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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Α	For the	2014 cale	endar year, or tax year	beginning	January 1st	, 2014, a	ind ending	Decer	nber 31	, 20 14	
В	Check if	applicable	C Name of organization	Asociacion de	Fomento Educativo	, Inc.			D Employ	yer identıficati	on number
		change	Doing business as							66-037275	57
ᆷ		_		O box if mail is	not delivered to street a	ddress)	Room/suite		E Telepho	one number	
Η	Name cl	-					}				470
님	Initial re		Villa Caparra A#48 C				ł			(787) 781-5	170
닏	Final retu	irn/terminated			and ZIP or foreign posta	i code					
		ed return	Guaynabo, Puerto Ri						G Gross r		1,021,882
	Applicat	tion pending	F Name and address of p	rincipal officer	Dionisio Trigo			H(a) Is this a g	roup return for	r subordinates?	Yes V No
			P.O. Box 366382 San	Juan, PR 009	27			H(b) Are all	subordinate	es included? 🗀	Yes 🗹 No
	Tax-exe	mpt status	501(c)(3)	501(c) () ◀ (insert no) ☐ 4	947(a)(1) or	527	If "N	o," attach	a list (see instr	ructions)
.1	Website					- ``\.' \ . 		H(c) Group	exemption	number 🕨	n/a
K			Corporation Trust	Association	Other ▶	I Yes	ar of formation		~~	of legal domi	
	art I	Summ						1570			
	1		escribe the organizat	ion's mission	or most significant	activities:	To prome	ote and fac	ilitate the	a davalanma	ant and
ີ ເ	'	-			-						;; it and
ျွင့်	ĺ	maturity	of individuals in vario	us airrerent ro	rmation centers ope	n to persor	i or air ages	and socia	ii conditi	ons.	
ON 19 3 2 Governance											
Ž ē	2		his box $ ightharpoonup \square$ if the org				sposed of	more than	1	its net asse	ets.
₹	3	Number	of voting members o	f the governi	ng body (Part VI, Im	e 1a) . .			3		15
_ ~	4	Number	of independent votin	g members o	f the governing boo	dy (Part VI,	line 1b)		4	ł	15
ies 🤝	5	Total nur	mber of individuals e	mploved in ca	alendar vear 2014 (art V, line	2a) .		5		1
Z Z	6		mber of volunteers (e	-	-				6	<u> </u>	
(- <u>5</u>	7a		elated business reve						7a	 	
2	l .		lated business taxab						7b	 	
CO. D. S. S. C. Activities	b	Net une	iateu business taxab	ie income no	111 FORTH 990-1, ILLIE	37-01	: : : :	Prior Ye		Curre	ent Year
C'	_	0			PALCOLINIA PROPERTY	100	\ -			 	
ā	8		tions and grants (Par			10	! ··⊢		1,368,990		897,751
Revenue	9		service revenue (Pai			2015 / 3)· · _		<u> 148,432</u>	<u> </u>	108,121
ě	10		ent income (Part VIII,		T B	· · ·] 🖳	:h · _		<u>13,452</u>		16,010
LL.	11		venue (Part VIII, colui				1		0		0
	12	Total rev	enue-add lines 8 thr	ough 11 (mus	equal Ran, VIII. do	umm (A), tit	1e 12)	1	1,530,574		1,021,882
	13		nd similar amounts p						81,085		31,359
	14		paid to or for member				🗀		0		0
"	15		other compensation,	•		n (A), lines	5–10)		40,304		161,359
Expenses	16a		onal fundraising fees		•				0	1	0 1,000
eu	1		draising expenses (F				· ·			 	
Ä	b						·		700 000	1	750.040
_	17		penses (Part IX, colu			(A) to a 05	., · ·		729,068		<u>752,913</u>
	18		penses. Add lines 13						<u>850,447</u>		945,631
	19	Revenue	less expenses. Sub	tract line 18 fi	om line 12	· · · ·			680,427		76,251
or ces							Be	ginning of Cu	rrent Year	End	of Year
sets	20	Total ass	sets (Part X, line 16)					11	1,224,949	<u> </u>	11,565,547
t As	21	Total liab	oilities (Part X, line 26)			[_		1,506,479		4,770,826
Net Assets or Fund Balances	22	Net asse	ts or fund balances.	Subtract line	21 from line 20		🔽		5,718,470		6,794,721
	art II	Signa	ture Block								
		alties of periu	ury, I declare that I have ex	amined this retur	n. including accompany	na schedules	and stateme	nts, and to t	he best of	mv knowledae	and belief, it is
			lete Declaration of prepare							,	
		T	7. 2/1/1/	D. va							
Sig	ın	Sign	nature of officer					Da	ite .		
He			JOSE M. Mei	'nm	SECRETARY	/			AP	R. 6, 2	2015
110			or print name and title	דוען מ	star into						
		1		TDue	and a second with	`				DTIN	
Pa	id	Printery	pe preparer's name	I rie	eparer's signature	360	Date	flis	Check		
Pr	epare	oscar	R A. CASTRO LABOY				<u> 5 </u>	1117	self-em	ployed	PO389150
	e On	1	name CASTRO AN	ID CO., CPA'S	, CSP		 	Firn	n's EIN ▶	66-05	550686
		Firm's a	address ► 472 TITO CA				16	Pho	ne no	787-84	0-5050
Ma	y the II	RS discus	s this return with the	preparer sho	wn above? (see ins	tructions)	<u> </u>	<u> </u>		🔽] Yes ☐ No
For	Paper	work Redu	ction Act Notice, see	the separate i	nstructions.	 -	Cat No	11282Y		Fo	orm 990 (2014)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	· · · · · · · ·
•	AFE has among its purposes to foster and facilitate the development of individuals through lectures, seminars,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	1
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) organiza	ocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code. 501(C)(3)) (Expenses \$ 300,876 including grants of \$) (Revenue \$	899.485)
	Puertorreal University Residence provides rooms and board in a family like atmophere to university students	
	it has study halls, meeting rooms, and offer conferences, seminars, etc. It also holds activities for young	
	professionals to help them in the transition from college to the professional world.	
		••••••
		••
4b	(Code: 501(C)(3)) (Expenses \$ 85,382 including grants of \$) (Revenue \$	94,311)
	Guilarte Study Center is geared to professionals and students to improve the achievements through study skills	
	courses, tutoring, programs, seminars, conferences, etc.	
		•
		•
4c	(Code: 501(C)(3)) (Expenses \$ 37,393 including grants of \$) (Revenue \$	28,146)
	Guaymar is a family residence of professionals who provide courses of ethics, workshops, conferences of family	
	life, work, attitudes, spirit of service and create social and environmental awareness.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

