(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2019

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

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

Open to Public

| _ | | 2010 selem | <u> </u> | <u>`</u> | - | | | | | | 30 | 37.1371 | |
|-----------------------------|--------------|---|---|--------------------|---|--|----------------|--|-------------------|------------------|--|------------------|--|
| | | | dar year, or tax ye | | | | 19, and end | ing | | | , 20 | - | |
| В | | ck if applicable C Name of organization Asociación Fomento Educativo Inc. | | | | | | | | | loyer identification | | |
| 닏 | Address | - | Doing business as | | | | | | | | 660372757 | | |
| \sqcup | Name ch | ange | Number and stree | t (or PO box | if mail is not delivere | ed to street addre | ess) | Roon | n/suite | E Telep | hone number | | |
| Ш | Initial retu | ırn | A48, Calle A Villa | | | | | | | | <u> 787-783-198</u> | 7 | |
| | Final retur | rn/terminated | | / / / | country, and ZIP or I | foreign postal co | de | | | | | | |
| | Amended | d return | Guaynabo , 4 | | | | | | | | s receipts \$ | 885,095 | |
| | Application | on pending | F Name and address | of principal of | fficer Manuel Dia | z Saldaña | 1 | | | | for subordinates? 🔲 | | |
| | | | PO Box 10915, Sa | an Juan, PR | 00922-0915 | | | \Box | H(b) Are all su | bordina | tes included? 🔲 | Yes No | |
| <u> </u> | Tax-exem | npt status | ✓ 501(c)(3) | 501(c) (|) ◀ (insert no) | 4947(a)(|) of 1 527 | | If "No," at | tach a l | list (see instructio | ns) | |
| <u></u> | | ► www.afe | | | | | | | H(c) Group ex | | | | |
| K | | | Corporation Tru | st Associ | ation Other ▶ | <u>. </u> | L Year of form | nation | 1978 | M State | of legal domicile | PR | |
| Р | art I | Summa | _• | | | <u> </u> | | | | _ | | | |
| | 1 | | cribe the organiz | | _ | | | omot | e and facilita | te mat | urity of individ | uals | |
| Se | ļ į | in various f | ormation centers, | open to per | sons fo all ages | and social co | nditions. | | | | ••••• | | |
| Governance | . | | | | | | | | | | | | |
| Ver | 2 | Check this | box ► 🗌 if the c | organization | n discontinued i | ts operations | or dispose | ed of | more than 2 | 5% o | fits net assets | 3. | |
| တိ | 1 | | voting members | _ | | | | | | 3 | | 100 | |
| ళ | 4 | Number of | independent vot | ing membe | ers of the govern | ning body (Pa | rt VI, line 1 | p) | - | 4 | | 7 | |
| ıţie | 5 | Total numb | per of individuals | employed i | ın calendar year | ²⁰¹⁹ (Part V | , line 2a) | | | 5_ | | 7 | |
| Activities & | 6 | Total numb | per of volunteers | (estimate if | necessary) . | | | | | 6 | | 100+ | |
| ĕ | 1 | | ated business rev | | | | | | | 7a | | 0 | |
| | b | Net unrelat | ted business taxa | able income | from Form 990 |)-T, line 39 | | <u> </u> | . <u></u> | 7b_ | | 0 | |
| | | | | Prior Year | | Current | Year | | | | | | |
| ě | I | | ons and grants (P | | - | | | <u> </u> | 8 | 25,653 | | 757,130 | |
| enr | 9 | Program se | ervice revenue (P | art VIII, line | 1 | 44,898 | | 127,388 | | | | | |
| Revenue | 10 | Investment | t income (Part VII | I, column (A | | | | | | | | | |
| | 11 (| Other reve | nue (Part VIII, col | umn (A), lın | es 5, 6d, 8c, 9c | , 10c, and 11 | e) | <u> </u> | | | | 577 | |
| | | | ue-add lines 8 tl | | | | | | 9 | <u>70,551</u> | | 885,095 | |
| | 13 | Grants and | d sımılar amounts | paid (Part | IX, column (A), | lınes 1-3) . | | <u> </u> | 1 | 50,491 | | 158,570 | |
| | 14 | Benefits pa | aid to or for mem | bers (Part I | X, column (A), lı | ne 4) . | | | | | | | |
| es | 15 | Salaries, otl | her compensation | ı, employee | benefits (Part IX | (, column (A), | lines 5–10) | | 119,492 | | | 120,353 | |
| Expenses | 16a | Profession | al fundraising fee | es (Part IX, d | column (A), line | :11e) | | L | | | A Company of the Comp | | |
| × | b | Total fundr | alsing expenses | (Part IX, co | lumn (D), line 2 | 5) 🕨 | | A STATE OF THE STA | | N. Article | FAIR VINE PARTY | | |
| ш | | | enses (Part IX, co | | | | | | 7 | 50,568 | | 872,751 | |
| | 18 | Total expe | nses. Add lines 1 | 3-17 (must | equal Part IX, | column (A), lır | ne 25) . | L | 1,0 | 20,551 | | 1,151,673 | |
| | | Revenue le | ess expenses. Su | btract line | 18 from line 12 | | <u></u> | | - | 50,000 | | -266,578 | |
| Net Assets or Fund Balances | | | | | | | | Beg | inning of Curre | | | <u>fear</u> | |
| sset | 20 | | ts (Part X, line 16) | | | | | | 11,3 | <u>49,473</u> | | 10,870,329 | |
| Pd A | 21 | | ties (Part X, line 2 | • | | | | | 2,6 | 98,738 | | 2,486,192 | |
| Ž | 22 | | or fund balances | s. Subtract | line 21 from line | <u> 20 </u> | <u></u> | | 8,6 | <u>50,735</u> | i | 8,384,137 | |
| _ | art II | | re Block | | | | | | | | | | |
| Un | der penalt | ies of perjury, | , I declare that have on the property of prepared to the property of prepared to the prepared | examined this | return, including ac | companying sch | edules and sta | ateme | nts, and to the l | best of a | my knowledge ar | nd belief, it is | |
| | e, correct, | and complete | s Declaration or prepa | arei (ottiei tiiai | Dased of | | | 1101110 | | | | | |
| e: | 🛉 | - | | | *************************************** | | | | | | | | |
| Sig | | Signatu | ure of officer | Lilie | /orres | | | | Date | ju | 15/2020 |) | |
| He | re | b | | 0 412 | 701705 | | | | | <i></i> -∤ | <u>/_/</u> | | |
| | | | r print name and title | | Т- | | Γ- | | | | - LOTIN | | |
| Pa | id | Print/Type | preparer s name | | Preparer's signati | ure | | Date | | Check self-em | | | |
| | eparer | · | | | <u> </u> | | | | | | pioyed | | |
| | e Only | / Firm's nam | | | | | | | Firm's | | | | |
| | | Firm's address Pho | | | | | | | Phone | no | | | |
| | | | | | | sée instructi | ons) | <u> </u> | | | Yes | | |
| For | Paperw | ork Reducti | ion Act Notice, se | e the separa | ate instructions. | עב(| JEN Jean | r No- | 11282Y | | Form | 990 (2019) | |
| | | | | | 1 | KI | -191 | IJ | 1 | | am | | |

