

Form **990-PF**

# Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2018 or tax year beginning

, and ending

Name of foundation <b>MCS FOUNDATION INC</b>			A Employer identification number <b>66-0870996</b>	
Number and street (or P O box number if mail is not delivered to street address) <b>PO BOX 193310</b>		Room/suite	B Telephone number (see instructions) <b>787-999-8774</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>SAN JUAN PR 00919-3310</b>		C If exemption application is pending, check here <input type="checkbox"/>		
Foreign country name Foreign province/state/county Foreign postal code		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change				
H Check type of organization <input checked="" type="checkbox"/> -Section 501(c)(3) exempt private foundation <b>04</b> <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>1,471,108.</b>		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,462,365.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,462,365.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,368.			
	c Other professional fees (attach schedule)	14,725.			14,725.
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	1,979.			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	133,251.		300.	1,140.
	24 Total operating and administrative expenses. Add lines 13 through 23	156,323.		300.	15,865.
	25 Contributions, gifts, grants paid	555,348.			553,948.
26 Total expenses and disbursements. Add lines 24 and 25	711,671.		300.	569,813.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	750,694.				
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)					

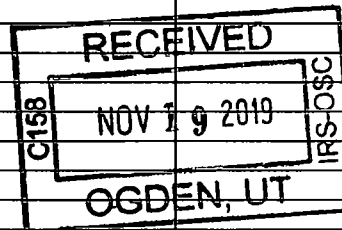
For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	1,161,366.	1,356,322.	1,356,322.		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶					
		Less: allowance for doubtful accounts ▶					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	Liabilities	11	Investments—land, buildings, and equipment basis ▶				
		Less: accumulated depreciation (attach schedule) ▶					
12		Investments—mortgage loans					
13		Investments—other (attach schedule)					
14		Land, buildings, and equipment basis ▶ 109,014.					
		Less: accumulated depreciation (attach schedule) ▶ 1,979.					
15		Other assets (describe ▶ IN KIND CONTRIBUTIONS)	12,425.	7,751.	7,751.		
16		<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,173,791.	1,471,108.	1,471,108.		
17		Accounts payable and accrued expenses	468,377.	15,000.			
18		Grants payable					
Net Assets or Fund Balances	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ )					
	23	<b>Total liabilities</b> (add lines 17 through 22)	468,377.	15,000.			
		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>					
	24	Unrestricted	188,879.	373,680.			
	25	Temporarily restricted	516,535.	1,082,428.			
	26	Permanently restricted					
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>					
27	Capital stock, trust principal, or current funds						
28	Paid-in or capital surplus, or land, bldg, and equipment fund						
29	Retained earnings, accumulated income, endowment, or other funds						
30	<b>Total net assets or fund balances</b> (see instructions)	705,414.	1,456,108.				
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	1,173,791.	1,471,108.				

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	705,414.
2	Enter amount from Part I, line 27a	2	750,694.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,456,108.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,456,108.

**Part IV Capital Gains and Losses for Tax on Investment Income**

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions. If (loss), enter -0- in Part I, line 8 }			3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017			
2016			
2015			
2014			
2013			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			8

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>		
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	<b>2</b>	0	
<b>3</b>	Add lines 1 and 2	<b>3</b>		
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	<b>4</b>	0	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	0	
<b>6</b>	Credits/Payments			
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>		
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments Add lines 6a through 6d	<b>7</b>		
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		X
<b>6</b> Are 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?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered See instructions PR		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation		X
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
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	X
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	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HTTPS://WWW.MCS-FOUNDATION.ORG</u>	13	X
14 The books are in care of ► <u>MCS FOUNDATION INC</u> Telephone no ► <u>787-999-8774</u> Located at ► <u>MCS PLAZA 225 PONCE DE LEON AVENUE SAN JU</u> ZIP+4 ► <u>00918-</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u>		
16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ►	16	X

**Part 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
1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any 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 Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>	1b	
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 2018?	1c	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))		
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20 _____, 20 _____, 20 _____, 20 _____		
b Are there any years listed in 2a for which the foundation is not 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)	2b	
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 _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved 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 2018)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b 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 2018?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>6b</b>	X
If "Yes" to 6b, file Form 8870		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	
<b>8</b> Is the foundation 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(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 deferred compensation	(e) Expense account, other allowances
SEE STATEMENT				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1		
2		
3		
4		

