOO LOAL	Schodulo D. Dart VIII Lina 4h	Scholarshine #20 300 256

Scholarships \$20,309,256

Schedule D, Part XIII, Line 4b

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As Filed Data -

DLN: 93493074006053

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Employer identification number

	66-0201206			
Pa	rt I		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 If you need more space use Part II	3	Yes	
		_		
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		_		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	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," explain on Part II	7	Yes	
	· ·			

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The Institution is in compliance with the Rev proc 75-50
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Students at the three universities are eligible and receive grants from US and Puerto Rico goverments, mainly Title IV Funds from the Federal Department of Education (DE) Other Sources of financial aid for teacher training, studies in nursing, veterans, the disabled, among others, are provided trough federal agencies (DE, DHHS, Etc.) Our students also receive financial aid in the form of loans through the Federal Family Educational Loan Program Other sources of aid are available for specific academic programs, like science and mathematics, through the National Science foundation and others

Schedule E (Form 990 or 990-EZ) 2011

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493074006053

Inspection

Internal Revenue Service Name of the organization Employer identification number SISTEMA UNIVERSITARIO ANA G MENDEZ INC 66-0201206 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d)A mount 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.

Identifier Return Reference Explanation

		•
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Financial aid assistance is awarded based on US Federal, State, and Private guidelines as required by the corresponding type of assistance

Schedule I (Form 990) 2011

Software ID: 11000129

Software Version: v1.00

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Athletic Scholarship	9376	5,353,188	0	0	0
Financial Need	16894	14,394,982	0	0	0
Honor Scholarship	655	1,334,992	0	0	0
Institutional Support	477	61,994	0	0	0
Participant academic achievement	1339	474,695	0	0	0
Science Scholarships	126	45,250	0	0	0
Social, Behavioral, and Economic Sciences	20	14,075	0	0	0
Strengthen the academic quality	2535	815,652	0	0	0

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DLN: 93493074006053

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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,	ISTEM.	ΑU	INIVE	RSITAF	RIO A	ANA	G	MENDEZ	INC

Employer identification number

	[66-0201206			
Pa	Tt 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			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions ▼ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Washington Washington			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	▼ Compensation committee ▼ Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	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	
С	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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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			
а	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			
а	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 accured 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	_		l
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

<u> </u>			·	·	<u> </u>			
(A) Name				(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) Jose F Mendez Gonzalez	(ı) (ıı)	443,899	161,097	48,088	12,000	8,540 0	673,624 0	0
(2) Dennis Alicea Rodriguez	(ı) (ıı)	200,301	54,745 0	7,093 0	13,993 0	4,296 0	280,428 0	0
(3) Alberto Maldonado Ruiz	(I) (II)	191,940 0	54,536 0	6,007 4,000	14,540 0	1,758 0	268,781 4,000	0
(4) Alfonso L Davila Silva	(I) (II)	189,685 0	69,392 0	4,739 4,000	14,351 0	4,686 0	282,853 4,000	0 0
(5) Federico Matheu Delgado	(I) (II)	194,036 0	59,547 0	2,225 0	12,000 0	3,516 0	271,324 0	0 0
(6) Francisco J Bartolomei	(I) (II)	155,749 0	63,550 0	63,423 0	13,988 0	3,516 0	300,226 0	0 0
(7) Jorge L Crespo Armaız	(I) (II)	163,427 0	33,839 0	10,344 0	14,147 0	1,758 0	223,515 0	0 0
(8) Victoria de Jesus	(I) (II)	153,500 0	53,500 0	619 0	13,960 0	1,758 0	223,337 0	0 0
(9) Mıgdalıa Torres Rıvera	(I) (II)	149,504 0	23,524 0	17,068 0	14,003 0	4,686 0	208,785 0	0 0
(10) Jesus A Diaz Ortiz	(I) (II)	143,431 0	43,256 0	1,958 4,000	12,000 0	4,686 0	205,331 4,000	0 0
(11) Juan Arratıa	(I) (II)	108,836 0	28,740 0	0 0	1,514 0	0	139,090 0	0 0
(12) Margarıta Torres Mıllan	(1) (11)	152,000 0	33,500 0	3,720 0	1,062 0	1,758 0	192,040 0	0
(13) John Navarro Ferreira	(I) (II)	142,000 0	28,325 0	1,615 0	13,862 0	4,686 0	190,488 0	0 0
(14) Luis Zayas Seijo	(I) (II)	108,564 41,413	12,400 0	0 0	1,080 0	1,758 0	123,802 41,413	0 0
(15) Jose F Mendez Jr	(ı) (ıı)	160,084 0	28,680 0	13,158 4,000	0	4,686 0	206,608 4,000	0 0