| Form 99 | 0 (2b19) Page 2 |
|---------|--|
| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: AFE HAS AMONG ITS PURPOSES TO FOSTER AND FACILITATE THE DEVELOPMENT OF INDIVIDUALS THROUGH LECTURES AND SEMINARS. |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 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)(1) 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. |
| 4a | (Code: 501 (c)(3)) (Expenses \$ (431,002.15) including grants of \$ 0.00) (Revenue \$ 260,791.06) 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. |
| | (Code 501 (c)(3)) (Expenses \$ (82,795.67) including grants of \$ 0.00) (Revenue \$ 75,888.83) GUILARTE 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 \$ (37,594.22) including grants of \$ 0.00) (Revenue \$ 20,570.00) |
| | CUAYMAR 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. |
| | Other program services (Describe on Schedule O.) (Expenses \$ (600,281.02) including grants of \$ (158,569.60)) (Revenue \$ 527,845.34) |
| | Total program service expenses (1.151.673.06) |



| | 90 (2019) | <u>v_</u> _ | ! | <u>~</u> | | Page 3 |
|--------|---|-------------|--|----------|----------|----------|
| Part | IV Checklist of Required Schedules | | <u>'</u> | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation complete Schedule A. | 1)? / | lf "Yes, | " 1 | 163 | 100 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | | 2 | V | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in o candidates for public office? If "Yes," complete Schedule C, Part I | | sition to | 3 | | / |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a se election in effect during the tax year? If "Yes," complete Schedule C, Part II | ctio | n 501(h |) 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives member assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedul | | | | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for whave the right to provide advice on the distribution or investment of amounts in such funds or a "Yes," complete Schedule D, Part I | | | | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | per. | space | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar asse complete Schedule D, Part III | ts? | If "Yes, · | " 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability custodian for amounts not listed in Part X; or provide credit counseling, debt management, cred debt negotiation services? If "Yes," complete Schedule D, Part IV | | | | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted e or in quasi endowments? If "Yes," complete Schedule D, Part V | ndo | wments | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule VII, VIII, IX, or X as applicable. | D, F | Parts Vi | , | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10 complete Schedule D, Part VI |)? [| f "Yes," | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 5% | or more | 11b | | 1 |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . | 5% | or more | 11c | | ✓ |
| d e | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | 11d | + | 1 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that | | | | Ì | <u> </u> |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes" | e D, | Part X | 11f | <u> </u> | ✓ |
| | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the | | | 12a | 1 | |
| b | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XI | | - | | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | 13 | | 1 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | • • | 14a | <u> </u> | ✓_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from gifundraising, business, investment, and program service activities outside the United States, or foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | | | | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistor any foreign organization? If "Yes," complete Schedule F, Parts II and IV | stan | ce to o | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grant 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | ser\ | rices or | 17 | | √ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contribute Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | ribut | tions or | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, If "Yes," complete Schedule G, Part III | line | 9a? | 19 | | √ |
| 20a | 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 ref | | | 20b | <u> </u> | ✓ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | anız | ation oi | 21_ | 1 | |

| Part | V 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 | | V |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . | 24b | | 1 |
| С | 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 | | √ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 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? <i>If "Yes," complete Schedule L, Part I</i> . | 25a | | ✓ |
| 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 | | √ |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | √ |
| 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | √ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . | 28b | | \ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 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 | | / |
| 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 | | ✓ |
| 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 35a | | √ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 | | ∨ |
| 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 | | ✓ |
| 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 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | ✓ | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | _ | | |
|------|--|-----------|---|--|
| | i t | Certicus. | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 30.75 | | P. C. |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | 5 | 2774 | Salan |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | √ | 387.4 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 200 | ir ŠŽ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | √ |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | ↓ ✓ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country ▶ | MARKE | 11 May (12) | Fert 18.1 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | , | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | ✓ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | ✓ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | <u></u> | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | \ <u>\</u> |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| C | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | inte | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | 2000-200-200 | ✓ |
| 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 | | ✓ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 恋法 | 公公 |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | TO | 100 | Parties. |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | / |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | 4000 | V |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | 3.7% 1.7% | 1 |
| a | Gross income from members or shareholders | | H) | 1 |
| b | against amounts due or received from them.) | | | ANT CO |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | 1 |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 344 | C1-95 | \$3.47 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 7.2 |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | 115 | |
| 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 | | 後漢 | |
| С | Enter the amount of reserves on hand | | 41,12 | |
| I4a | 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 on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | ĺ |
| | excess parachute payment(s) during the year? | 15 | Z.33 (** ** *** | / |
| | 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 | 2 19 32 4 | √ |
| | If "Yes," complete Form 4720, Schedule O. | 数点点 | 7. O. | 電視 |