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1	N/A	
2		
All other program-related investments See instructions		
3		

Total. Add lines 1 through 3



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	
<b>b</b>	Average of monthly cash balances	<b>1b</b>	532,026.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	9,091.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	541,117.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	541,117.
<b>4</b>	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	<b>4</b>	8,117.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	533,000.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	26,650.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	26,650.
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	26,650.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	26,650.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	26,650.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	569,813.
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	569,813.
<b>5</b>	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.	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	569,813.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				26,650.
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only				
<b>b</b> Total for prior years 200, 20, 20				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2014				
<b>d</b> From 2016				
<b>e</b> From 2017 1,031,680.				
<b>f</b> Total of lines 3a through e	1,031,680.			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 \$ 569,813.				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)				
<b>d</b> Applied to 2018 distributable amount				26,650.
<b>e</b> Remaining amount distributed out of corpus	543,163.			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,574,843.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,574,843.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014				
<b>b</b> Excess from 2014				
<b>c</b> Excess from 2016				
<b>d</b> Excess from 2017 1,031,680.				
<b>e</b> Excess from 2018 543,163.				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

**b** 85% of line 2a

**c** 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** "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

Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	
	11,665.	16,457.		28,122.
	9,915.	13,988.		23,903.
	569,813.1	1,048,137.		1,617,950.
	569,813.1	1,048,137.		1,617,950.
	1,468,533.1	1,173,791.		2,642,324.
	1,462,365.1	1,454,761.		2,917,126.

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

SEE STATEMENT 6

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

**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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

LIANA O DROBINAK - EX DIR 787-999-8774 PO BOX 193310 SAN JUAN PR 00919-33

**b** The form in which applications should be submitted and information and materials they should include

SEE STATEMENT 7

**c** Any submission deadlines.

SEE STATEMENT 8

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

NOT APPLICABLE

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year SEE STATEMENT				553,948.
<b>Total</b>			▶	<b>3a</b> 553,948.
<b>b</b> Approved for future payment				
<b>Total</b>			▶	<b>3b</b>



**1** · Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

(1) Cash

**(2) Other assets**

**(1) Sales of assets to a noncharitable exempt organization**

**(2) Purchases of assets from a noncharitable exempt organization**

**(3) Rental of facilities, equipment, or other assets**

#### (4) Reimbursement arrangements

**(5) Loans or loan guarantees**

**(6) Performance of services or membership or fundraising solicitations**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

☐ Yes ☒ No

(a) Name of organization

(b) Type of organization

(c) Description of relationship


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

Signature of officer or trustee

10/22/201

► TREASURER

May the IRS discuss this return with the preparer shown below?  
See instructions ☒ Yes ☐

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  
NILMARY FLORES

Preparer's signature  
NILMARY FLORENCE

Date	10/22/2019
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Check ☐ if self-employed

PTIN
P01596171

Firm's name ► UHY DEL VALLE & NIEVES PSC

Firm's EIN ▶	66-0575454
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Firm's address ► PO BOX 361863

Phone no	787-793-4650
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SAN JUAN PR 00936-1863

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2018**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
**MCS FOUNDATION INC**Employer identification number  
**66-0870996****Organization type** (check one)**Filers of:****Section:**

Form 990 or 990-EZ

- ☐ 501(c)( ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 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 total 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 test 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-EZ, line 1. Complete Parts I and II.
- ☐ 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 children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ 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, 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MCS FOUNDATION INC	Employer identification number 66-0870996
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MEDICAL CARD SYSTEM INC 255 PONCE DE LEON AVE SAN JUAN PR 00918- Foreign State or Province Foreign Country	\$ 578,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	DAVID SCANAVINO 1720 WAZEE STREET DENVER CO 80202- Foreign State or Province Foreign Country	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	CLINICAL MEDICAL SERVICE 15476 NW 77TH HIALEAH FL 33016- Foreign State or Province Foreign Country	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	ANONYMOUS PR DONOR  Foreign State or Province Foreign Country	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	ASOCIACION DE MEDICOS MS INC URB MONTE CARLO BAYAMON PR 00961- Foreign State or Province Foreign Country	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	EYE MANAGEMENT OF PR LLC CITY TOWER SUITE 602 SAN JUAN PR 00918- Foreign State or Province Foreign Country	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>MCS FOUNDATION INC</b>	Employer identification number <b>66-0870996</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HN THERAPY NETWORK OF PR LLC 2001 SOUTH ANDREWS AVENUE FORT LAUDERDA FL 33316- Foreign State or Province Foreign Country	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
8	PHARMPPIX CORPORATION 6 STREET 1 GUAYNABO PR 00968- Foreign State or Province Foreign Country	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
9	DR HOUSE INC 49 AVE MUNOZ RIVERA JUNCOS PR 00777- Foreign State or Province Foreign Country	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
10	INDEPENDENT PRACTICE NETWORK PO BOX 80 SAN GERMAN PR 00683- Foreign State or Province Foreign Country	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
11	LOPITO ILEANA HOWIE INC PO BOX 11856 SAN JUAN PR 00922- Foreign State or Province Foreign Country	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
12	MR THREE CERO FIVE INC 4770 BISCAYNE BLVD MIAMI FL 33137- Foreign State or Province Foreign Country	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



