SCANNED DEC 1 7 2019

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

Open to Public

		the Treasury	► Go to www.irs.gov/Form990 for instructions and the la	atest infor	mation.		Inspect	ion
A	For the	2018 cale	ndar year, or tax year beginning January 31 , 2018, and	ending	Decem	ber 31	, 20 18	
В	Check if	fapplicable	C Name of organization Asociacion de Fomento Educativo, Inc.			D Employ	er identification nu	ımber
	Address	change	Doing business as .				66-0372757	
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address) Ro	oom/suite		E Telephone number		
	Initial ref	turn	A48 Calle A, Villa Caparra				787-783-1987	
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Guaynabo, PR 00966			G Gross re	eceipts \$	970,551
	Applicat	tion pending	F Name and address of principal officer Sr. Manuel Díaz Saldaña	Н	(a) Is this a gr	oup return for	subordinates? 🔲 Yes	✓ No
		_	PO Box 10915, San Juan, PR 00922-0915	7			s ıncluded? 🔲 Yes	
<u> </u>	Tax-exe	mpt status	✓ 501(c)(3)	€ 27	If "No	o," attach a	a list (see instructio	ns)
<u>J</u>	Website		w.afepr.org		(c) Group		number >	
K				formation	1978	M State	of legal domicile	PR_
Р	art I	Summ	•		 -			
4.	1	=	escribe the organization's mission or most significant activities:			litate ma	turity of individ	uals
Governance		in various	differente formation centers open to persons of all ages and social c	onditions.				
Ë		Ob a al. Ab			Al	050/ -4	:AAA.	
o Ve	2		is box \ ightharpoonup if the organization discontinued its operations or dispo			1 1	its net assets.	400
<u>ن</u> ح	3		of voting members of the governing body (Part VI, line 1a)			3		100
es 6			of independent voting members of the governing body (Part VI, line	-		5		
<u>X</u>	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	1)		6		7
Activities	6		nber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12			7a		100+
•	7a b					7b		0
	<u> </u>	Net unite	ated business taxable income from Form 990-1, line 38	- 	Prior Ye		Current Ye	ar
	8	Contribut	tions and grants (Part VIII, line 1h)	-		552,729		825,653
Revenue	9		service revenue (Part VIII, line 2g)		100,565	-	144,898	
š	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	—		100,303		144,030
æ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 1			653,294		970,551
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			156,959		150,491
	14		paid to or for members (Part IX, column (A), line 4)					
ç,	15		other compensation, employee benefits (Part IX, column (A), lines 5-10	0)		124,863		119,492
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)				,	
<u>6</u>	Ь	Total fund	draising expenses (Part IX, column (D), line 25) ▶					1,1
ú	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			631,859		750,568
	18	Total exp	enses. Add lines 13-17 (must-equal Part XX, column (A), line 25)			913,681	1	,020,551
	19	Revenue	enses. Add lines 13–17 (must-equal Part X) column (A), line 25) less expenses. Subtract line 18 from line 12			-260,387		-50,000
Net Assets or Fund Balances			1 2019 191	Begin	ning of Cur	rent Year	End of Yea	ar
sets	20	Total ass	ets (Part X, line 16)		10	,664,979	11	,349,473
at As	21	Total liab	ilition (Part V line 26) 1/31	·	1	,964,244	2	2,698,738
	_	Net asset	ts or fund balances. Subtract line 21 from line 2001	<u>L</u>	8	,700,735	8	,650,735
P	art II	Signat	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and ete				ny knowledge and	belief, it is
	e, conec	T L	ele your and it prepared to their than onleer, is based on an information of which pr		arry knowic			
Siç		Sign	argre of officer		Dat			
He	-	Signa	wis Torres, Statt Manager		Dai		1/2/10	
116	16	Type	or print name and title				13/12	
		1 7	pe preparer's name Preparer's signature	Date		1 -	PTIN	
Pa			Tropardi o signature	Dane		Check [self-emp	If	
	epare				F	<u> </u>		
Us	e Onl			·		's EIN ▶ ne no		
Ma	v the IF		ddress ► s this return with the preparer shown above? (see instructions) .			ie IIO	Yes	No
_	-			Cat No 11	282Y	• • •		90 (2018)