| 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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See ins | | |
|-------|--|---|---------------|---------------------------------------|
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 10 |) · · · · · · · · · · · · · · · · · · · | ر ا ا | P. Co |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b | | | |
| 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 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?. | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ |
| 6 | Did the organization have members or stockholders? | 6 | | ✓_ |
| 7a. | one or more members of the governing body? | 7a | | ✓ |
| 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. | | | |
| а | The governing body? | 8a | √ | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | $\overline{}$ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | | ae.) Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 165 | √ |
| 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 filing the form? | 11a | • | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 2303 | 1 | <i>SE</i> |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Min. | ##################################### |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ✓ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | √ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | \ |
| b | Other officers or key employees of the organization | 15b | | <u>/</u> |
| 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 | 90.7 110-4 | |
| | 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 | | |
| | 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 | | | • |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | | | опсу, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re Luis J. Torres, 787-241-3623 | cords P | • | |

| orm | 990 | (2019) | |
|-----|-----|--------|--|

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

Check if Schedule O contains a response or note to any line in this Part VII.

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. See instructions for the order in which to list the persons above.

| □ Check this box if neither the organization not | r any relate | d org | anız | atic | n c | ompe | nsa | ited any current | officer, director, | or trustee. |
|--|--------------------------|---|---------------------------------|---------|--------------------------|-------------------------------|-----------------------|------------------|--------------------|-----------------------|
| | | | | ((| C) | | | | | |
| (A) | (B) | 1 | | | ition | | | (D) | (E) | (F) |
| Name and title | Average | (do not check more than one box, unless person is both an | | | | Reportable | Reportable | Estimated amount | | |
| | hours | | officer and a director/trustee) | | compensation | compensation | of other | | | |
| | per week (list any | 익方 | 우 코 코 오 중 역 표 공 organization | | from the organization | from related organizations | compensation from the | | | |
| | hours for | dre | 1 | Officer | y en | ploy | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related organizations | Individual trustee or director | ١ġ | | Key employee | ee co | | | | related organizations |
| | below | ST | = | ļ | yee | mpe | | | | |
| | dotted line) | ee | Institutional trustee | | 1 | Highest compensated employee | | | ļ | |
| | | | Ü | | | ed | | | | |
| (1) Manuel Díaz Saldaña | 2 | | | | | | | | | |
| Same as corp | | ✓ | | | | | | | | |
| (2) Dionisio Trigo | 2 | | | | | | | | | |
| Same as corp | | ✓ | | | | | | | | |
| (3) José M Medina | 4 | | | | | | | | 1 | |
| Same as corp | | ✓ | | | _ | | | | | |
| (4) Sigfrido Fernández | 1 | | | | | | | | | |
| Same as corp | ļ | | | _ | | | | | | |
| (5) Robert Hunter | .5 | | | | | | | | | |
| Same as corp | | <u> </u> | | | | ļ | _ | | | |
| (6) Virgen Zoraida Torres | .5 | | | | | | | | | |
| Same as corp | | ✓ | _ | | | ļ | <u> </u> | | | |
| (7) Elba Negron | .5 | | | | | | | | 1 | |
| Same as corp | | ✓ | | | ļ | | | | | |
| (8) Raul Arias | .5 | | | | ŀ | | | | | |
| Same as corp | | / | | ļ | <u> </u> | | | | | |
| (9) Erwin Maldonado Otero | 11 | | | | | | | | | |
| Same as corp | | ✓. | | | _ | | _ | | | |
| (10) | | | | | | | | | | |
| (11) Carlos Cervera Ramírez | | | | | | | | | | _ |
| Same as Corp | | | | | 1 | ✓ | | \$27,067 | 0 | |
| (12) | | | | | | | | | | |
| (13) | | - | | | | | | | | |
| (14) | | | | | | | | | | |
| | 1 | | | | I | | 1 | | | |

| Par | VII Section A. Officers, Directors, 1 | Trustees, | Key l | Em | plo | yee | s, an | d F | lighest Compe | nsated Empl | oyees (continued) |
|--------|--|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-----------|--------------------------------------|---|--|
| | (A) (B) Name and title Average hours per week | | box, | unles | Pos neck ss pe | rson | e than one is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | _ | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | i | |
| (25) | | | | | | | | | | | |
| 1b | Subtotal | | | ٠. | • | | | | \$27,067 | | 0 |
| c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | • | | | | | | ▶ | 0 \$ 27,067 | | 0 0 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | | | | e) w | | e than \$100,000 |) of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete S | | | | | | | mpl | oyee, or highes | t compensated | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | tion or individua | 5 √ |
| Secti | on B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization Repo | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | rices | (C) Compensation |
| None | | | | | | | | | | | |
| | | | | _ | | | | | | | |
| | Total number of independent contracto | rs (includin | ig bu | t no | ot I | ımıt | ed to | th | ose listed above | e) who | |
| _ | received more than \$100,000 of compensation | | _ | | | | | | None | | nga ng mga kanasa |