Name of organization MCS FOUNDATION INC	Employer identification number 66-0870996
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	OMAR CANDELAS CALLE LILAS 1679 SAN JUAN PR 00927- Foreign State or Province Foreign Country	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	SAPPHIRE CARE MANAGEMENT PO BOX 11002 SAN JUAN PR 00910- Foreign State or Province Foreign Country	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	PROCARE HCS INC PO BOX 122 AGUADA PR 00602- Foreign State or Province Foreign Country	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	LANDA UMPIERRE PO BOX 363642 SAN JUAN PR 00936- Foreign State or Province Foreign Country	\$ 6,368.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
17	ASSERTUS INC PMB 238 GUAYNABO PR 00966- Foreign State or Province Foreign Country	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	ATLANTIS HEALTHCARE GROUP INC 9429 MARTINEZ NADAL GUAYNABO PR 00969- Foreign State or Province Foreign Country	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization  
MCS FOUNDATION INC

Employer identification number  
66-0870996

**Part I** **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CENTRO DE MEDICICINA INTEGRAL PO BOX 4317 VEGA BAJA PR 00694- Foreign State or Province _____ Foreign Country _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
20	DYNAMIC HEALTHCARE SYSTEMS BRO 4220 PARK NEWPORT DRIVE NEWPORT BEACH CA 92660- Foreign State or Province _____ Foreign Country _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
21	OPTICA COLLADO INC 16 NELSON PEREA ST MAYAGUEZ PR 00680- Foreign State or Province _____ Foreign Country _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

Name of organization

MCS FOUNDATION INC

Employer identification number

66-0870996

**Part II · Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

## Federal Statements

**Statement 6 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000**

<u>Name of Manager</u>	<u>Amount</u>
David Scanavino	\$ 165,000
	\$ 165,000

**Statement 7 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**Description

The proposals must be sent to MCS Foundation by e-mail to infomcsfoundation@mcs.com.pr addressed to Mrs. Elba Castellanos, Manager. Each Entity is required to make or submit a presentation that includes, but is not limited to, the following

1. Mission, vision and objectives of the entity. Also 501(c) (3) of the U.S. Internal Revenue Code, as amended, status or section 1101 1 of the Puerto Rico Internal Revenue Code of 2011, as amended, status, and history of the organization
2. Area of impact education, health and economic development.
3. How many people directly or indirectly are impacted or benefited from their services.
4. If it is an entity the Foundation has previously supported, should include metrics confirming how the entity has been transformed over the years.
5. Budget detailing how they will invest the money.
6. For significant contributions, annual financial statements, preferably audited.

**Statement 8 - Form 990-PF, Part XV, Line 2c - Submission Deadlines**Description

The deadline submission for the Green for Puerto Rico Campaign proposals had a due date of March 5, 2018. Also, the deadline for the RPF's for the 2018-2019 "A million Reasons to Believe" Campaign was on March 18, 2019.

