Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service or Section 4947(a)(1) Trust Treated as Private Foundation

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

Open to Public Inspection

	For	caler	ndar year 2019 or tax year beginning	Jul 1	, 2019, and	ending	J	un 30 ,20 20
	Nam	ne of fou	indation	-		A Employe	er Identification numb	er
4			FOUNDATION INC				736063	
	Num	ber and	street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephor	ne number (see instruct	tions)
	80	7 FE	RNANDEZ JUNCOS AVE 2ND FLOOR			(787	721-5290	
	City	or town	, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶ 🗌
			AN_PR 00907					
22	G	Check	call that apply: Initial return Initial return		oublic charity	D 1. Foreig	n organizations, check	here ▶ 🗌
23			Final return Amended	return		2. Foreig	n organizations meetin	a the 85% test.
—			Address change Name cha				here and attach compo	
Z			type of organization: X Section 501(c)(3) exempt p				foundation status was	_
JAN			on 4947(a)(1) nonexempt charitable trust Other tax			section 5	607(b)(1)(A), check here	▶⊔
\circ			narket value of all assets at J Accounting method			F If the fou	ndation is in a 60-mont	h termination
山			f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ ∐
Z			(Part I, column (d), must b	e on cash basi	s.)	L		I a a a a
₹	- 6	art I	· ··· = · y - · · · · · · · · · · · · · · · · · ·	(a) Revenue		tinvestment	(c) Adjusted net	(d) Disbursements for charitable
SCANNED			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses p books	~ ´ "	ncome	income	purposes (cash basis only)
<i>₩</i>		4		100				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2		1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☐ If the foundation is not required to attach Sch. 8	10,0	<u> </u>			
1		3	Interest on savings and temporary cash investments					
3		4	Dividends and interest from securities					
		- т 5а	Gross rents					
		b	Net rental income or (loss)					
	اه	6a	Net gain or (loss) from sale of assets not on line 10					
	Ž	b	Gross sales price for all assets on line 6a					
	Revenue	7	Capital gain net income (from Part IV, line 2)					
	8	8	Net short-term capital gain					
		9	Income modifications					-
		10a	Gross sales less returns and allowances					
		b	Less: Cost of goods sold					
		С	Gross profit or (loss) (attach schedule)					1
		11	Other income (attach schedule)					
		12	Total. Add lines 1 through 11	10,0	00.			
	S	13	Compensation of officers, directors, trustees, etc.					
	penses	14	Other employee salaries and wages					
	e l	15	Pension plans, employee benefits					
		16a	Legal fees (attach schedule) . L-16a Stmt	9,0	71.	R	:CEIVED	
	6	b	Accounting fees (attach schedule) L-1.6b. Stmt	2,3				<u> </u>
	Ęį	С	Other professional fees (attach schedule) L-16c Stmt	5,0	00.	00	T 0 9 2020	[S]
	tra	17	Interest			100		
	ji Ji	18	Taxes (attach schedule) (see instructions)					<u> </u>
	Ē	19	Depreciation (attach schedule) and depletion				DEN UT	
	ᄝ	20	Occupancy					
	ק	21	Travel, conferences, and meetings					
	ē	22	Printing and publications	2 0	00			
	<u>[2</u>	23 24	Total operating and administrative expenses.	2,8	70.			
	Operating and Administrative Ex	4 4	Add lines 13 through 23	10.2	63			
	ē	25	Contributions, gifts, grants paid	19,3				
	σ	25 26	Total expenses and disbursements. Add lines 24 and 25	19,1 38,5				
-	{	27	Subtract line 26 from line 12:	30,3	13.			
		21 a	Excess of revenue over expenses and disbursements	_20 =	13			.**
		a b	Net investment income (if negative, enter -0-)	-28,5	13.			
			Adjusted net income (if negative, enter -0-)					

Form **990-PF** (2019)

