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SCANNED OCT I 3 2016

Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made publ

OMB No 1545-0052

2014

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№

Department Internal Re	nt of the evenue S	Treasury Service			rm 990-PF and its separa	e instructions is at www			Open to Public Inspection
For calendar year 2014, or tax year beginning , 2014, and endir						14, and ending	1.4		
Name of foundation PONCE HEALTH SCIENCES EDUCATION FOUNDATION, INC. A Employer identification number 66-0814252									
Number a	nd stree	t (or PO box numb	er if mail is not delivered	d to street a	address)	Room/suite	В	Telephone number (see	
PO BO	Number and street (or P O box number if mail is not delivered to street address) PO BOX 596 City or town, state or province, country, and ZIP or foreign postal code						+	(787) 448-3	3944
		A, Puerto	_			00715-0596	C	If exemption applicatio	n is pending, check here. >
G Che	ck all	that apply	Initial return		Initial return of a for	mer public charity	D	1 Foreign organizations,	check here ▶ X
			Final return		Amended return			• •	meeting the 85% test, check
H Che	ok tun	e of organization	Address chan		Name change 1(c)(3) exempt private	foundation	-		itation
_	_ ''	•	nonexempt chari			e private foundation	E	If private foundation st	atus was terminated
I Fair	market	value of all assets	at end of year		counting method	Cash X Accrual		under section 507(b)(1)(A), check here ►
	n Part II	l, column (c), line 1	•		Other (specify)		F	If the foundation is in a	
Part I	TΔr	18,602	Revenue and	(Part I,	column (d) must be o)(B), check here ▶
[aits	Ex	(penses (The	e total of amounts	ın	(a) Revenue and expenses per books	(b) Net investme income	ent	(c) Adjusted net income	(d) Disbursements for charitable
	col	lūmns (b), (c), a	and (d) may not ne mounts in column	eces-					purposes (cash basis only)
		e instructions)		1-7					(cash basis chily)
	_		nnts, etc, received (attach sch		20,000).			
	_	Ck ►if the fo	oundn is not required to attac	CT SCN B					
	3	•	temporary cash investments						
	5 a		from securities		119,128	3.			
	b	Net rental income or (loss)							
R		Net gain or (loss) from	sale of assets not on line 10						
E	l _	Gross sales price for assets on line 6a	· · ·	•					
E N	8	Net short-term capi	come (from Part IV, line		-				
Ü	9	Income modification	ns · [:][.						
_	10 a	Gross sales less returns and allowances							
	Ь	Less Cost of goods sold	" ncro	<u> ३ द्विवि</u>	N				
	c	Gross profit or (loss) (a	thi Oa.		! 3]				
	11	Other income (atta	ch schedule)	. J. a.					
	12	Total. Add lines	1 through 11		139,128	1			
	13		fficers, directors, trustee		135,120	2.•			
	14		salaries and wages						
	15		ployee benefits			<u> </u>			
Â.		-	ttach sch)		0,000				
M I N	С	Other prof fees (at	ttach sch)						
O Î P S									
E Ť R R		Depreciation (attac	e)(see instrs)	• • • •		<u> </u>			
A A		sch) and depletion	• • • • • • • • •						
N V G E			s, and meetings						
A E			ations						
A E X P	23	Other expenses (at	•						
N S	24	See Line 23 S			139,575).			
Ĕ S		expenses. Add line	es 13 through 23 · · ·		168,529	0.			
	,		ints paid						
	26	Total expenses an Add lines 24 and 25			168,529	o.			
		Subtract line 26 from							
	a	Excess of revenue and disbursement	e over expenses ts		-29,401				
			come (if negative, enter						
DAA F			me (if negative, enter -0	-	<u> </u>				
DAA F	ur rap	perwork Keau	ction Act Notice,	see ins	tructions.	TEEA0301 1	2/10/14		Form 990-PF (2014)

Dor	. 11	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	year
Par		Balance Sheets Column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		692,702.	692,702.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	ļ	Less allowance for doubtful accounts		80,137.	80,137.
	4	Pledges receivable		· · · · · · · · · · · · · · · · · · ·	
		Less allowance for doubtful accounts	***************************************		
	5	Grants receivable		<u> </u>	
	6	Receivables due from officers, directors, trustees, and other	· - · ·		
	ľ	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts			
A S E T	8	Inventories for sale or use	· ·		
Ě	9	Prepaid expenses and deferred charges	-	32,414.	32,414.