| Par | t VIII | Statement of Revenue Check if Schedule O contains a re | enor | ese or note to a | ny line in this Pa | art VIII | | |
|--|--------|--|----------|--|---|---|--------------------------------------|--|
| | | |) | ise of flote to al | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| <u> </u> | 1a | Federated campaigns | 1a | | | 100 A | 5-1876 P. 1974 S. 10. | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | · _=- | | | | |
| چ ق | C | Fundraising events | 1c | | | | | |
| fts, | ď | Related organizations | 1d | | | Eronati | Marie 2 Brown | |
| <u>a</u> <u>e</u> | e | Government grants (contributions) | 1e | - | | | | The second |
| ıs, | f | All other contributions, gifts, grants, | <u> </u> | | | | | |
| ë ë | | and similar amounts not included above | | | | | | |
| 혈 | a | | | 757,130 | | | | |
| F |] | lines 1a-1f | \$ | in uthining recovered into | | | | |
| ပို့ မြ | h | Total. Add lines 1a-1f | • | 757,130 | | North Control | 10 CO 4 Sec | |
| | | | _ | Business Code | AND FRANCE | 经使用的分类 | | |
| S | 2a | Activities | | | 22,286 | 22,286 | | |
| و چ | b | Room and Board Programs | | | 105.101 | 105,101 | | |
| S. J. | С | | | | | | | |
| gram Ser Revenue | d | • | | | | | | |
| Program Service Revenue | е | | | | | | | |
| ڇ | f | All other program service revenue | | | · | | | |
| | g | Total. Add lines 2a-2f | | | 127,388 | 30148233 | 75624863 | |
| i | 3 | Investment income (including divi | | | | | | |
| | _ | other similar amounts) | | | | | | |
| | 4 | Income from investment of tax-exen | npt bo | ond proceeds ► | | | | |
| | 5 | Royalties | <u> </u> | <u>P</u> | Miles Va V. Maddall e | Southern South Confe | SAMESICALINA LEBENARIO SE | (905)//455 95504-1/50-4/4CDB/A |
| | | (i) Rea | ļ . | (II) Personal | | | | |
| | 6a | Gross rents y 6a | | | | | | |
| | b | Less rental expenses 6b | | | | | | |
| | C | Rental income or (loss) 6c | | <u> </u> | \$ 15 A \$ 15 A | | | W In the last of the last o |
| | _ d | Net rental income or (loss) | | (ii) Other | oler on Modern And | AND THE PART OF THE | | ovena "Challer (1 |
| | 7a | Gross amount from | | (ii) Girici | | | | |
| | | sales of assets other than inventory 7a | | | | | | |
| ø | h | Less cost or other basis | | | | | | |
| Revenue | | and sales expenses 7b | | } | | | | |
| eve | С | Gain or (loss) 7c | | | | La Participa | | in the second |
| Œ | d | Net gain or (loss) | | • | | 1,120,700,31,100 | 200 | 2070-3-23360-0-4-707-1-320-3-0-5 |
| Othe | 8a | Gross income from fundraising | | | 446.04(40.5.4) | | | |
| ō | | events (not including \$ | | | | | | |
| | | of contributions reported on line | | | | | | 700 |
| } | | 1c). See Part IV, line 18 | 8a | | A Section of the second | | | |
| | b | Less direct expenses | 8b | | | 3 7 7 2 m 1 3 m | | |
| | С | Net income or (loss) from fundraising | g eve | nts ▶ | | | | |
|] | 9a | Gross income from gaming | ļ | | | | | |
| | | activities. See Part IV, line 19 | 9a | | | | | |
| | | Less: direct expenses | 9b | | dhuch indebuo | HARLEST STORY | MAY SECURITIES | 地域型水型新坡 |
| | | Net income or (loss) from gaming a | tivitie | es > | PLANTER VALUE AND STREET A. 1 | HAND WILL IN BELL A FRANCES | ALVAN DE JAMES AND STREET | A State of the Sta |
| | | Gross sales of inventory, less | | | | Park Carrie | | |
| | | returns and allowances | 10a | | | | | |
| | | Less cost of goods sold | 10b | <u> </u> | Aran dinimala del | | | Transaction Community Than and |
| | | Net income or (loss) from sales of in | vento | | L. Mod. 14862/85. LANGE 127 TO S. Assets | 10 657 684 658 12.00.0067 cbo | MARY Products to Assess the | 1886/1181/421/43/1692/1892/1894 |
| SIZ | 44- | Interest (Pont Assessment) | | Business Code | Marriage (1) (1) (1) (1) (1) (1) (1) | Ma K. Carward Landing | | |
| scellaneo Revenue | | Interest (Bank Accounts) | | | 577 | 577 | | |
| ke ja | b | | | | - | | - | <u></u> |
| Miscellaneous Revenue | q | All other revenue | | | | | | |
| Ξ̈́ | | Total. Add lines 11a-11d | • | | 577 | | | 70, 11 of 11 of 12 of 12 of |
| | 12 | Total revenue See instructions | <u>·</u> | | 905 005 | MARCHARLANCE MARKETERS | personan mentrak mentenderak | AND THE PROPERTY OF THE ASSESSMENT OF THE ASSESS |