US

## Detail Sheet

# 2018

**Name:** MCS FOUNDATION INC

ID: 66-0870996

**Description:** PART I, LINE 25 - CONTRIBUTIONS PAID

[illegible]

US

## Detail Sheet

## 2018

**Name:** MCS FOUNDATION INC

ID: 66-0870996

Description: PART I, LINE 25 - CONTRIBUTIONS AND GIFT

[illegible]

**MCS FOUNDATION INC**

**66-0870996**

**FYE: 12/31/2018**

**FEDERAL STATEMENTS**

Statement - Form 990-PF, Part I, Line 25 - Contributions, Gift, Grant and Part XV, Line 3(a) - Contributions Paid During the Year

Date	Entity Name	Amount
2/26/2018	La Fondita de Jesús	5,000 00
2/26/2018	Instituto Psicopedagogico de PR	42,670 00
2/26/2018	Instituto Nueva Escuela	50,000 00
2/26/2018	San Agustín del Coqui	5,000 00
5/16/2018	EnterPRize Events, Inc	36,500 00
5/16/2018	Peces, Inc	57,000 00
5/16/2018	PathStone	20,000 00
6/1/2018	Niños de Nueva Esperanza	10,000 00
6/1/2018	Hogar Cuna San Cristóbal	10,000 00
6/1/2018	Castillo de Angeles	20,000 00
7/10/2018	PR Science, Tecnology & Research Trust	16,000 00
7/13/2018	Puerto Rico Lit, Inc	5,000 00
7/13/2018	Centro de Orientación y Accion Social, Inc	39,441 45
7/13/2018	PR Science, Tecnology & Research Trust	10,000 00
8/28/2018	SER de Puerto Rico	80,836 75
8/28/2018	Asesores Financieros Comunitarios	10,000 00
9/4/2018	Iniciativa Comunitaria de Investigación, Inc	25,000.00
9/4/2018	Hogar Escuela Sor Maria Rafaela	5,000 00
9/19/2018	Vitrina Solidaria	11,500 00
10/26/2018	Centro Com Rvda Inés	15,000 00
12/6/2018	Puerto Rico Lit, Inc (#2)	5,000 00
12/11/2018	Iniciativa Comunitaria (Remaining balance)	25,000 00
12/18/2018	CODEVYS / Maximo Solar (suplidor de paneles)	35,000 00
Feb-19	Centro Inés (Remaining balance)	15,000 00
	<b>Total Contributions. Gifts and Grants Paid</b>	<b>553,948.20</b>

## Other Assets

US 990-PF

2018

Description	Beginning of year book value	End of year book value	FMV
IN KIND CONTRIBUTION - BELIEVE CAMP	12,425.	7,751.	7,751.
	12,425.	7,751.	7,751.



**US 990-PF****Accounting Fees****2018**

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ACCOUNTING IN KIND EXPENSE	6,368.			
	6,368.			



**US 990-PF****Other Expenses****2018**

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
GEN & ADMN - IN KIND EXPENSES	131,811.			
CREDIT CARD FEES	1,122.			1,122.
BANK CHARGES	18.			18.
FINES AND PENALTIES PER TAX RETU	300.		300.	
	133,251.		300.	1,140.

**Land, Buildings and Equipment****US 990-PF****990-PF: Page 2, Line 14****2018**

Description	Cost or basis	Accumulated depreciation	Book value	FMV
FURNITURE	53,927.	449.	53,478.	53,478.
LEASEHOLD IMPROVEMENTS	55,087.	1,530.	53,557.	53,557.
	109,014.	1,979.	107,035.	107,035.

**US 990-PF****Substantial Contributors****2018**

Name	Address (Enter street, zip code, state, and city, in that order)
MEDICAL CARD SYSTEM	255 PONCE DE LEON AV 00918- PR SAN JUAN
DAVID SCANAVINO	1720 WAZEE STREET 80202-1670 CO DENVER
CLINICAL MEDICAL SERVI	15476 NW 77TH 33016-5823 FL HIALEAH
OPTICA COLLADO INC	16 NELSON PEREA ST 00680- PR MAYAGUEZ
ASOCIACION DE MEDICOS	URB MONTE CARLO 00961- PR BAYAMON
EYE MANAGEMENT OF PR	CITY TOWER SUITE 602 00918- PR SAN JUAN
HN THERAPY NETWORK	2001 SOUTH ANDREWS A 33316- FL FORT LAUDERDALE
DYNAMIC HEALTHCARE SYS	4220 PARK NEWPORT DR 92660- CA NEWPORT BEACH
PHARMPPIX CORPORATION	6 STREET 1 00968-1770 PR GUAYNABO
DR HÓUSE	49 AVE MUNOZ RIVER 00777- PR JUNCOS
INDEPENDENT PRACTICE N	PO BOX 80 00683- PR SAN GERMAN
LOPITO ILEANA HOWIE	PO BOX 11856 00922-1856 PR SAN JUAN
MR	4770 BISCAYNE BLVD 33137-3232 FL MIAMI
OMAR CANDELAS	CALLE LILAS 1679 00927- PR SAN JUAN
SAPPHIRE CARE MANAGEME	PO BOX 11002 00910-2102 PR SAN JUAN
PROCARE HCS	PO BOX 122 00602- PR AGUADA
LANDA UMPIERRE	PO BOX 363642 00936-3642 PR SAN JUAN
ASSERTUS INC	PMB 238 00966- PR GUAYNABO
ATLANTIS HEALTHCARE	9429 MARTINEZ NADAL 00969- PR GUAYNABO
CENTRO DE MEDICICINA I	PO BOX 4317 00694- PR VEGA BAJA
DYNAMIC HEALTHCARE	4220 PARK NEWPORT DR 92660- CA NEWPORT BEACH
OPTICA COLLADO INC	16 NELSON PEREA ST 00680- PR MAYAGUEZ