Part,	
	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 AND
	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
	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, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 501 (c)(3)) (Expenses \$ 415,834 including grants of \$) (Revenue \$ 270,214)
	PUERTORREAL UNIVERSITY RESIDENCE PROVIDES ROOMS AND BOARD IN A FAMILY LIKE ATMOSPHERE TO UNIVERSITY
	STUDENTS. IT HAS STUDY HALLS, MEETING ROOMS, AND OFFERS CONFERENCES, SEMINARS, ETC. IT ALSO HOLDS ACTIVITIES
	FOR YOUNG PROFESSIONALS TO HELP THEM IN THE TRANSITION FROM COLLEGE TO THE PROFESSIONAL WORLD. SOCIAL
	HELP ACTIVITIES FOR LOW INCOME PEOPLE.
4b	(Code: 501 (c)(3)) (Expenses \$ 118,732 including grants of \$ 24,000) (Revenue \$ 110,805)
	GUILLARTE STUDY CENTER IN GEARED TO PROFESSIONALS AND STUDENTS TO IMPROVE THE ACHIEVEMENTS THROUGH
	STUDY SKILLS COURSES, TUTORING, PROGRAMS, SEMINARS, CONFERENCES, ETC.
	•
4c	(Code: 501 (c)(3)) (Expenses \$ 35,785 including grants of \$) (Revenue \$ 16,500.00)
	GUAYMAR IS A FAMILY RESIDENCE FOR PROFESSIONALS WHO PROVIDE COURSES OF ETHICS, WORKSHOPS, CONFERENCES
	OF FAMILY LIFE, WORK, SPIRIT OF SERVICE AND CREATE SOCIAL AND ENVIROMENT AWARENESS.
	•
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 450,200 including grants of \$ 126,491) (Revenue \$ 573,032)
46	Total program service expenses ▶

APOIO

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	\	
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		✓
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		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	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		✓
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		✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		✓
12a	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 14a		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		~
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	14b		✓
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	15		✓
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		✓
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		✓_
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		✓
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		✓
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		
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	✓	
		Form	n 990	(2018)

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	1
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	ļ	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, 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		1
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? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	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? If "Yes," complete Schedule R, Part 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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 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	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	``	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		. 63	.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	reportable gaming (gambling) winnings to prize winners?	10		

Part,	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	激烈		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	100		
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)		蓝色	
За	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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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).		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	İ		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Township at and	1
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		Wind II	
	and services provided to the payor?	7a	ļ	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		,
	required to file Form 8282?	7c	ESHIENS NA	Street was to be
d	If "Yes," indicate the number of Forms 8282 filed during the year			15.00
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	-	V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	3682	▼
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		TOR	
_	sponsoring organization have excess business holdings at any time during the year?	8	6350	V
9	Sponsoring organizations maintaining donor advised funds.	9a	- C-1	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		-/
b 10		7.76		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
ь 11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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	WIND COMPANY	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		9493	500
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		200	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.		類液	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	1 100 -010	/
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	San oriente	√
	If "Yes," complete Form 4720, Schedule O.			E ST

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. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1i	金沙	Yes	No Read
,,	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	1		
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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	ļ 	1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	5		√ ✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	\ <u>\</u>	├ • •
. a	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 4	_	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	· 	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Valoritie per	as is test
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	TO THE	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	 	+▼
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	 	√
b	Other officers or key employees of the organization	15b	1862354	3594003
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	on C. Disclosure			
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 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	Γ (Sec	tion (501(c)
19	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	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

Form	990	(2018)	

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.

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				((C)					
(A)	(B)	. در ا	- · -		ition	. Als		(D)	(E)	(F)
Name and Title	Average		do not check			e than one is both an		Reportable	Reportable	Estimated
	hours per					or/trust	tee)	compensation	compensation from	amount of
	week (list any hours for	악전	Ins	Officer	ě	em Hig	Former	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Ē	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	or in	ona		탕	e 5		(44-2/1099-141130)		organization and related
	line)	rust	Ę		69	nper				organizations
		8	stee			Highest compensated employee				!
						8.				
(1) Manuel Díaz Saldaña	2									
GPO Box 361816, San Juan, PR 00936		✓	ļ .		<u> </u>					
(2) Dionisio Trigo	2	_								
Same as corporation	ļ	✓		<u> </u>	<u> </u>					
(3) José M Medina	4									
Same as corporation		✓	ļ		<u> </u>		1_	ļ		
(4) Sigfrido Fernández	11									
Same as corporation		/	ļ		_		_			
(5) Robert Hunter	.5	,	ĺ		ŀ					
Same as corporation	 -	✓	-				_			-
(6) Enrique Gelpi	.5	,							1	
Same as corporation		✓	-	_	ļ		 			
(7) Elba Negron	.5	,								
Same as corporation		✓		_	<u> </u>	<u> </u>	_			
(8) Virgen Zoraida Torres	.5	,							,	
Same as corporation		✓	┝		-		-	-		
(9) Rocio del Valle	.5	,	1							
Same as corporation		-	<u> </u>		<u> </u>		_	 		
(10) Raúl Arias	.5									
Same as corporation	 	✓	 	<u> </u>			\vdash	 		
(11)	ļ	1								
(10)		-	-	-	-	<u> </u>				
(12)	 	1							}	
(13) Carlos Cevera	15	- -	 				-			
3, -7, -00,100 00,1010	† -``			1	1	1	l	\$20,000	0	o
(14)								123,300		<u></u>
	†		ł				l			