Part IX Statement of Functional Expenses

| Section | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | |
|----------|--|--------------------------------------|--|---|--|--|--|--|--|--|
| | Check if Schedule O contains a respons | e or note to any line | e in this Part IX . | | | | | | | |
| | nt include amounts reported on lines 6b, 7b, o, 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 . | (158,570) | (158,570) | | | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | BUBLE TO MAKE ON SEEDING | The same of the sa | | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | Andrews and the conservation of the conservati | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | | | | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | (27,067) | (27,067) | | | | | | | |
| 7 | Other salaries and wages | (84,733) | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | <u> </u> | | | - | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | (8,553) | (8,553) | | | | | | | |
| 11 | Fees for services (nonemployees). | | | | | | | | | |
| а | Management | (8,710) | (8,710) | | | | | | | |
| b | Legal | | | | | | | | | |
| С | Accounting | | | · | | | | | | |
| d | Lobbying | | -NG(& -1805-17.47/K0076.36.11% | 1550 984 ACRESON STRUCK TO SERVICE | į te | | | | | |
| e 4 | Professional fundraising services. See Part IV, line 17 | ļ | | | | | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | | | | | | |
| 12 | Advertising and promotion | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 13 | Office expenses | (2,700) | | (2,700) | | | | | | |
| 14 | Information technology | (2,100) | | (2// 00/ | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | Travel | (5,570) | | (5,570) | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings . | | | | | | | | | |
| 20 | Interest | (59,084) | | (59,084) | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | (320,608) | | (31,704) | | | | | | |
| 24 | Other expenses. Itémize expenses not covered above (List miscollaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column | (31,704) | i in | | nggi Ve Sino, asa long, a sa on Ti muning Milyanda, padalah dalah | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | minimate Chamille phonipies building | | | | | | | | |
| а | Food service and activities | (129,360) | | 5-4-1 Carl Carl Carl Carl Carl Carl Carl Carl | The state of the second of the septiment A.S., Val | | | | | |
| b | Repair and Maintenance | (78,163) | | ` | | | | | | |
| С | Utilities | (60,094) | | • | | | | | | |
| d | Educational Activities | (118,037) | (118,037) | | | | | | | |
| е | All other expenses Miscellaneous | (58,720) | | | | | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e | (1,151,673) | (1,052,615) | (99,059) | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if | | | | | | | | | |
| | following ŠOP 98-2 (ASC 958-720) | J | | · , | | | | | | |

| Ŀ | art X | Balance Sheet Check if Schedule O contains a response or note to any line in this Pa | art X | | Г |
|-----------------------------|----------|---|--|--------|--|
| | | Check in deficació de dontains a response of moto to any line in tina re | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 739,531 | 1. | 409,39 |
| | 2 | Savings and temporary cash investments | , | 2 | 34,81 |
| | 3 | Pledges and grants receivable, net | 1,217,353 | 3 | 1,133,693 |
| | 4 | Accounts receivable, net | 87,781 | 4 | 133,449 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | | 5 6 | |
| co. | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | | 9 | |
| - | 1 | | AND SEPERAL PROPERTY. | 水分類は | X |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 11,958,458 | | | |
| | b | Less. accumulated depreciation | 9,300,896 | | 9,157,428 |
| | 11 | Investments—publicly traded securities | · — · | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | · | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 3,912 | - | 1,546 |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 11,349,473 | | 10,870,329 |
| | 17 | Accounts payable and accrued expenses | 224,643 | | 176,018 |
| | 18 | Grants payable . , | | 18 | |
| | 19 | Deferred revenue | · | 19 | <u> </u> |
| | 20 | Tax-exempt bond liabilities | | 20 | <u> </u> |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 1.28 (Caraba in 1913) 39 50 at | 21 | THE STREET COMMENTS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES |
| Liabilites | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | min approved the second | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 2,474,095 | - | , 2,310,175 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | . 2,9.13,111 |
| | 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 | | | |
| | 06 | | | 25 | |
| <u> </u> | 26 | Total liabilities. Add lines 17 through 25 | 2,698,738 | 26 | 2,486,192 |
| ance | 07 | and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | | 27 | |
| Bal | 27 28 | Net assets with donor restrictions | <u>8,650,735</u> | 28 | 8,384,137 |
| 귤 | 20 | | | 20 | r de la companya de l |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | and the state of t |
| O | 29 | Capital stock or trust principal, or current funds | <u> </u> | 29 | |
| et | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | <u> </u> |
| ASS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et, | 32 | Total net assets or fund balances | 8,650,735 | | 8,384,137 |
| Z | 33 | Total liabilities and net assets/fund balances | 11,349,473 | 33 | 10,870,329 |

Form **990** (2019)

| _ | 4 | • |
|------|---|---|
| Page | 7 | 2 |

| Form | aan | (2019) | ١ |
|------|-----|--------|---|
| гоин | 990 | 12013 | , |