<u>r en r</u>	Checklist of nequired Schedules		1	
`	Le the apprinct of described in poetron E01/a\/3\ or 4047/a\/1\ (ather than a private foundation\2 /f "Vee"		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		v
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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		1
С	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
_		11e		✓
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		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	, , , ,	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.41-		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b 15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>,</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		<u>√</u>
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			,
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	√
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a 28b		1
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		-140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓_	
	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		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		1
		4a		
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
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?	7-		,
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 ''' 		-
_	required to file Form 8282?	7c		1
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 required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		:	
_	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		√
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		!	
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ļ
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?	13a		✓
b	Enter the amount of reserves the organization is required to maintain by the states in which			
Ų	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1
			_	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See in:	struct	tions.
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			
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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6 7a	Did the organization have members or stockholders?	6		-
<i>,</i> a	one or more members of the governing body?	7a	ĺ	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
8	stockholders, or persons other than the governing body?	7b	_	ļ ·
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		V
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		✓
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	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			İ
	with a taxable entity during the year?	16a		1
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			
Cooti	organization's exempt status with respect to such arrangements?	16b		✓
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest ¦	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	
	Luis J. Torres, 787-291-3623, address of corporation			

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

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

(A) Name and Title (A) Name and Title (A) Name and Title (B) Average hours per veek (list any hours for related organizations below dotted line) (T) Manuel Diaz Saldaha (T) Manuel Diaz Saldaha (A) CPO Box 361816 (B) CPO Box 361816 (C) Diamsio Trigo (D) Reportable compensation from the organizations with the organization and related organizations	Check this box if neither the organization no	r any related	ted organization compensated any current officer, director, or tru-							, or trustee.	
Name and Title Name and Title Name and Title New (list any hours for related organizations below dotted line) (1) Manuel Diaz Saldaña 1hr. GPO Box 366382 San Juan, PR 00927 (3) Jose Medina Villa Caparra A#48 Calle A Guaynabo, PR 00966 (4) Carlos Beck Villa Caparra A#48 Calle A Guaynabo, PR 00966 (6) Niguel Echenique University Gardens Calle A Guaynabo, PR 00966 (6) Lius Javier Torres Villa Caparra Ahrs Calle A Guaynabo, PR 00966 (6) Lius Javier Torres Villa Caparra Ahrs Calle A Guaynabo, PR 00966 (9) Ramon Ortiz San Rita Margarita 51 San Juan PR 009329 (b) Con net heck more than now then work than now form of the compensation from the organizations (W-2/1099-MISC) (con net heck more than now than officer and a director/trusted organization (from the organizations) (con net heck more than or the compensation of the compensation from the organizations) (do not check more than or the control of the compensation from the organizations) (do not check more than or the control of the compensation from the organization (W-2/1099-MISC) (e) Poportable Compensation from related organization (W-2/1099-MISC) (b) Reportable Compensation from the organization (W-2/1099-MISC) (w-2/1					(0	C)					