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	A) First Class or Charter Travel - The Institution's travel policy establishes that the President may travel in first class and those Officers that travel with the President on official business trip may travel in Business Class Also, the Institution pays travel expenses in Business Class for the President and Vice-President of the Board when travelling to Board related activities or seminars such as the Board's Annual Seminar, the Association of Governing Board's Conference, among others B) Travel for Companions - The President's spouse accompanies him at the Institution's expense when he travels on official business trip and so do the spouses of the Members of the Board and Officers on certain business activities C) Housing Allowance or Residence for Personal Use - The Institution owns a property that is used as the President's residence. The rent market value of this property is classified and reported as part of the President's compensation. D) Payment for Business Use of Personal Residence - The President owns a property contiguous to the Institution's property provided as residence. The Institution covers expenses related to business activities at this property. E) Health and Social Club Dues or Initiation Fees - The Institution covers the cost of membership at local hotels to be used for activities and representation expenses by Officers. F) Personal Services - The covers the costs of a chauffer for the President and maid services at the President's residence.
SchJ_P01_S00_L04	Part I, Line 4	Jose F Méndez Gonzalez Nonqualified retirement plan - \$12,000 Dennis Alicea RodrÃguez Nonqualified retirement plan - \$12,000 Alberto Maldonado Ruiz Nonqualified retirement plan - \$12,000 Alfonso L DÃi vila Nonqualified retirement plan - \$12,000 Federico Matheu Delgado Nonqualified retirement plan - \$12,000 Jorge L Crespo Armaiz Nonqualified retirement plan - \$12,000 Migdalia Torres Rivera Nonqualified retirement plan - \$12,000 Francisco J Bartolomei Nonqualified retirement plan - \$12,000 Jesus A Diaz Ortiz Nonqualified retirement plan - \$12,000 Victoria de Jesus Nonqualified retirement plan - \$12,000 John Navarro Ferreira Nonqualified retirement plan - \$12,000

Schedule J (Form 990) 2011

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493074006053

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

Employer identification number

SIST	EMA UNIVERSITARIO ANA	G MENDEZ INC					66-0201206							
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pr	ice (1	(f) Description of Purpose		(g) De	(g) Defeased Beh		On alf of (i) Pool suer financing		
									Yes	No	Yes	No	Yes	No
A	AFICA Bond 2006	69-0660050	745227EN0	04-11-2006	30,450,	educ	uisition and co cational facilit	es		Х		Х		Х
В	AFICA Bond 2012	69-0660050	745272FA7	06-27-2012	80,415,		uisition and Co ducational faci			x		X		X
Par	tIII Proceeds				_		_							
					A			В		С			D	
1	A mount of bonds retired						0	0						
2	A mount of bonds defeased						0	0						
3	Total proceeds of issue				3	0,450,35	52	80,415,798						
4	Gross proceeds in reserve fu					1,949,75	50	5,378,712						
5	Capitalized interest from pro	ceeds					0	0						
6	Proceeds in refunding escrov	N					0	0						
7	Issuance costs from proceed	ds				580,29	2	1,407,843						
8	Credit enhancement from pro	oceeds					0 0							
9	Working capital expenditures	s from proceeds				0 0								
10	Capital expenditures from pr	oceeds			2	27,920,310 6,734,996								
11	Other spent proceeds						0	0						
12	O ther unspent proceeds						0	0						
13	Year of substantial completion	on			200)6	2.0	14						
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pa	rt of a current refun	ding issue?			Х	Х							
15	Were the bonds issued as part of an advance refunding issue?					X	Х							
16	Has the final allocation of proceeds been made?					•	Х		•					
Does the organization maintain adequate books and records to support the final allocation of proceeds?					x		х							
Par	Private Business	Use												
					A A			В		<u> </u>		1	D	
					Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Par	t IIII Private Business Use (Continued)								
		A		В		С)
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		×				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 88 %		1 29 %				
5	Enter the percentage of financed property used in a private business use as a result of								

Χ

0 88 %

Χ

0 %

1 29 %

Part IV Arbitrage

7

Total of lines 4 and 5

1	Albitiage								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		Х				
2	Is the bond issue a variable rate issue?		Х		Х				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
	into a neage with respect to the bond issue.		X		Х				
ь	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	Х			Х				
b	Name of provider	Royal Bank of	Canada						
С	Term of GIC	T	30						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
5	Were any gross proceeds invested beyond an available temporary period?		х		Х				
6	Did the bond issue qualify for an exception to rebate?		Х		х				