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (conti	nued)
					•	C)					
	(A) ·	(B)	Position (do not check more than						(D)	(E)	(F)
	Name and title	Average hours per	50x, amoss porcer is 44x					n an	Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any				Т		T .	from	related	other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	d dia	Former	the	organizations	compensation
		related organizations	l eg à	tutio	ĕ	em_	loye toye	睴	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	[[1	onal		Ş Ş	ë ca		(** 2) 1000 111100)		and related
		line)	uste	ก้า		8	per				organizations
			ď	tee			Highest compensated employee				
(4.5)			ļ			├	<u>a</u>		 		
(15)											
(16)						┢		\vdash	 		
(10)		 									
(17)		 			_	-		\vdash			-
<u> </u>		 							İ		
(18)						╁	 -	\vdash			
119/		 									
(19)					_		<u> </u>				
1	•••••••••••••••••••••••••••••••••••••••	†									
(20)	· · · · · · · · · · · · · · · · · · ·					-		\vdash			
Y==1		†									
(21)											
		†									
(22)											
	······································	<u></u>									
(23)											
			l							_	
(24)											
(25)											
		L			<u></u>						
1b									20,000		0
C	Total from continuation sheets to Part	•							20,000		0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>		<u></u>	L
2	Total number of individuals (including but		l to th	ose	list	ted a	above	e) w	ho received m	ore than \$100,00	00 of
	reportable compensation from the organi	zation >							None		
							_				Yes No
3	Did the organization list any former of							-		•	
	employee on line 1a? If "Yes," complete 3										3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater the	an \$1	50,	υυυ)? II	"Ye	s, "	complete Sch	edule J for sui	ch 4 /
_	individual								 		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individu	ıal 5 √
Section	on B. Independent Contractors	: 11 163, 6	Unipi	CIC	OC,	1000	110 0 1	0, 3	den person	<u> </u>	
				4000		ont			ara that raceive	d mare than \$1	
1	Complete this table for your five highest of compensation from the organization. Rep										
	year.	on compe	isauc	,,,,,	,, (IC C	aiciiu	aı y	real ending wit	n or within the o	gariization s tax
	(A)							T	(B)	-	(C)
	Name and business add	ress]	Description of s	ervices	Compensation
None											_
											
					_			<u> </u>			•
								Ι,			
											<u> </u>
	Total number of independent contractor	rs (ıncludir	ng bu	t ne	ot I	ımıt	ed to	, th	ose listed abo	ove) who	
_	received more than \$100,000 of compens		-						None		