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(6) Miguel Echenique University Gardens Fordham 1013 San Juan PR 00927 (7) Ferdinand Sanchez Villa Caparra A#48 Calle A Guaynabo, PR 00966 (8) Luis Javier Torres Villa Caparra A#35 Calle A Guaynabo, PR 00966 (9) Ramon Ortiz San Rita Margarita 51 San Juan PR 00936 (10) Robert Hunter Villa de Torrimar 134 Maria Antonieta Guaynabo PR 00929	(5) Sigfrido Fernandez Villa Caparra A#48	3hrs									
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Calle A Guaynabo, PR 00966 ✓ 37,440 (8) Luis Javier Torres Villa Caparra 4hrs 10,000 A#35 Calle A Guaynabo, PR 00966 ✓ 10,000 (9) Ramon Ortiz San Rita Margarita 51 4hrs 4hrs San Juan PR 00936 ✓ 14,583 (10) Robert Hunter Villa de Torrimar 134 1hr Maria Antonieta Guaynabo PR 00929 ✓ ✓			✓					├ _			
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(9) Ramon Ortiz San Rita Margarita 51 San Juan PR 00936 (10) Robert Hunter Villa de Torrimar 134 Maria Antonieta Guaynabo PR 00929		4hrs	,								
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Maria Antonieta Guaynabo PR 00929 ✓		41				_			14,583		
maria ///terneta Gadynaso / (Coose		Inr Inr	./					1			
		1hr						 			
Guaynabo PR 00966			1								
(12) Elba Negron GPO Box 361816 1hr		1hr						_			
San Juan PR 00936		ļi	1								
(13) Virgen Zoraida Torres Villa de Torrimar 1hr		1hr				_		-			
Guaynabo PR 00969			✓								
(14) Rocio del Valle Villa Verde F, J42 1hr		1hr	•								
Guaynabo, PR 00966 ✓		+	✓					l			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (cont	inued)			
					•	C)			ŀ					
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	Reportable compensation from	Estimated amount of			
		week (list any			_		or/trust	, <u>`</u> -	from	related	''		her	
		hours for	or di	nstii	Officer	Key employee	뺡	Former	the	organizations			ensatio	n
		related organizations	rect du	tutio	Ĕ	emp	est o	<u>ಥ</u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)			n the ization	
		below dotted	우声	nal		oloy	eom		ľ				elated	
		line)	Individual trustee or director	Institutional trustee		ě	pen					organi	zations	5
			"	tee			Highest compensated employee							
(15) D	ul Arıas Villa Caparra A#48	1hr	ļ <u> </u>		_						+			
	abo PR 00966	-	1											
(16)			<u> </u>					_			+			
1.01	·										1			
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32-07			1											
1b	Sub-total		·	·	•				62,023					
С	Total from continuation sheets to Part	VII, Sectio	n A					>	0					
d	Total (add lines 1b and 1c)				•			>	62,023					
2	Total number of individuals (including but							=) w	ho received m	ore than \$100,0	000 of			
	reportable compensation from the organi	zation ► 0												
											-		Yes	No
3	Did the organization list any former of							emp	-		ted			
	employee on line 1a? If "Yes," complete										·	3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	JUUC)? <i>I</i>	r "Ye	s, ¨	complete Sch	eauie J tor si	ıcn			,
_	Individual								· · · · ·		.	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	T I	_		,
Cootie	on B. Independent Contractors	: 11 163, 6	Jonnpi		001	1000	110 0 1	0, 0	sacri persori	· · · · · ·		5		V
<u>Secur</u>	Complete this table for your five highest	component	ed in	den	end	ont	contr	acti	ore that receive	nd more than \$	100.00	n of		
•	compensation from the organization. Rep	•		•									n's ta	a x
	year.	, , , , , , , , , , , , , , , , , , ,							,		5			
	(A)							T	(B)			(C)		
	Name and business add	lress						ł	Description of s	ervices	Con	pens:	ation	
None				-				n/a						(
								T						
2	Total number of independent contractor							o th	nose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	าเรล	tion	▶		0	ı				