T S		Investments – U.S. and state government	-		00,1221
•	'''	obligations (attach schedule)			
	l t	Investments — corporate stock (attach schedule)		8,931,392.	8,931,392.
		: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation	<u></u>		
		(attach schedule)			
	12	Investments mortgage loans			
	13	Investments - other (attach schedule)		8,726,592.	8,726,592.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
		(attach schedule)		,, ,,	
		Other assets (describe	··- ··-	139,104.	139,104.
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	0.	18,602,341.	18,602,341.
$\overline{}$	17	Accounts payable and accrued expenses		76,133.	10,002,311.
ļ	18	Grants payable		7072331	
A B	19	Deferred revenue	_· .		
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
Ť	22	Other liabilities (describe			
E					
_ <u>s</u> _	23	Total liabilities (add lines 17 through 22)		76,133.	
		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted		9,582,154.	
ΕU	25	Temporarily restricted		8,944,054.	
T N D	26	Permanently restricted	-	0,011,031.	
A B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL		·			
TASN	27	Capital stock, trust principal, or current funds			
С	28	Paid-in or capital surplus, or land, bldg , and equipment fund	7	,,,,,,	
O E R S	29	Retained earnings, accumulated income, endowment, or other funds			
K S	30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances		18,526,208.	
_	L"	(see instructions)	0.	18,602,341.	
Par	t III l	Analysis of Changes in Net Assets or Fund Balance	es		
		net assets or fund balances at beginning of year — Part II, column (a private of the private of		ith	
2		amount from Part I, line 27a			20 401
3	Other	increases not included in line 2 (itemize) <u>NET ASSETS DON.</u>		3	-29,401.
	Add I	ines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·			18,555,609.
~	_				18,526,208.
6	Total	ases not included in line 2 (itemize)	art II. column (b), line 30	· 6	18.526.208

(a) List and descri 2-story brick wareho	ibe the kind(s) of property sold (e g , real use, or common stock, 200 shares MLC	nt Income estate, Company)	(b) How acqui	se (month, day, year)	(d) Date sold (month, day, year)
1 a	-				
b					
С					
d			_		
e					-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) mi	
а					
b					
c					
d					
е		•			
Complete only for assets sho	owing gain in column (h) and owned by th	e foundation on 12/31/69		(I) Gains (Col	iumn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		gain minus column (k than -0-) or Losses (fr), but not less
а					
b					
С					
d					
е					
If gain, also enter in Part I, lir	ret capital loss) If gain, also If (loss), enter (loss) as defined in sections 1222(5) and the 8, column (c) (see instructions). If (loss)	s), enter -0-		3	
Part V Qualification Und	der Section 4940(e) for Reduce	d Tax on Net Investn	ent Inco	me	
	this part blank ection 4942 tax on the distributable amou	nt of any year in the base pe	enod?	∏Yes	
1 Enter the appropriate amoun (a) Base period years	alify under section 4940(e) Do not comp t in each column for each year, see the ir (b) Adjusted qualifying distributions	lete this part istructions before making ar (c) Net value of		(d) Distribution	
1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year beginning in)	t in each column for each year, see the ir	lete this part instructions before making ar (c)		(d)	ratio
1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year beginning in) 2013	t in each column for each year, see the ir	lete this part istructions before making ar (c) Net value of		(d) Distribution	ratio
1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2013 2012	t in each column for each year, see the ir	lete this part istructions before making ar (c) Net value of		(d) Distribution	ratio
1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011	t in each column for each year, see the ir	lete this part istructions before making ar (c) Net value of		(d) Distribution	ratio
1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010	t in each column for each year, see the ir	lete this part istructions before making ar (c) Net value of		(d) Distribution	ratio
1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009	t in each column for each year, see the ir	lete this part instructions before making ar (c) Net value of noncharitable-use ass	ets ((d) Distribution	ratio
1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column (d) . 3 Average distribution ratio for	t in each column for each year, see the ir (b) Adjusted qualifying distributions	lete this part instructions before making ar (c) Net value of noncharitable-use ass	ets ((d) Distribution column (b) divided b	ratio
1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation	t in each column for each year, see the in (b) Adjusted qualifying distributions the 5-year base period — divide the total	lete this part Instructions before making ar (c) Net value of noncharitable-use ass on line 2 by 5, or by the lears		(d) Distribution column (b) divided b	ratio
1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation 4 Enter the net value of noncharms	t in each column for each year, see the in (b) Adjusted qualifying distributions Adjusted qualifying distributions the 5-year base period — divide the total on has been in existence if less than 5 year	lete this part Instructions before making ar (c) Net value of noncharitable-use ass on line 2 by 5, or by the lars	ets ((d) Distribution column (b) divided b	ratio