| 9) | | | | P | age 1 |
|--|---|---|-----------------------|-------|-------|
| | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . 🗹 |
| | revenue (must equal Part VIII, column (A), line 12) | 1 " | | 8 | 85,09 |
| ıl e | expenses (must equal Part IX, column (A), line 25) | 2 | | (1,15 | 51,67 |
| | lue less expenses. Subtract line 2 from line 1 | 3 | | (26 | 66,57 |
| | sets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 8,6 | 50,73 |
| ur | nrealized gains (losses) on investments | 5 | | | |
| at | ed services and use of facilities | 6 | | | |
| st | ment expenses | 7 | _ | | |
| | period adjustments | 8 | | | (20 |
| | changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| | ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line lumn (B)) | 10 | | 8,3 | 84,13 |
| | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | · <u>·</u> | | Yes | . No |
| | | | | | |
| е | organization changed its method of accounting from a prior year or checked "Other," elule O. | explain | in in | | |
| e ed e t 'es | organization changed its method of accounting from a prior year or checked "Other," e | | 2a | | |
| e de | organization changed its method of accounting from a prior year or checked "Other," elule O. the organization's financial statements compiled or reviewed by an independent accountant? s," check a box below to indicate whether the financial statements for the year were conved on a separate basis, consolidated basis, or both. Description organization's financial statements audited by an independent accountant? S," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both. Description organization or the year were audited basis, consolidated basis, or both. Description organization or the year were audited basis, consolidated basis, or both. | mpiled of | 2a or 2b | | |
| e de | organization changed its method of accounting from a prior year or checked "Other," edule O. the organization's financial statements compiled or reviewed by an independent accountant? s," check a box below to indicate whether the financial statements for the year were cored on a separate basis, consolidated basis, or both. parate basis | mpiled (ted on ersight (ant? | 2a or 2b a of 2c | | |
| e ed | organization changed its method of accounting from a prior year or checked "Other," edule O. Ithe organization's financial statements compiled or reviewed by an independent accountant? is," check a box below to indicate whether the financial statements for the year were conved on a separate basis, consolidated basis, or both. Described organization's financial statements audited by an independent accountant? | npiled of the ted on ersight of the ted on ersight of the ted on the term of the ted on | 2a or 2b a a of 2c on | | |
| e ed e t 'ese e t 'ese e e ese e e e e e e e e e e e e e e | organization changed its method of accounting from a prior year or checked "Other," edule O. the organization's financial statements compiled or reviewed by an independent accountant? s," check a box below to indicate whether the financial statements for the year were conved on a separate basis, consolidated basis, or both. Description or financial statements audited by an independent accountant? s," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both. Description or financial statements are possible to the year were audited basis, consolidated basis, or both. Description or financial statements are committee that assumes responsibility for owdit, review, or compilation of its financial statements and selection of an independent accountable organization changed either its oversight process or selection process during the tax year, expensively. | mpiled of ted on ersight of ant? xplain of the in the control of the control | 2a of 2c on a 3a | | |

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SCHEDULE A (Form 990 or 990-EZ)

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Asociación de 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 33 % 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). 12 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 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 b 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 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 isted in your governing (described on lines 1-10 other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

| 4 Mary - | | | | | | | |
|----------|--|---|-----------------|------------------|--------------------------------------|---------------------------------|-------------------|
| | ıle A (Form 990 or 990-EZ) 2019 | | | | | | Page |
| Part | | | | | | | |
| | (Complete only if you checked t If the organization fails to qualify | | | | | | ider Part II. |
| Sect | ion A. Public Support | y under the tes | sis listed beit | ow, please co | omplete Part | 11.) | - |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (4) 2010 | (2) 2010 | (5/ 25) | 4. | (0, 20.0 | (1) / 512. |
| | received (Do not include any "unusual grants.") | \$3,580,007 | \$807,877 | \$653,294 | \$970,551 | \$885,095 | \$6,896,824 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 43,233,333 | | | | ÷ | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | \$3,580,007 | \$807,877 | \$653,294 | \$970,551 | \$885,095 | \$6,896,824 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | , | , | |
| с 8 | Add lines 7a and 7b | | | raking kanasa ka | | | |
| Secti | on B. Total Support | N. S. | | 'A A AFRAL | W. 2. 2. 4. 4 | <u> [1] [1] [2] [2] [2] [2]</u> | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | \$3,580,007 | \$807,877 | \$653,294 | | | \$6,896,824 |
| 10a | • | \$3,000,007 | 4307,077 | 333,20 | 40.0700 | | V 0/000/02 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | , | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | , | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | \$3,580,007 | \$807,877 | \$653,294 | \$970,551 | \$885,095 | \$6,896,824 |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| | organization, check this box and stop he | | | <u> </u> | <u>, ., ., ., ., ., ., ., ., ., </u> | <u> </u> | ▶ ┌ |
| Secti | on C. Computation of Public Suppo | rt Percentage | | | • | | |
| 15 | Public support percentage for 2019 (line | | | | ا | | 100 % |
| 16 | Public support percentage from 2018 Sci | hedule A, Part I | II, line 15 . | | | 16 | 100 % |

Section D. Computation of Investment Income Percentage

Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .

331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .

331/3% support tests 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Investment income percentage from 2018 Schedule A, Part III, line 17 . . .

17

18

% %

 \square

17

18

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

| socia | cion de Fomento Educativo, Inc | | | 66-0372757 |
|--------|---|------------------------------|---------------------|---------------------------------------|
| Pari | | sed Funds or Other | Similar Funds | |
| | Complete if the organization answered "\ | Yes" on F <u>orm 9</u> 90, P | art IV, line 6. | |
| | | (a) Donor advise | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | <u> </u> |
| 2 | Aggregate value of contributions to (during year) . | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor a | | | |
| | funds are the organization's property, subject to the | | | |
| 6 | Did the organization inform all grantees, donors, an | | | |
| | only for charitable purposes and not for the benefit | | | |
| | conferring impermissible private benefit? | | | · · · · · · · · · · · · · · · · · · · |
| Part | II Conservation Easements. | | | |
| | Complete if the organization answered " | | | |
| 1 | Purpose(s) of conservation easements held by the o | - | | |
| | Preservation of land for public use (for example, recrea | | | - · |
| | Protection of natural habitat | | Preservation of a | certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization hele | d a qualified conservat | ion contribution in | the form of a conservation |
| | easement on the last day of the tax year. | | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | | 2a |
| | Total acreage restricted by conservation easements | | | 2b |
| C | Number of conservation easements on a certified his | | | |
| d | Number of conservation easements included in (| • | • | |
| | | | | 2d |
| 3 | Number of conservation easements modified, trans- | ferred, released, exting | juished, or termina | ated by the organization during the |
| _ | tax year ▶ | | | |
| | Number of states where property subject to conserv | | | · |
| 5 | Does the organization have a written policy rega- violations, and enforcement of the conservation eas- | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspect | | | |
| 6 | Stant and volunteer hours devoted to monitoring, inspect | ting, nanoling of violation | is, and emorcing co | inservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting | handling of violations | and enforcing con- | servation easements during the yea |
| • | ►\$ | g, mandling or violations, | and emoreing con- | servation casements during the year |
| 8 | Does each conservation easement reported on line 2 | Old) above eatiefy the re | guirements of sect | tion 170(h)(4)(R)(i) |
| Ü | and section 170(h)(4)(B)(ii)? | | | Yes . No |
| 9 | In Part XIII, describe how the organization reports of | | | |
| • | balance sheet, and include, if applicable, the text of | | | |
| | organization's accounting for conservation easemen | • | | |
| art | III Organizations Maintaining Collections | of Art, Historical Tr | reasures, or Oth | ner Similar Assets. |
| | Complete if the organization answered "\ | | | |
| 1a | If the organization elected, as permitted under FASI | | | tatement and balance sheet work |
| | of art, historical treasures, or other similar assets | | | |
| | service, provide in Part XIII the text of the footnote to | | | |
| | If the organization elected, as permitted under FAS | | | |
| | art, historical treasures, or other similar assets held t | | | |
| | provide the following amounts relating to these item | | , | F |
| | | | | ▶ \$ |
| | (ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | | > \$ |
| | If the organization received or held works of art, I | | | |
| | following amounts required to be reported under FA | | | gan, provide the |
| | Revenue included on Form 990, Part VIII, line 1 . | | | • \$ |
| | Assets included in Form 990, Part X | | | > \$ |