Part	VIII	Statement of Revenue Check if Schedule O contains a resp	ance or note to	any lina in this l	Part VIII		
		Check if Schedule O contains a resp	Jonse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
ra i	b	Membership dues 1b					
5, E	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
inil	е	Government grants (contributions) 1e					
tion	f	All other contributions, gifts, grants,					
the st		and similar amounts not included above 1f	897,751				
nd C	g	Noncash contributions included in lines 1a-1f: \$:	
	h	Total. Add lines 1a-1f	Business Code	897,751			
une	_			10.010			
eve	2a	Activities	501(c)(3)	16,010 108,121	············	 	
Se B	b	Room and Board	501(c)(3)	100,121			
ervi	d					· · · · · ·	
υS	e						
Program Service Revenue	f	All other program service revenue.					
Pro	g	Total. Add lines 2a-2f	▶	124,131			
	3	Investment income (including divid-					
		and other similar amounts)				ļ	
	4	Income from investment of tax-exempt be					
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less. rental expenses Rental income or (loss)					
	d d	Net rental income or (loss)	<u> </u>				İ
	7a	Gross amount from sales of (i) Securities	(II) Other				
	'	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>				
anue	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c).					
her	ļ <u>.</u>	See Part IV, line 18 a				1	
ŏ		Less: direct expenses b	L				
	C	Net income or (loss) from fundraising Gross income from gaming activities.	events .				
	34	See Part IV, line 19 a	1				
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming act					
	10a						-
		returns and allowances a					
	b	Less: cost of goods sold b]			
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				
	11a						 -
	b						ļ
	С				···	-	
	d	All other revenue					
	e 10	Total. Add lines 11a–11d Total revenue. See instructions					
	12	rorar revenue, see instructions		1.021.882		1	i .

Par	90 (2014) Statement of Functional Expenses				Page 10
Section	on 501(c)(3) and 501(c)(4) organizations must con				
Da ==	Check if Schedule O contains a respon	se or note to any lir			
8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,359	31,359		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	161,359	161,359		
9 10 11	Other employee benefits				
a b	Management	8,925 93,453	8,925 93,453		
c d	Accounting				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			-	
13	Office expenses		·		
14	Information technology				
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16 17	Occupancy			-	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	163,505	163,505		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	99,816	99,816		
23	Insurance	19,913	19,913		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column			·	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food served and activities	89,593	89,593		
b	Repairs and Maintenance	60,053	60,053		
c C	Printing and reproduction	148,008	148,008		
d	Miscelaneous	69,647	69,647		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	045 624	045 634		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	945,631	945,631		