1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column (d) . 3 Average distribution ratio for number of years the foundation 4 Enter the net value of noncharms 5 Multiply line 4 by line 3 6 Enter 1% of net investment in	t in each column for each year, see the in (b) Adjusted qualifying distributions the 5-year base period — divide the total on has been in existence if less than 5 yearitable-use assets for 2014 from Part X,	lete this part instructions before making ar (c) Net value of noncharitable-use ass on line 2 by 5, or by the hars	ets ((d) Distribution column (b) divided b	ratio
1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column (d) . 3 Average distribution ratio for number of years the foundation 4 Enter the net value of noncharts 5 Multiply line 4 by line 3 6 Enter 1% of net investment in 7 Add lines 5 and 6	t in each column for each year, see the in (b) Adjusted qualifying distributions the 5-year base period — divide the total on has been in existence if less than 5 yearitable-use assets for 2014 from Part X,	lete this part instructions before making ar (c) Net value of noncharitable-use ass on line 2 by 5, or by the lears	ets ((d) Distribution column (b) divided b	ratio

Par)		
1 a	empt operating foundations described in section 4940(d)(2), check here b and enter 'N/A' on line 1			
	e of ruling or determination letter (attach copy of letter if necessary — see instrs)	N/	A	
Ł	mestic foundations that meet the section 4940(e) requirements in Part V.			
	eck here . Pand enter 1% of Part I, line 27b			
C	other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	x under section 511 (domestic section 4947(a)(1) trusts and taxable indations only Others enter -0-)			
3	d lines 1 and 2			0.
4	btitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			
5	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			
6	edits/Payments			
	4 estimated tax pmts and 2013 overpayment credited to 2014			
ŀ	empt foreign organizations — tax withheld at source			
•	x paid with application for extension of time to file (Form 8868) 6 c			
C	ckup withholding erroneously withheld			
7	tal credits and payments Add lines 6a through 6d			
8	ter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	t due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	er the amount of line 10 to be: Credited to 2015 estimated tax Refunded 11			
Pai	II-A Statements Regarding Activities			
1 a	ring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	,	Yes	No
	rticipate or intervene ın any political campaign?	1 a		Х
k	that spend more than \$100 during the year (either directly or indirectly) for political purposes be Instructions for the definition)?	1 b		х
	he answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published distributed by the foundation in connection with the activities			
	the foundation file Form 1120-POL for this year?	1 c		Х
C	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	On the foundation			İ
•	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on indation managers • \$			•
2	s the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
-	Yes,' attach a detailed description of the activities	-		
	•			
3	s the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>	3		Х
4 a	If the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
	Yes, has it filed a tax return on Form 990-T for this year?	4 b		
5	s there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
	Yes,' attach the statement required by General Instruction T			
6	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		
7	the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	х	X
	ter the states to which the foundation reports or with which it is registered (see instructions)	-		
ŀ	e answer is 'Ves' to line 7, has the foundation furnished a copy of Form 000 DE to the Attorney Coporal			
•	e answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	8 b		X
9	he foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5)			
-	calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10	any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
BAA		10		Х
~~~	<del>-</del>			

Form **990-PF** (2014)

Form	1990-PF (2014) PONCE HEALTH SCIENCES EDUCATION FOUNDATION, INC. 66-0814252	<u> </u>	P	age 5
Par	t VII-A_ Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address · · · · · · · · · · · · · · · N/A			
14	The books are in care of SILVA CPA GROUP, PSC  Telephone no (787)	284	-288	4
	Website address			
15	Obedien 4047 (a)(1) Honoxempt chantable trade ming from 600 11 miles of 1 of 11 of 1	• • •	. •	ت
	and enter the amount of tax-exempt interest received or accrued during the year   15		Yes	0. <b>No</b>
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	103	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If 'Yes,' enter the name of the foreign country			
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	- 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
t	o If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement — see instructions )	2 b		
c	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  ▶ 20 , 20 , 20 , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ŧ	o If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation of Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to			
	determine if the foundation had excess business holdings in 2014)	3 ь		
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its     charitable purposes?	4 a		Х
F	Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
•	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4 b		x

BAA

		S EDUCATION FOUND			814252		Page 6
Part VII-B   Statements			1 4720 May Be Req	uired (continued	<u>)                                    </u>		
5 a During the year did the f	• •			П.,	<b>п.</b> . I	1	1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes							
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purposes?							