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| Schedule | Ď (Form | 990) | 2019 |
|----------|---------|------|------|
| | | | |

| Pari | | Organizations Maintaining | | | | | | | | |
|---------|----------------|---|--------------------------------------|----------------|-------------------------|--|--------------------|--------------------------------|--------------------|-------------------|
| 3 | | the organization's acquisition, a ction items (check all that apply): | accession, and ot | her recor | ds, chec | k any of the | follow | ring that make s | significant u | se of its |
| а | ☐ Pu | iblic exhibition | | | | or exchange | | | | |
| b | | cholarly research | | e [| Other | | | | | |
| С | | eservation for future generations | | | | | | | | |
| 4 | Provi | de a description of the organizati | ion's collections a | and expla | in how t | hey further t | he org | anızatıon's exer | mpt purpos | e in Part |
| 5 | Durin asset | g the year, did the organization is s to be sold to raise funds rather | solicit or receive than to be mainta | donation | s of art, art of the | historical tre e organizatio | easures on's co | s, or other simil llection? | ar 🔲 Yes | □ No |
| Parl | IV | Escrow and Custodial Arra | | | | | | | | |
| | | Complete if the organization 990, Part X, line 21. | | | | | | | | orm |
| 1a | includ | e organization an agent, trustee, ded on Form 990, Part X? | | | | | ons or | other assets n | ot ☐ Yes | □ No |
| b | If "Ye | s," explain the arrangement in Pa | art XIII and comple | ete the fo | llowing to | able. | | | | |
| | | | | | | | - | | mount | |
| C | | ining balance | | | | • • | 1c | - | | |
| ď | | | | | | | 1d | | | |
| e | | butions during the year | | | | | 1e | | | |
| f | | ig balance | | | | | | 1 | 12 T Vas | □ No |
| 2a h | | s," explain the arrangement in Pa | | | | | | | y. <u> </u> | |
| | V | Endowment Funds. | ar Am. Oncorner | 0 11 (110 0) | (piariatio | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | | |
| | | Complete if the organization | answered "Yes | " on For | m 990, F | Part IV, line | 10. | | | |
| | | - Gomposs was a game | (a) Current year | (b) Pro | | (c) Two years | | (d) Three years bac | k (e) Four ye | ars back |
| 1a | Begir | ining of year balance | | | | | | | | |
| b | _ | ributions | | | | | | | | |
| С | | nvestment earnings, gains, and s | | | | | | | | |
| d | Grant | s or scholarships | | | | | | | | |
| е | | expenditures for facilities and ams | | | | | | | | |
| f | Admı | nistrative expenses | | | | | | | | |
| g | End o | of year balance | | | | | | | | |
| 2 | | de the estimated percentage of the | | | e (line 1g | j, column (a) |) held a | as | | |
| а | Board | d designated or quasi-endowmen | it ▶ | % | | | | | | |
| b | | anent endowment | % | | | | | | | |
| С | | endowment ▶% | | 000/ | | | | | | |
| | | percentages on lines 2a, 2b, and 2 | | | | | | | | |
| 3a | | nere endowment funds not in the | possession of the | ne organi | zation th | at are neld a | and ad | ministered for ti | ne V | es No |
| | _ | iization by nrelated organizations | | | | | | | 3a(i) | 110 |
| | | elated organizations | | • • | • • • | | • • • | | 3a(ii) | |
| ь | | s" on line 3a(ii), are the related or | raanizations listed | Las reciui | red on Se | chedule R2 | • • • | | 3b | |
| 4 | | ribe in Part XIII the intended uses | | | | | | | | |
| Pari | | Land, Buildings, and Equip | | | | | | | | |
| | | Complete if the organization | | " on For | m 990, l | Part IV, line | 11a. | See Form 990 | , Part X, lin | e 10. |
| | | Description of property | (a) Cost or of (investment) | ther basis | (b) Cost of | or other basis other) | (c) / | Accumulated epreciation | (d) Book | |
| 1a | Land | | | \$826,665 | | | | | | \$826,665 |
| b | | ings , | \$ | 9,675,427 | | | | \$(2,026,998) | \$ | 7,648,429 |
| С | Lease | ehold improvements | | | | | | | | |
| d | Equip | oment | \$ | 1,456,366 | | | | \$(774,032) | | \$682,33 <u>4</u> |
| e | Other | | | 1,958,458 | | | | \$(2,801,030) | | |
| Total. | Add II | nes 1a through 1e. (Column (d) m | nust equal Form 9 | 90, Part) | <, columi | n (B), line 10d | c) | 🕨 | \$9 | 9 <u>,157,428</u> |