Part	VIII	Statement of Reve							,
		Check if Schedule C	contains a	a res	ponse or note t	o any line in this		<u></u>	<u> [</u>
		Teaspooling to				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s	_1a_					
3rai	b	Membership dues		1b	,				
ts, (Am	С	Fundraising events .		1c					
Giff	d	Related organizations		1d					
ns, Simi	е	Government grants (con		<u>1e</u>					
er S	f	All other contributions, g			ĺ			新足 计设施	
년 된		and similar amounts not inc		1f	825,653				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	-						
_	h	Total. Add lines 1a-1	<u> </u>		·· · · · •	825,653			
anu:	0	A -4			Business Code		(C. NO.) (MODELLO (C. NO.) (MO		11997, 32-71-12 (4:40) (6840)
leve	2a	Activities		-	501 c 3	53,716			
Se F	b	Room and Board Prog	rams		501 c 3	91,182		-	
evi	C d		·						
Š	e				 		 		
Frogram Service Revenue	f	All other program ser	vice revenu		<u> </u>				
Fro	g	Total. Add lines 2a=2			>	144,898			
	3	Investment income							
		and other similar amo	ounts) .		•				
	4	Income from investmen	t of tax-exer	npt be	ond proceeds 🕨				
	5	Royalties							
			(i) Real		(ii) Porsonal				
	6a	Gross rents							
	b	Less. rental expenses	Ĺ					e su el ric	
	C	Rental income or (loss)	<u></u>	_	L		CERTAIN AND AND AND AND AND AND AND AND AND AN		
1	d	Net rental income or ((IOSS) .	·		na ang ang ang ang ang ang ang ang ang a	-2004-1-7-05-01-3-92-05-05-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	scholoskään muunutustuliik	565 militarin en international de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya de la companya de la companya de la companya del companya
	7a	Gross amount from sales of	(i) Securiti		(ii) Other		Supplement of		
		assets other than inventory							
	b	Less. cost or other basis and sales expenses .	1						
	С	Gain or (loss)	<u> </u>						
	d	Net gain or (loss),			▶	A STATE OF THE PARTY OF THE PAR		PARTIE WAS AND THE PROPERTY.	THE STATE OF THE PROPERTY OF T
ne	8a	Gross income from fu	ındraisıng	•					
Other Revenue		events (not including \$ of contributions reported	ed on line 1	.					
er		See Part IV, line 18 .		а			Control Visited		
퉏	b	Less: direct expenses	3	b					
	С	Net income or (loss) fe			events . >				
	9a	Gross income from gasee Part IV, line 19 .	iming activit						
	b	Less: direct expenses	.	. b					
	C	Net income or (loss) for			vities ▶	en makket both kinn bronstra och men blad	way to take the same of the same property	THE REST OF THE PARTY OF THE PA	and the second of the second o
	10a	Gross sales of in returns and allowance		ess a					
		Less: cost of goods s							
ļ	С	Net income or (loss) fi		f inve		State Constitution of Manager	to Physical parameters are a second and	prefer per to pige	ETTPLANTED P. CONTRACTOR OF LAND
		. Miscellaneous R	evenue		Business Code			* CTL LEGISTRA	
	.11a	<u></u>			<u> </u>				<u> </u>
1	b								
	C	All all an university							
	d	All other revenue . Total. Add lines 11a-	 114		L				
İ	e 12	Total revenue. See in		•		970,551			
		. 3.00, 137011001 000 11	.5 500113			9 <u>7</u> 0,331	L	L	

	IX Statement of Functional Expenses									
Section	n 501(c)(3) and 501(c)(4) organizations must cor	<u> </u>		ns must complete co	olumn (A).					
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	138,516	138,516							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,975	11,975	August 1975 August 1976						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	20,000	20,000							
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	91,000	91,000	•						
9 10 11	Other employee benefits	8,492	8,492		, -					
a b c d e	Management									
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 13 14	Advertising and promotion	2,113		2,113						
15 16 17 18	Royalties	19,919		19,919						
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings Interest	45,332		45,332						
21 22 23	Payments to affiliates	222,814		31,518	SPRONES OF CHARADAN STANDAY SHARMANIES					
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.)									
a b	Food service and activities Repair and Maintenance	112,099 95,715			22,000					
c d	Utilities Educational Activities	62,707 106,223	62,707							
e 25	All other expenses Miscellaneous Total functional expenses. Add lines 1 through 24e	52,128 1,020,551	52,128							
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 following SOP 98-2 (ASC 958-720)									

34

11.349.473 Form **990** (2018)

10.664.979

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash—non-interest-bearing 360,576 \$739,531 2 2 Savings and temporary cash investments 3 3 1.425.829 1,217,353 4 53.375 87,781 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 8 R Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11,781,318 10b 8,820,202 10c b Less: accumulated depreciation -2.480.422 9.300.896 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 2,957 3,912 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 10,664,979 11,349,473 17 17 166,869 224,643 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 1.797.375 2.474.095 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 1,964,244 2.698.738 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 8.700.735 27 8,650,735 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 8,700,735 8,650,735

Total liabilities and net assets/fund balances

orm 99	90 (2018)			Pag	je 12
Par	XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,551
2	Total expenses (must equal Part IX, column (A), line 25)	2		-1,020	0,551
3	Revenue less expenses. Subtract line 2 from line 1	3		-50	0,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,700	0,735
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		8,650	0,735
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<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 Schedule O.	plaın in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√
b	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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 or of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	√	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3b

Form **990** (2018)

Schedule O.