Part V Procedures To Undertake Corrective Action

unrelated trade or business activity carried on by your organization, another section

Has the organization adopted management practices and procedures to ensure the

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493074006053

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

	f the organization UNIVERSITARIO ANA G MENDEZ I	NC.						E	mployer i	dent if ica	tion numb	er	
									6-02012				
Part I													
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990 <i>,</i> F T	Part IV, line 25a d	or 25b, c	or Form	990-EZ,	Part V , Ii	ine 40b		
1	(a) Name of disqu	ualified	nerson	con (1) D			rintion	of trans	action			(c) Corrected?	
1	(a) Name of alsq.	aamica	annea person			(b) Description of transaction					Yes		
											1.00	110	
2 En	ter the amount of tax impos	ed on tl	ne organ	nization man	agers or	disqualified perso	ons dur	ing the y	ear unde	r			
	ction 4958								🕨	· \$ —			
3 En	ter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organızatıon .			🕨	· \$			
Dowt I	T loons to and /ou I		Tatava	atad Daw									
Part I	Loans to and/or F Complete if the organiz) Part IV line 26	or For	n 990-F	=7 Part \/	line 38	а		
	Complete if the organiz			1 163 0111	01111 2 2 0	, r dre i v , iiiie 20	, <u>01 1 011</u>	11 2 2 0 1	(f)				
(a) Nar	as of interested person and		oan to m the	(a)0 ma	unal		(e) 1		Approv	/ed	(g)Writ		
(a) Nai	ne of interested person and purpose	1	zation?	(c)Original principal amount	(d)Balance due	default?		I '		agreement?			
	F 3. F 3. 2		Т			-		T	committee?			T	
		То	From				Yes	No	Yes	No	Yes	No	
								+					
Total .		'	'		▶ \$	1		<u> </u>		1		ı	
Part II					ested I	Persons.							
	Complete if the orga						, line 2	27.					
	(a) Name of interested pers			b) Relationsh	np betwe	en interested per			nount of a	rant or tv	/pe of assi	stance	
	(a) Name of interested pers			an	d the or	ganızatıon		(C)			/ pc 01 d331	- Carree	
			- 1				- 1						

Part IV	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ) 2011

Additional Data

Software ID: 11000129

Software Version: v1.00

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	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Jesus Diaz de Jesus	Officer's Son	21,713	Employment		No
Ileana Castro Rosello	Chancellor's Spouse	26,719	Employment		No
Victor Hernandez Garcia	Director's Son	30,600	Employment		No
Carmen Rivera Lopez	Dean's Sister	57,778	Employment		No
Alejandro Gomez Betancourt	Vicechancellor's Son	31,400	Employment		No
Joselyn Gomez Betancourt	Vicechancellor's Daughter	32,506	Employment		No
Andres Roberto Loran	Instructor's Son	32,956	Employment		No
Eileen Marie Rodriguez Domenech	Officers's Spouse	65,076	Employment		No
Victoria Rodriguez	President's spouse	60,221	Employment		No
Laura E Aponte Hernandez	Officer's Spouse	32,260	Employment		No
Andres Lloveras Mendez	President's Grandchidren	34,879	Employment		No
Ramıro Mıllan - BBDO Puerto Rıco	President of BBDO and SUAGM's Director	1,930,347	Independent Contractor		No

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing organization revenues?	
	organization			Yes	No
Rafael Nadal - Cancio Nadal Rivera Diaz	Partner of Cancio Nadal Rivera Diaz and SUAGM's Director	636,886	Independent Contractor		No

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DLN: 93493074006053

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Employer identification number

66-0201206

Pa	rt I Types of Property				00 0201200			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı		
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Equipment)	Х	11	37,984	Market value of the	equipr	nent	
26	Other ▶()							
27	Other ▶()							
28	Other ▶ ()							
29	Number of Forms 8283 received				20	· · · · · ·		
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	nowledgement	29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31		No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
Ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II				·			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493074006053