| Part VII | Investments—Other Securities. | 000 Post IV I | una 11h Caa Farm | 000 Dart V line 10 |
|----------------|--|-------------------------|---------------------------|---|
| | Complete if the organization answered "Yes" on For | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | | hod of valuation -of-year market value |
| (1) Financia | derivatives | | | |
| (2) Closely h | neld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | <u> </u> | | |
| (G) | | <u>-</u> | | _ |
| (H) | mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶ | - | 2000 | |
| Part VIII | Investments—Program Related. | <u> </u> | 1 | * |
| rait viii | Complete if the organization answered "Yes" on For | m 990 Part IV li | ne 11c. See Form | 990 Part X line 13 |
| | (a) Description of investment | (b) Book value | 1 | hod of valuation |
| | (a) occompanion of investment | (b) Book Value | | -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | <u> </u> | | |
| (7) | · · · · · · · · · · · · · · · · · · · | | | |
| (8) | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 13) . | | [] , was a sur _ , , , , | |
| Part IX | Other Assets. | <u> </u> | 14 | * |
| | Complete if the organization answered "Yes" on Fore | m 990, Part IV, li | ne 11d. See Form | 990, Part X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | <u> </u> |
| (4) | | | | |
| (5) | | | | |
| | | | | |
| | <u> </u> | | | |
| (8) | | | | |
| (9) | (h) (D) (1E) | | | |
| Part X | mn (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. | - · · · | | |
| r ait X | Complete if the organization answered "Yes" on Forline 25. | m 990, Part IV, lı | ne 11e or 11f. See | e Form 990, Part X, |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal in | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 25) | <u>-</u> | ▶ | |
| | uncertain tax positions. In Part XIII, provide the text of the footnot | | | |
| organization's | s liability for uncertain tax positions under FASB ASC 740 Check | here if the text of the | ne tootnote has been | provided in Part XIII . L |

| Schedule | D | (Form | qqn) | 201 | q |
|----------|---|-------|------|-----|---|

Page 4

| Reconciliation of Revenue per Audited Financial Statem | | | Return. | |
|---|--|--|---|--|
| | | | 14 | |
| | | | | 885,09 |
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| | 1 1 | | | |
| | 4a | | | |
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| | - | | 4c | |
| | | | 5 | 885,095 |
| | | | er Return | |
| | | | | |
| | | | 1 | (1,151,673) |
| nounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| onated services and use of facilities | 2a | | | |
| or year adjustments | 2b | | | |
| her losses | 2c | | | |
| her (Describe in Part XIII.) | 2d | | | |
| dd lines 2a through 2d | | | 2e | |
| ubtract line 2e from line 1 | | | 3 | |
| nounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | | |
| | 4a | | | |
| , , , , , , , , , , , , , , , , , , , | 4b | | | |
| | | | 4c | |
| | ne 18) | | 5 | (1,151,673) |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to prov | vide any additional ii | nformation. | |
| | | | | |
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| | | | | |
| | | | | |
| | Complete if the organization answered "Yes" on Form 990, stal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains (losses) on investments contact services and use of facilities accoveries of prior year grants where (Describe in Part XIII.) and defines 2a through 2d and defines 4a and 4b and 4b and a revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 2d lines 4a and 4b and lexibility and lines 3 and 4c. (This must equal Form 990, Part I, line 2d lines 3 and 3d lines 3d lin | Complete if the organization answered "Yes" on Form 990, Part IV otal revenue, gains, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12: at unrealized gains (losses) on investments | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Ital revenue, gains, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12: It unrealized gains (losses) on investments | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Ital revenue, gains, and other support per audited financial statements |

| Schedule D (Fo | rm 990) 2019 | Page 5 |
|----------------|--------------------------------------|--|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Employer Identification number

66-0372757

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

Open to Public Inspection

General Information on Grants and Assistance Asociacion de Fomento Educativo
Part I General Informati

| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and |
|--|
| the selection criteria used to award the grants or assistance? |
| Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. |

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II

| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | y recipient that | received more th | 1an \$5,000. Part | l can be duplica | ated if additional sp | pace is needed. | |
|---|---|---------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Fondo Cultural del Oeste | | | | | | | |
| 69 Orquideas Ens. Martinez, Mayague | 660440240 | | 45,600 | | | | Youth Education Programs |
| (2) Asociacion de Intercambio Cult | | | | | | | |
| Carr # 2, 216 Guaynabo, PR | 660323248 | | 86,546 | | | | Youth Education Programs |
| (3) Fondo Educativo del Sur Inc. | | | | | | | |
| 1814 Alcazar, La Alhambra, Ponce | 660390495 | | 57,129 | | | | Vouth Education Programs |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (2) | | | | | | | |
| . (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | 501(c)(3) and gord rganizations lister | vernment organizati | tions listed in the li | ns listed in the line 1 table | | | 3 |

Schedule I (Form 990) (2019)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule I (Form 990) (2019)

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(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 grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III Ŋ 2 က 4 9

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public

Inspection

Name of the organization Employer identification number Asociacion de Fomento Educativo Inc 66-0372757 Form 990, Part III, 4 d Additional educational activities with purposes to foster and facilitate the development of individuals through lectures, seminars, workshops.