Ŀ	art X			 			
	`	Check if Schedule O contains a response of	r note	to any line in this Par			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			289,471	1	373,306
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net			2,156,330	3	1,871,607
	4	Accounts receivable, net		Г	24,251	4	24,470
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co Complete Part II of Schedule L		sated employees.		5	
Assets	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	ributing employers and mployees' beneficiary		6		
	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		—		9	
	10a	Land, buildings, and equipment cost or	1	Ì	······································		
		other basis. Complete Part VI of Schedule D	10a	10,895,261			
	b	Less: accumulated depreciation	10b	1,569,097	8,754,897	10c	9,296,164
	11					11	
	12	Investments—other securities. See Part IV, line		⊢		12	
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			11,224,949	16	11,565,547
	17	Accounts payable and accrued expenses			391,223		357,288
	18	Grants payable		r		18	
	19	Deferred revenue	Г		19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		F		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper disqualified persons. Complete Part II of Schedu	sated	employees, and		22	
iat	00	•		F	445.050		4 440 500
	23	Secured mortgages and notes payable to unrela		T	4,115,256	24	4,413,538
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax.				24	-
	25	parties, and other liabilities not included on lines of Schedule D	s 17-2	4). Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	4,506,479		4,770,826
	20	Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ □ and	4,300,479		4,770,020
es		complete lines 27 through 29, and lines 33 an					
n S	27	Unrestricted net assets			6,718,470	27	6,794,721
<u>a</u>	28	Temporarily restricted net assets			0,710,470	28	0,704,721
8	29	Permanently restricted net assets		<u> </u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.		⊢			
ts c	30	Capital stock or trust principal, or current funds		1		30	
se	31	Paid-in or capital surplus, or land, building, or e	F		31		
As	32	Retained earnings, endowment, accumulated in		 		32	
let	33	Total net assets or fund balances			6,718,470	33	6,794,721
_	34	Total liabilities and net assets/fund balances .			11,224,949		11.565.547

Par	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,02	21,882	
2	Total expenses (must equal Part IX, column (A), line 25)	2			94	15,631	
3	Revenue less expenses. Subtract line 2 from line 1	3			7	6,251	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6,71	8,470	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10			6,79	4,721	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>					
			-		Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in				
	Schedule O.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		.	2b	✓		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for over the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that assumes responsibility for the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the committee that a supplication of the co						
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of a selection of			2c	✓		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in [
_	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	rorth	ın				
_	the Single Audit Act and OMB Circular A-133?	• •	٠	3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde		ie				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	idits.		3b			
				Forn	n 990	(2014)	

SCHEDULE A (Form, 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection
Employer identification number

Name of the organization Emp					Employer identification	number		
Asociacion de Fomento Educativo, Inc. 66-0372757								
•	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1							
3 A hospital or a coop				in section	170(h)(1)(Δ\(iii)		
			onjunction with a hos				(iii). Enter the	
hospital's name, city	-	•	•			,,,,,,	•	
5 An organization open section 170(b)(1)(A)			college or university	owned o	or operate	ed by a government	al unit described in	
6 ☐ A federal, state, or lo	ocal gover	nment or govern	mental unit described	d in secti	on 170(b))(1)(A)(v).		
7 An organization that described in section				port fron	n a gover	nmental unit or fron	n the general public	
8 A community trust d	lescribed ı	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9 🗹 An organization that								
			functions-subject to					
			unrelated business 75. See section 509 (a		•		x) from businesses	
,			-		•	•		
10 An organization orga11 An organization orga		•		-			out the nurnesse of	
			lescribed in section 5					
			the type of supporting					
a 🔲 Type I. A supporti	_							
	anızation(s) the power to re	egularly appoint or ele					
b Type II A support	ing organi:	zation supervise	d or controlled in con	nection v	vith its su	pported organization	n(s), by having	
			ganization vested in th	ne same p	persons t	hat control or manag	ge the supported	
•		=	, Sections A and C.					
			ng organization opera s). You must comple				y integrated with,	
d 🗌 Type III non-func								
			ization generally must				an attentiveness	
		•	mplete Part IV, Secti				1. Tomas III	
e Check this box if t			onally integrated supp				i, Type iii	
f Enter the number of s	-	•	•	-	garnzano	· 1•		
g Provide the following							• •	
(i) Name of supported organiz		(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–9 above or IRC section		ur governing ment?	support (see	other support (see	
			(see instructions))	Ĺ		instructions)	instructions)	
				Yes	No			
(A)				1				
				 			·	
(B)								
(C)								
(D)								
(E)							<u> </u>	
· ·								
Total					}			