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)							
(5) Provide for any purp educational purpose	ose other than religious es, or for the prevention o	, charitable, scientific, lite of cruelty to children or ai	erary, or nimals?	· · · · · · · · Yes	X No		
<b>b</b> If any answer is 'Yes' to described in Regulations	5a(1)-(5), did <b>any</b> of the s section 53 4945 or in a	transactions fail to qualif	y under the exceptions disaster assistance	_		5 b	
(see instructions)? Organizations relying on						30	
c If the answer is 'Yes' to c tax because it maintaine	question 5a(4), does the description	foundation claim exemple ility for the grant?	tion from the	Yes	_ ∏No	i	
If 'Yes,' attach the stater	ment required by Regula	tions section 53 4945-5(d	d)		_		
•	ntract?				XNo		
b Did the foundation, during	* *	ns, directly or indirectly, o	on a personal benefit con	tract?		6 b	X
If 'Yes' to 6b, file Form 8 7 a At any time during the ta		on a party to a prohibited	tay shelter transaction?	Tyes	√No		
b If 'Yes,' did the foundation						7 b	
Part VIII Information						yees,	
and Contract							
1 List all officers, directo	ors, trustees, foundatio		ompensation (see inst	ructions).			
(a) Name and	address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferre compensation	t l`´otl	pense ad her allow	
LORENZO DRAGONI							
PO BOX 596		PRESIDENT					
MERCEDITA	PR 00715-0596	5.00	0.		0.		0.
JAVIER CERRA							
PO BOX 596		VICE-PRESIDENT					^
MERCEDITA FLENA M COLON	PR 00715-0596	5.00	0.		0.		0.
ELENA M. COLON PO BOX 596		SECRETARY					
MERCEDITA	PR 00715-0596		0.		٥.		0.
RAMON TORRES							<u> </u>
PO BOX 596	- <b></b>	TREASURER					
MERCEDITA	PR 00715-0596		0.		o.		0.
2 Compensation of five					_		
(a) Name and address of paid more that	of each employee in \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	t   otl	pense ad her allow	ccount, ances
NONE							
	- <b></b>		-				
	<b></b>						
Total number of other employe	ees paid over \$50,000 .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		.•		None
BAA		TEEA0306 06/	4544			- 000 DE	

3 Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	ŀ	
	· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services		None
Dort IV A Summer of Direct Charitable Activities		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical informations and other beneficianes served, conferences convened, research papers produced, etc.	luon such as the number of	Expenses
1		
2		
3		
4		
	<del></del>	
Part IX-B Summary of Program-Related Investments (see instruction	s)	
Describe the two largest program-related investments made by the foundation during the ta	v year on lines 1 and 2	Amount
1	k year on lines 1 and 2	Allount
·		
2	***	
All other program-related investments See instructions		
3	<b></b>	
Table Addition Albertain		
Total. Add lines 1 through 3	·····	
BAA		Form <b>990-PF</b> (2014)

Form 990-PF (2014) PONCE HEALTH SCIENCES EDUCATION FOUNDATION, INC.

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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foundatio	ns, 
a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes  Average monthly fair market value of securities	1 a	
t	Average of monthly cash balances	1 b	
c	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	-
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Pai	<b>TXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► □ and do not complete this part.)	foundations	3
1	Minimum investment return from Part X, line 6	1	0.
2 a	Tax on investment income for 2014 from Part VI, line 5		
	Income tax for 2014 (This does not include the tax from Part VI)	1	
	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Pai	t XII Qualifying Distributions (see instructions)		
í	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26		
ı	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
· 3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years	undation	
BAA		Form	990-PF (2014)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only				
<b>b</b> Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2014				
a From 2009				
<b>b</b> From 2010				
<b>c</b> From 2011				
<b>d</b> From 2012				
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from Part				
XII, line 4 \\$				
a Applied to 2013, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)			to desire the second se	
c Treated as distributions out of corpus (Election required — see instructions)	<u> </u>			
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014				
(If an amount appears in column (d), the same amount must be shown in column (a) )				
Same amount must be shown in column (a) )				
Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 · · · · ·	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2010 0				
b Excess from 2011 0 .				