SCHEDULE A (Form'990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018
Open to Public Inspection

Name of the organization **Employer identification number** Asociacion Fomento Educativo, Inc. 66-0372757 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Partelll Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	<u> </u>	no notou bon	л., р.сасс сс		,	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(-,,	(0, 2010	(0) = 3.15			(7)
	received. (Do not include any "unusual grants.")	1,201,882	3,580,007	807,877	653,294	970,551	7,213,611
2	Gross receipts from admissions, merchandise	1,201,002	0,000,007				7,213,011
	sold or services performed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	[ĺ			ĺ	
4	Tax revenues levied for the						
	organization's benefit and either paid to		j	-	ļ		
	or expended on its behalf	[, [ĺ			
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge						
6	Total. Add lines 1 through 5	1,201,882	3,580,007	807,877	653,294	970,551	7,213,611
7a	Amounts included on lines 1, 2, and 3	}			j	j	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3)
	received from other than disqualified	1					}
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						1.
	·	-					- la
с 8	Add lines 7a and 7b		4.4.4.0		Self-Control of Control of		1
0	line 6.)	100 140 24	24	4.0	Section 201		
Section	on B. Total Support	Transfer and the Comment	AND THE RESIDENCE		- Marketin Company	ACCORDING TO SERVICE OF THE PERSON OF THE PE	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,201,882	3,580,007	807,877	653,294	970,551	7,213,611
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less	j ,					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b						
11	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.)	1,201,882	3,580,007	807,877	653,294	970,551	7,213,611
14	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he			· · · · ·	<u> </u>	· · · · ·	· · • [
	on C. Computation of Public Suppor			(0)		145	0/
15 16	Public support percentage for 2018 (line a Public support percentage from 2017 Sci		•			15	100 %
16 Section	on D. Computation of Investment In			 	· · · · ·		100 %
17	Investment income percentage for 2018 (v line 13. colui	mn (fl)	17	%
18	Investment income percentage from 2017		• • •	-		18	%
19a	33 ¹ / ₃ % support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organiz						31/3%, and
	line 18 is not more than $33\frac{1}{3}\%$, check this		_				
20	Private foundation. If the organization de	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 66-0372757 Asociacion Fomento Educativo, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Par	III Organizations Maintaining	Collections of	Art, His	torical Tr	easures	, or Ot	her Similar /	Assets (<i>contir</i>	าued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her reco	rds, check	any of th	ne follov	ving that are a	significa	ant use	e of its
а	☐ Public exhibition		d	☐ Loan o	r exchang	ge progi	rams			
b	☐ Scholarly research		е	☐ Other						
¢	☐ Scholarly research e ☐ Other ☐ Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part	Part IV Escrow and Custodial Arrangements.									
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
12	Is the organization an agent, trustee,	custodian or othe	er interm	nediany for	contribut	tions or	other assets	not		
Ia									Vac	□ No
b	If "Yes," explain the arrangement in Pa							. ப	163 (140
	in 100, Oxplain the analigement in 10	are Air and comple		nowing tak	510.			Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun							ity?	Yes	☐ No
b	If "Yes," explain the arrangement in Pa									$\bar{\Box}$
Par										
	Complete if the organization	answered "Yes"	on For	m 990, Pa	art IV, line	e 10.				
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years be	ack (e) F	our year	s back
1a	Beginning of year balance									
b	Contributions [
С	Net investment earnings, gains, and losses						_			
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	he current year en	d balanc	e (line 1g,	column (a	i)) held a	as:			
а	Board designated or quasi-endowmen	nt ▶	%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the	e organi:	zation that	are held	and adı	ministered for	the		
	organization by:								Yes	No No
	(i) unrelated organizations							. 3a		
	(ii) related organizations							. 3a(_	
	If "Yes" on line 3a(ii), are the related or							. <u>3</u> Ł	<u>) </u>	
4	Describe in Part XIII the intended uses		n's endo	wment fur	nds.					
Part	Part VI Land, Buildings, and Equipment.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or oth		(b) Cost or (oth			Accumulated preciation	(d) E	Book valı	
1a	Land		\$826,665						8	<u>326,665</u>
b	Buildings	\$9	,601,997				-1,782,862		7,8	<u>319,135</u>
C	Leasehold improvements									
d	Equipment	\$1	,352,656				-697,560		6	<u>555,096</u>
е	Other			<u>. </u>						
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	00, Part)	(, column ((B), line 10	Oc.) . <u>.</u>	. ▶		9,3	300,8 <u>96</u>