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						l
	on B. Total Support	(a) 2010	(h) 0011	(a) 0010	(4) 0010	(a) 0014	(6) Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•			• • • •	12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6			1. column (f))		14	%
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organize					•	_
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2013. If the organization here, this box and stop here. The organization has a stop here.	nization did no	ot check a box	c on line 13 or			
17a	check this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the eets the "fact:	facts-and-ci	rcumstances" tances" test T	test, check th	nis box and st	, and line op here.
18	Private foundation. If the organization de	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

Part III Support Schedule for Organizations Described in Section 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,475,669	2,409,614	1,332,117	1,530,874	1,021,882	<u>7,77</u> 0,156
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		ĺ				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	j			j]	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				•	i	
	to or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			_			_
6	Total. Add lines 1 through 5	1,475,669	2,409,614	1,332,117	1,530,874	1,021,882	7,770,156
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			j]]	
b	Amounts included on lines 2 and 3	-					
	received from other than disqualified	ļ					
	persons that exceed the greater of \$5,000	}				l.	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.) ,					1	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,475,669	2,409,614	1,332,117	1,530,874	1,021,882	7,770,156
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					İ	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	. "					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business					_	
	activities not included in line 10b, whether		:				
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,475,669	2,409,614	1,332,117	1,530,874	1,021,882	7,770,156
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2014 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	100 %
16_	Public support percentage from 2013 Sch	nedule A, Part	III, line 15 .	<u></u>	<u> </u>	16	100 %
Secti	on D. Computation of Investment In-	come Percei	ntage				
17	Investment income percentage for 2014 (line 10c, colum	nn (f) divided b	y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2013	Schedule A, I	Part III, line 17			18	%
19a	331/3% support tests-2014. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . 🕨 🗸
b	331/3% support tests-2013. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this !	oox and stop h	ere. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🗀
20	Private foundation. If the organization di	d not check a	box on line 14.	. 19a. or 19b. c	heck this box	and see instruc	ctions 🕨 🗀

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Section A. All Supporting Organization	ction A.	All Sup	porting O)rganization
--	----------	---------	-----------	--------------

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	<u>art v</u>	<u>.) </u>	
Secti	on A. All Supporting Organizations		124	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10a

10b

Scriedu	E A (FOITI 990 0) 990-EZ) 2014			age C
Part	N Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations		·	·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
•			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		F	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	s):
a .	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	Nο
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ļ		
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		 	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ing organization (see