MCS FOUNDATION INC

66-0870996

FYE: 12/31/2018

## FEDERAL STATEMENTS

Statement - Form 990-PF, Part I, Line 25 - Contributions, Gift, Grant and Part XV, Line 3(a) - Contributions Paid During the Year

Date	Entity Name	Amount
2/26/2018	La Fondita de Jesús	5,000 00
2/26/2018	Instituto Psicopedagogico de PR	42,670 00
2/26/2018	Instituto Nueva Escuela	50,000 00
2/26/2018	San Agustín del Coqui	5,000 00
5/16/2018	EnterPRize Events, Inc	36,500 00
5/16/2018	Peces, Inc	57,000 00
5/16/2018	PathStone	20,000 00
6/1/2018	Niños de Nueva Esperanza	10,000 00
6/1/2018	Hogar Cuna San Cristóbal	10,000 00
6/1/2018	Castillo de Angeles	20,000 00
7/10/2018	PR Science, Tecnology & Research Trust	16,000 00
7/13/2018	Puerto Rico Lit, Inc	5,000 00
7/13/2018	Centro de Orientación y Accion Social, Inc	39,441 45
7/13/2018	PR Science, Tecnology & Research Trust	10,000 00
8/28/2018	SER de Puerto Rico	80,836 75
8/28/2018	Asesores Financieros Comunitarios	10,000 00
9/4/2018	Iniciativa Comunitaria de Investigación, Inc	25,000 00
9/4/2018	Hogar Escuela Sor Maria Rafaela	5,000 00
9/19/2018	Vitrina Solidaria	11,500 00
10/26/2018	Centro Com Rvda Inés	15,000 00
12/6/2018	Puerto Rico Lit, Inc (#2)	5,000 00
12/11/2018	Iniciativa Comunitaria (Remaining balance)	25,000 00
12/18/2018	CODEVYS / Maximo Solar (suplidor de paneles)	35,000 00
Feb-19	Centro Inés (Remaining balance)	15,000 00
	<b>Total Contributions. Gifts and Grants Paid</b>	<b>553,948.20</b>

# List of Officers, Directors, Trustees, and Key Employees

US 990-PF

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2018

A Name and address (For address, enter Street, Zip code State, and City in that order)	B Title and avg hours per week devoted to position	C Compensation	D Contributions to employee benefit plans and deferred compensation	E Expense account & other allowances
JAMES P OROBINAK PO BOX 193310 SAN JUAN PR 00919	DIRECTOR 1	0		
JOSE R APONTE PO BOX 193310 SAN JUAN PR 00919	DIRECTOR 1	0		
GILBERTO R NEGRON PO BOX 193310 SAN JUAN PR 00919	ASST SECRE 5	0		
MONICA FERNOS PO BOX 193310 SAN JUAN PR 00919	TREASURER 5	0		
DAVID SCANAVINO PO BOX 193310 SAN JUAN PR 00919	DIRECTOR 3	0		
ELBA CASTELLANO PO BOX 193310 SAN JUAN PR 00919	EMPLOYEE 40	0		
LIANA MARANTE OROBINAK PO BOX 193310 SAN JUAN PR 00919	30	0		
ROSANGELA SANFILIPPO PO BOX 193310 SAN JUAN PR 00919	SECRETARY 3	0		

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6/1/2018	Castillo de Angeles	20,000 00
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