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Part VII	Investments - Other Securities.	_			
	Complete if the organization answ	vered "Yes" on Form	<u> 1990, Part IV, li</u>	ne 11b. See Forr	m 990, Part X, line 12.
_	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					<u> </u>
(C)					
(D)					
(E)					
(F)				-	
(G)					
(H)	, , , , , , , , , , , , , , , , , , ,			He Control of the Parish the	en de la la la la la la la la la la la la la
	b) must equal Form 990, Part X, col (B) line 12) ► Investments — Program Related	<u> </u>	- ·		
Part VIII	Complete if the organization answ		000 Part IV II	no 110 See Forn	n 000 Part V lina 12
	(a) Description of investment	vereu res on rom	(b) Book value		ethod of valuation
	(a) Description of investment		(b) Book value		d-of-year market value
(1)					
_(2)					
_(3)	<u> </u>			_	
(4)					
(5)					
_(6)					
_(7)			 		
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.			A STATE OF S	THE PARTY OF THE PROPERTY OF T
T GIT TA	Complete if the organization answ	vered "Yes" on Form	990. Part IV. li	ne 11d. See Forr	n 990. Part X. line 15.
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>				'	
_(7)	······································		1		
				<u> </u>	
(9)	(1)	(-(5))			
	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)		<u> ▶</u>	<u> </u>
Part X	Other Liabilities.	(1)/aa" aa Cama	. 000 D44 N II	11 11£ C.	- Farm 000 Dart V
	Complete if the organization answ	vered "Yes" on Form	1990, Part IV, II	ne He or III. Se	e rom 990, Pan X,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal in					
(2) Limmat		Notapplic	3DIC		
(3) Clover F			653		
	de Fundaciones		750		
(5) Belmont			586		
	opular de PR	517	0.000 0.000 0.000 0.000		
(7)					
(8)				. Ap. 12. 4. 14.	
(9)					
	b) must equal Form 990, Part X. col. (B) line 25) ▶	2,024			
	uncertain tax positions. In Part XIII, provid	le the text of the footnot	e to the organization		
	s liability for uncertain tax positions under l				

Pan	Complete if the organization answered "Yes" on Form 990, Part IV	_	Return.	
1	Total revenue, gains, and other support per audited financial statements		1	970,55
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			370,33
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants		1802	
ď	Other (Describe in Part XIII.)			
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:		201	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	970,55
Part	XII Reconciliation of Expenses per Audited Financial Statements	With Expenses pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		<u> </u>
1	Total expenses and losses per audited financial statements		1	(1,020,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments ,			
С	Other losses			
d	Other (Describe in Part XIII.)		MA	*
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			۶
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			*
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	<u></u>	5	<u>~ (1,020,551</u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4; Part III, lines 2d and 4b. Also complete this part to pro			
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

Open to Publ Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

%□ √
Yes 66-0372757 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Asociacion Fomento Educativo, Inc. Part

Schedule I (Form 990) (2018)		Cat. No 50055P	Ö		is for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
0					in the line 1 table	rganizations listed	3 Enter total number of other organizations listed in the line 1 table
.			line 1 table	organizations listed in the line 1 table	rernment organiza	501(c)(3) and gov	
							(12)
					 		(11)
							(10)
							(6)
							(8)
							ω
							(9)
							(5)
	•						(4)
Hurricane relief-Programs				18,000		660323248	(3) Asociación de Intercambio Cult Carr # 2 216 Guaynabo, PR
Youth Education Programs				22,936		660390495	(2) Fondo Educativo del Sur 1814 Alcazar St La Alhambra
Youth Education Programs				23,580		660440240	(1) Fondo Cultural de Oeste, Inc 69 Orguideas Ensanche Martinez
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(p) EIN	1 (a) Name and address of organization or government
rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.	if the organization answespace is needed.	ients. Complete ated if additional	nestic Governm Il can be duplica	ations and Dornian \$5,000. Part	mestic Organiz	sistance to Do	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash gran* (b) Number of recipients (a) Type of grant or assistance Part IV 0 ო 4 Ŋ 9

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

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Asociacion Fomento Educativo, Inc.	66-0372757
Form 990, Part III line 4d	
Additional activities with purposes to foster and facilitate the development of individuals through lectu	ıres, seminars, workshops, etc.
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