© Excess from 2012 0 .				
d Excess from 2013 0 .				
e Excess from 2014 0 .				
DAA	<del></del>	l		F 000 DE (004.4)

Form 990-PF (2014) PONCE HEALTH SCIENCE	ES EDUCATION F	OUNDATION, INC		66-0814252	Page <b>10</b>				
Private Operating Foundations (see instructions and Part VII-A, question 9)  N/A									
1 a if the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling									
<b>b</b> Check box to indicate whether the foundatio	n is a private operatii	ng foundation describ	ed in section	4942(j)(3) or	4942(j)(5)				
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years						
income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total				
<b>b</b> 85% of line 2a									
© Qualifying distributions from Part XII, line 4 for each year listed			·-						
d Amounts included in line 2c not used directly for active conduct of exempt activities									
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c									
3 Complete 3a, b, or c for the alternative test relied upon									
a 'Assets' alternative test — enter									
(1) Value of all assets									
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)									
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed									
c 'Support' alternative test — enter			**						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).									
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)									
(3) Largest amount of support from an exempt organization	_								
(4) Gross investment income									
Supplementary Information assets at any time during the	(Complete this ne year – see in	part only if the structions.)	foundation ha	d \$5,000 or more	in				
Information Regarding Foundation Mana a List any managers of the foundation who had close of any tax year (but only if they have constitutions).	ve contributed more	than 2% of the total o	contributions receive on 507(d)(2))	ed by the foundation b	efore the				
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which the for	n 10% or more of the undation has a 10% o	e stock of a corporation or greater interest	on (or an equally la	ge portion of the own	ership of				
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:  Check here  ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d									
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed									
b The form in which applications should be su	bmitted and informat	ion and materials the	y should include						
c Any submission deadlines		4.							
d Any restrictions or limitations on awards, suc	h as hy geographics	al areas shortship for	lde kinde ef metitud	ione or other factare	<del></del>				
- Any reservations of infinitations off awards, Suc	an as by geographica	n arcas, Grandable Ne	aus, Kiilus VI IIISIITUI	ions, or other factors					

Form 990-PF (2014) PONCE HEALTH SCIENCES EDUCATION FOUNDATION, INC. 66-0814252 Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Recipient status of Amount recipient Name and address (home or business) a Paid during the year b Approved for future payment

BAA

Total

3 b

# Part XVI-A Analysis of Income-Producing Activities

Ente	er gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
	a			code		
	b	<del>                                     </del>			-	
	~ G	<u> </u>				
	d	<u> </u>				
•	e					
1	f					
9	g Fees and contracts from government agencies					
2	Membership dues and assessments					-
3	Interest on savings and temporary cash investments $\dots$					
4	Dividends and interest from securities	523000	119,128.			
5	• •					
	a Debt-financed property					
	<b>b</b> Not debt-financed property					
6	Net rental income or (loss) from personal property					
7					<u> </u>	
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11						
	a	<u> </u>		<del> </del>		
	b	1				
	cd	<del>                                     </del>		<del>                                     </del>		