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

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

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Jose F Mendez Jr ,Executive VP, and Jose F Mendez Gozalez ,President, have a family relationship
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The information required to complied form 990 was based on the Institution's audited financial statements. Supplemental information was gathered from SUAGM's accounting system. For this reporting period, the form 990 was prepared by the Institution's Accounting Office, reviewed by its Controller, and approved by the Vicepresident for Financial Affairs. A copy of this Form 990 was provided to all members of the Board of Directors before filling the form
F990_P06_S0B_L12c	Form 990, 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 members that participate in federally funded projects. This process is administered by the Vicepresidency of Human Resources. The policy is also discussed as part of the training program for new employees and at other activitites involving staff and faculty. A memorandum is distributed through the Institution's internal communication to all the university's community to make them aware of the conflict of interest policy in force.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation of the organization's President and Officers are reviewed by an independent consulting group which uses comparable data to determine if it is reasonable when compared to their industry. The results are then presented to the Board of Directors for their approval.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Institution's governing documents are available upon request at the Office of the Secretary of the Board of Directors. The conflict of interest policy is available through the Office of Financial Administration of Sponsored Programs website page and through the Vicepresidency of Human Resources. Interim and audited financial statements are routinely distributed to banks and creditors and are also available to the public upon request.
F990_P11_S00_L05	Form 990, Part XI, Line 5	Net Unrealized gains (losses) on investments \$(1,522,668) + Property Taxes \$5,764 + Unrelated revenues \$149,908

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 66-0201206

Name: SISTEMA UNIVERSITARIO ANA G MENDEZ INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code) (Expenses \$	8,124,834	ıncludıng grants of \$	108,467) (Revenue \$	37,774)
				n outcomes that are carried out wi y budgeted by an organizational ui	
(Code) (Expenses \$	17,429,253	ıncludıng grants of \$	126,161) (Revenue \$	2,774,062)
programs to stude	<u>"</u>	, ıncluded undeı	this category are expendit	levision station providing educati tures from activities developed foi outstanding students	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

20,352,238

) (Expenses \$

(Code

4d. Other progra	am services				
(Code) (Expenses \$	10,117,673	ıncludıng grants of \$	185,048) (Revenue \$	173,171)
research Includ	•	books, audiov	ısual materıals, those rela	e primary mission of the institution ated to students retention, preserva	

including grants of \$

20,410,558) (Revenue \$

31,317,468)

Scholarships - These are expenditures related to scholarhsips and fellowships 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 grant to the funding source.

4d. Other program services (Code) (Expenses \$ 2,102,163 including grants of \$ 45,741) (Revenue \$ 2,705,266) 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, parkings, bookstores, and a printing shop

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week		that		y)			(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 trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
Florabel G Mullick Director	1	х						0	0	0	
Antonio J Colorado Director	1	Х						0	0	0	
Jose Domingo Perez Director	1	x						0	0	0	
Zoraıda Fonalledas Dırector	1	х						0	0	0	
Juan R Melecio Director	1	Х						0	0	0	
Victor R Hernandez Mendez Director	1	Х						0	0	0	
Felix Rodriguez Schmidt Director	1	Х						0	0	0	
Hector A Jimenez Ramirez Director	1	Х						0	0	0	
Rene A Leon Rodriguez Director	1	Х						0	0	0	
Jose F Mendez Jr Director / Executive V P	40	х		х				201,922	0	4,686	
Jose F Mendez Gonzalez Director / President	40	х		х				653,084	0	20,540	
Ramıro Mıllan Dırector	1	Х						0	0	0	
Rafael Nadal Arcelay Director	1	Х						0	0	0	
Alfonso L Davila Silva VP Financial Affairs	40			х				263,816	0	19,037	
Jorge L Crespo Armaız VP Plannıng & Academic Affairs	40			х				207,610	0	15,905	
Victoria de Jesus VP Human Resources	40			х				207,619	0	15,718	
Jesus A Diaz Ortiz VP Administrative Affairs	40			х				188,645	0	14,686	
Francisco J Bartolomei VP Marketing and Student Affairs	40			х				282,722	0	17,504	
Federico Matheu Delgado Chancellor	40			х				255,808	0	15,516	
Alberto Maldonado Ruız Chancellor	40			х				252,483	0	16,298	
Dennis Alicea Rodriguez Chancellor	40			х				262,139	0	18,289	
Mıgdalıa Torres Rıvera Chancellor	40			х				190,096	0	18,689	
Margarıta Torres Mıllan VP & General Manager	40			х				189,220	0	2,820	
John Navarro Ferreira Internal Audit Director	40			х				171,940	0	18,548	
Luis Zayas Seijo VP National & International Affairs	40			×				120,964	0	2,766	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Independent contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Juan Arratia Executive Director	40					Х		137,575	0	1,514
Marcelino Rivera Lopez Dean	40					х		140,557	0	0
Roberto Loran Santos Vice - Chancellor	40					Х		138,133	0	0
Gladys Betancourt Vice - Chancellor	40					Х		148,091	0	0
Angela Candelarıo Fernandez Dean	40					×		128,342	0	0