Part '		Supporting Organia	zauons (conunueo)	Current Year
Section	on D - Distributions			Ourent real
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity	of cumparted area	nizations	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	HIZATIONS	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	h the examination is res	nonsive	
8	Distributions to attentive supported organizations to which	n the organization is res	porisive	
	(provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6			
9	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 9 amount	(1)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			:
f_	Total of lines 3a through e			
g_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u> i </u>	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
a_	Applied to underdistributions of prior years			
b_	Applied to 2014 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2014. Subtract lines 3h			
6	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
o	Bleardown of line 7.			
<u>a</u>				
C				
d	Excess from 2013			
	Excess from 2014			
-				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name o	f the or	ganization		Employer identifi	cation number
Asocia	ción d	Fomento Educativo, Inc.			6-0372757
Par	t I	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ids or Accou	nts.
		Complete if the organization answered '		· · · · · · · · · · · · · · · · · · ·	
			(a) Donor advised funds	(b) Fund	s and other accounts
1		number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year) .			
4		egate value at end of year		<u> </u>	
5		ne organization inform all donors and donor are the organization's property, subject to the			
6	Did th	ne organization inform all grantees, donors, a	nd donor advisors in writing that grai	nt funds can be	e used
	confe	or charitable purposes and not for the benefitring impermissible private benefit?		· · · · ·	· · ☐ Yes ☐ No
Par	all "	Conservation Easements.	(Vac" to Form 000 Port IV line 7		
		Complete if the organization answered '			
1		ose(s) of conservation easements held by the reservation of land for public use (e.g., recreat		f a biotariaally i	mnortant land area
		, , , , , ,	on or education)		
		rotection of natural habitat	☐ Preservation o	r a ceruneo nisi	one structure
•		reservation of open space olete lines 2a through 2d if the organization he	old a qualified conservation contribution	on in the form o	f a conservation
2		nent on the last day of the tax year.	a qualified conservation contribution		Id at the End of the Tax Year
_		· .		 - 	TO AT A TO ETTA OT THE TAX TOUT
a		acreage restricted by conservation easement			· · · · · · · · · · · · · · · · · · ·
b		per of conservation easements on a certified h			-
c d		per of conservation easements included in			
u					
3		per of conservation easements modified, trans			organization during the
•	tax ye		.	•	•
4		per of states where property subject to conse	vation easement is located ▶		
5		the organization have a written policy req		pection, handl	ing of
		ions, and enforcement of the conservation ea			
6	Staff	and volunteer hours devoted to monitoring, ır	specting, and enforcing conservation	easements du	ring the year
	▶				
7	Amou	int of expenses incurred in monitoring, inspec	ting, and enforcing conservation ease	ements during t	he year
	▶\$				
8		each conservation easement reported on line			
					· · · · · · · · · · · · · · · · · · ·
9		t XIII, describe how the organization reports of			
		ce sheet, and include, if applicable, the text of		nanciai stateme	nts that describes the
		ization's accounting for conservation easeme		0: ::	
Part	Ш	Organizations Maintaining Collection Complete if the organization answered		Otner Simila	ir Assets.
	16.11	organization elected, as permitted under SF.			
1a		organization elected, as permitted under Sr. s of art, historical treasures, or other similar			
		s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the f			
b	•	organization elected, as permitted under S			
D	works	s of art, historical treasures, or other similar s service, provide the following amounts relati	assets held for public exhibition, ed		
					\$
	(ii) ∆c	evenue included in Form 990, Part VIII, line 1 isets included in Form 990, Part X			\$
2	If the	organization received or held works of art,	historical treasures or other similar	r assets for fin	ancial gain, provide the
-	follow	ring amounts required to be reported under S	FAS 116 (ASC 958) relating to these i	tems:	
а	Reve	nue included in Form 990, Part VIII, line 1 .		•	\$
b	Asset	s included in Form 990, Part X	<u> </u>	<u> ▶</u>	\$

Part	Organizations Maintaining Co	llections of Art, H	istorical ⁻	Treasures, c	or Other Similar A	ssets (continued)
3 ,	Using the organization's acquisition, acceleration items (check all that apply):	ession, and other re	cords, chec	ck any of the	following that are a	significant use of its
а	☐ Public exhibition	c	I 🗌 Loan	or exchange	programs	
b	☐ Scholarly research	€	e 🗌 Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organization's XIII					
5	During the year, did the organization soluassets to be sold to raise funds rather than	n to be maintained a				
Part						
	Complete if the organization ans	swered "Yes" lo F	orm 990, F	Part IV, line 9	, or reported an an	nount on Form
	990, Part X, line 21.					···
1a	Is the organization an agent, trustee, custincluded on Form 990, Part X?					
	If "Yes," explain the arrangement in Part X					☐ Yes ☐ No
b	ir Yes, explain the arrangement in Part X	and complete the	i lollowing t	able.		Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount or					v? ☐ Yes ☐ No
	If "Yes," explain the arrangement in Part X					
	V Endowment Funds.					
	Complete if the organization and	swered "Yes" to F	orm 990, F	Part IV, line 1	0.	
	. (a) Current year (b)	Prior year	(c) Two years t	oack (d) Three years bac	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and					
	programs ,					
f	Administrative expenses		** **			
g	End of year balance					
2	Provide the estimated percentage of the c	current year end bala	ince (line 1ç	g, column (a))	held as:	
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ 9	%				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c sh	nould equal 100%.				
3a	Are there endowment funds not in the po	ssession of the orga	anization th	at are held ar	nd administered for t	he
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organization					3b
4	Describe in Part XIII the intended uses of t		ndowment f	unds.		
Part			000 5		4 0 . 5	Ded V. Per 40
	Complete if the organization ans	1				
	Description of property	(a) Cost or other bas (investment)	1,,,	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	826,6	65			826,665
b	Buildings	8,948,2	27		1,315,712	7,632,515
С	Leasehold improvements					
d	Equipment	549,1	02		253,385	295,717
е	Other	<u></u>				
Total.	Add lines 1a through 1e. (Column (d) must	egual Form 990, Pa	rt X. columi	n (B), line 10c.	.) ▶ │	8,754,897