	e	<del>                                     </del>				
12	Subtotal Add columns (b), (d), and (e)	<del> </del>	119.128.	<del>                                     </del>		
13	Total. Add line 12, columns (b), (d), and (e)				13	119,128.
	e worksheet in line 13 instructions to verify calculations					· · · · · · · · · · · · · · · · · · ·
Pa	rt XVI-B Relationship of Activities to the	e Accomp	lishment of Exem	ot Pur	ooses	
Lir	ne No. Explain below how each activity for which inc	ome is report	ed in column (e) of Part	XVI-A co	ontributed importantly to	the
	ne No. Explain below how each activity for which inc accomplishment of the foundation's exempt p	ourposes (oth	er than by providing fund	s for su	ch purposes) (See instru	ictions)
			· · · · · · · · · · · · · · · · · · ·			
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Form 990-PF (2014) PONCE HEALTH SCIENCES EDUCATION FOUNDATION, INC. 66-0814252

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Page 13

dee rela rela rela rela rela rela rela (1) (2) b Ott (1) (2) (3) (4) (5) (6)	Other assets	1(c) of the Code (on izations?  rting foundation to  noncharitable exests from a noncharitate equipment, or other izangements  antees  vices or members!	a noncharitable exercises of the control of the con	n(c)(3) organizations mpt organization of	s) or in section 527,		1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5)	Yes	X X X X X X X X X X X X X X X X X X X
the	goods, other assets y transaction or shari	, or services given ng arrangement, s	by the reporting four	ndation If the found ie value of the good	n (b) should always station received less the s, other assets, or ser	an fair market value	in 	gement	 S
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de	the foundation directlescribed in section 50 Yes,' complete the fo	1(c) of the Code (c llowing schedule	other than section 50	to, one or more tax- 1(c)(3)) or in section of organization	exempt organizations			x	No
	(a) Haille of Organ		(5) Type	J. Organization		,			
Sign Here	Under penalties of perjury, I correct, and complete Deck	declare that I have exam	nined this return, including a r than laxpayer) is based or	accompanying schedules an all information of which p	and statements, and to the boreparer has any knowledge		May the last true, this return preparer (see instr	with the	elow
	Signature of officer or trus		, ,	Date	Title		Х	Yes	No
	Print/Type prepare		Preparer's s	ignature	Date 09/14/16	Checkif	PTIN		
Paid		SILVA	A CROWN	anovin Ta		self-employed	P01064	433	
Prepai Use Oi		BOX 8014				Firm's EIN 66-06	<u> 88774</u>		
	illy	COTO LAU		PR	00780-1469	Phone no (787)	284-	2884	
BAA							Form 99		2014)

### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Employer identification number

PONCE HEALTH SCIENCES EDUCATION	ON FOUNDATION, INC.	66-0814252		
Organization type (check one)				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a prival	vate foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	X 4947(a)(1) nonexempt charitable trust treated as a private	foundation		
		Toda addition		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the Gene	ral Rule or a Special Rule			
Note. Only a section 501(c)(7), (8), or (10) organiz	ation can check boxes for both the General Rule and a Special	Rule See instructions		
General Rule				
X For an organization filing Form 990, 990-EZ, o	r 990-PF that received, during the year, contributions totaling \$	5,000 or more (in money or		
property) from any one contributor Complete	Parts I and II See instructions for determining a contributor's to	tal contributions		
Special Rules				
For an organization described in section 501(c	(3) filing Form 990 or 990-EZ that met the 33-1/3% support te	st of the regulations		
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i)				
Form 990, Part VIII, line 1h, or (ii) Form 990-E	Z, line 1 Complete Parts I and II	.,		
	(A) (A) = (40) Shap Form 000 or 000 F7 that accounted from a	a		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational				
purposes, or for the prevention of cruelty to ch	ildren or animals Complete Parts I, II, and III			
	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a			
during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious,				
charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because				
it received nonexclusively religious, charitable,	etc , contributions totaling \$5,000 or more during the year .	▶ \$		
Caution: An organization that is not covered by the	e General Rule and/or the Special Rules does not file Schedule, of its Form 990, or check the box on line H of its Form 990-EZ	∋ B (Form 990, 990-EZ, or		
Part I, line 2, to certify that it does not meet the fili	ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, or on its i only 350-F1 ,		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of org	anization	E	Employer identification number
PONCE	HEALTH SCIENCES EDUCATION FOUNDATION, INC.		66-0814252
Paril	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALUMNI ASSOCIATION PONCE SCHOOL OF MEDICINE, INC.  PMB 119 609 AVE TITO CASTRO SUITE 102  PONCE, RQ	\$202	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
BAA	TEEA0702 07/17/14	Schodulo B (Eo	rm 000 000 E7 at 000 DE) (2044)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 of Part 1

1

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb	
INSURANCE	4,509.				
GENERAL & ADMINISTRATIVE	4,246.				
NET REALIZED & UNREALIZED INVESTMENT LOSS	130,820.				

Total

139,575.