Part VII	Investments – Other Securit Complete if the organization a		m 990.	Part IV. line	11b. See Form	n 990. Part X. line 12.
	(a) Description of security or cate (including name of security)	egory	1	Book value	(c) M	ethod of valuation nd-of-year market value
(1) Financial	derivatives		1			
	eld equity interests					
(A)						
(B)			1			
(C)						
(D)					•	
(E)						
(F)						
(G)						-
(H)						
	n) must equal Form 990, Part X, col. (B) line 12		<u> </u>		<u> </u>	
Part VIII	Investments—Program Rela			5	0 =	000 D 13/ E 40
	Complete if the organization a					
	(a) Description of investmen	t	(b) E	Book value		lethod of valuation nd-of-year market value
(1)						
(2)		· · · · · · · · · · · · · · · · · · ·				
(3)			1			
(4)	· · · · · · · · · · · · · · · · · · ·					
(5)		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
(6)			 			
(7)						
(8)						
(9) Total, (Column (o) must equal Form 990, Part X, col (B) line 13	•	 			
Part IX	Other Assets.	·	<u> </u>			
	Complete if the organization a	answered "Yes" to Fo	m 990,	Part IV, line	11d. See Forn	n 990, Part X, line 15.
	<u> </u>	(a) Description	<u></u>	·· ············		(b) Book value
(1)	-1-02					
(2)	-					
(3)						
(4)					·	
(5)						
(6)		<u> </u>				
(7)						
(8)						ļ. <u>.</u>
(9)	(1) 15 000 B (1)	(
Part X	mn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a		 m 990,	Part IV, line	11e or 11f. Se	ee Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in						
	opular de PR		57,529			
(3) Limmat			02,362			
(4) Clover F (5)	oundation	2,9	33,702			
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col (B) line 25		02.540			
	uncertain tax positions. In Part XIII, p	·	93,543	e organization	's financial states	nents that reports the
	s liability for uncertain tax positions ui					

Par	XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F		er Return.	
1	Total revenue, gains, and other support per audited financial statements		1	1,021,882
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· •	1,021,002
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	- 	
C	Recoveries of prior year grants	2c	 	
d	Other (Describe in Part XIII.)	2d	⊣	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,021,882
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, F		•	
1	Total expenses and losses per audited financial statements		. 1	945,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u>, – </u>
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	. 5	945,631
Part	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number	
Asociacion de Fomento Educativo, Inc.	66-0372757	
Explanation to line 11b of part VI-B of form 990-2014:		
Accountants send a copy of the completed forms with all of required exhibits and attachments to approval by the Booard of Directors office.		
After approval and signed all requirement documents are mailed directly to IRS office by certified mail. All documents, submission evidences		
are backed up in the Web.		
Line 19 of part VI-C description:		
All governing documents are available upon request at the organization administrative office. Also this is a requirement of law in the		
Commonwealth of Puerto Rico.		

D (Form 990) 2014		
	XIII Supplemental Information (continued)	Part XIII
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