Part II Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year		of year			
	,	should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	29,973.	4,395.	4,395.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►		•	1
		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) ▶			1
	•	Less: allowance for doubtful accounts ▶			
Ŋ	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges		·	
Ş	10a	Investments—U.S. and state government obligations (attach schedule)			
•	b	Investments—corporate stock (attach schedule)		···	
	C	Investments—corporate bonds (attach schedule)			
	11				
	'''	Investments—land, buildings, and equipment: basis			
	12	Less: accumulated depreciation (attach schedule) ► Investments – mortgage loans			
	13				
	14	Investments—other (attach schedule)			1
	14	Land, buildings, and equipment: basis ▶	·		
	45	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
	47	instructions. Also, see page 1, item I)	29,973.	4,395.	
	17	Accounts payable and accrued expenses		2,935.	
S	18	Grants payable			
ž	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			<u> </u>
Ľį	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	lotal liabilities (add lines 17 through 22)		2,935.	
Net Assets or Fund Balances		Foundations that follow FASB ASC 958, check here	[1 1
٤		and complete lines 24, 25, 29, and 30.			+
a a	24	Net assets without donor restrictions	29,973.	1,460.	<u> </u>
8	25	Net assets with donor restrictions			<u> </u>
nd Ind		Foundations that do not follow FASB ASC 958, check here ▶ □			
F		and complete lines 26 through 30.			
٥ľ	26	Capital stock, trust principal, or current funds			
ts	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	28	Retained earnings, accumulated income, endowment, or other funds			<u> </u>
As	29	Total net assets or fund balances (see instructions)	29,973.	1,460.	<u> </u>
et	30	Total liabilities and net assets/fund balances (see			1
_		instructions)	29,973.	4,395.	<u> </u>
_	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colur			
		of-year figure reported on prior year's return)			29,973.
2		r amount from Part I, line 27a		2	-28,513.
3					
4		lines 1, 2, and 3			1,460.
5	Decr	reases not included in line 2 (itemize)		5	
_ 6	Tota	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lin	e 29 6	1,460.

Part	V Capital Gains and	Losses for Tax on Investmer	nt Income				
		(s) of property sold (for example, real estate; or common stock, 200 shs. MLC Co.)	θ,	(b) How acquired P-Purchase D-Donation	(c) Date a (mo., da	-	(d) Date sold (mo , day, yr)
1a							
<u>b</u>							
<u>c</u>							
<u>d</u>							
e							<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	other basis nse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a							<u>. </u>
<u> </u>							
<u>c</u>							
<u>d</u>						<u> </u>	
<u>e</u>	Complete only for a caste ob any		ha farmdatian	10/01/00			
	Complete only for assets snow	ing gain in column (h) and owned by t					I (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col.	s of col (i) (j), if any	coi.		t less than -0-) or from col (h))
_ <u>_a</u>		·	·				
<u>b</u>							
<u>c</u>				· · · · · · · · · · · · · · · · · · ·			
<u>d</u>							
<u>e</u>		(If a six a la	t Do	41 line 7			
2	Capital gain net income or (o enter in Pai iter -0- in Par		2		<u>-</u>
3	If gain, also enter in Part I,	or (loss) as defined in sections 12 line 8, column (c). See instruction	ons. If (loss),		3		
Part		r Section 4940(e) for Reduce		et Investment			
		ate foundations subject to the sec					
Was t		this part blank. ection 4942 tax on the distributab alify under section 4940(e). Do no			oase perio	d?	☐ Yes ⊠ No
1		nt in each column for each year;			aking anv	entries.	
	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) noncharitable-use as	(d)		
	2018	0			0.	(00, (0)	0.000000
	2017	0			0.		0.000000
	2016	0			0.		0.000000
	2015	0			0.		0.000000
	2014	0			0.		0.000000
	Total of line 1, column (d)						0.000000
3	Average distribution ratio for	or the 5-year base period—divide ndation has been in existence if le			- 1		0.000000
4	•		-				0.
	,				. 5		
5	Multiply line 4 by line 3 .					 	0.
6		income (1% of Part I, line 27b)			. 6		
7	Add lines 5 and 6				. 7		0.
8		s from Part XII, line 4 er than line 7, check the box in Pa				sing a 1	% tax rate. See the
	Part VI instructions.	a man line 1, theta the box in Pa		, and complete t		oniya I	/v lax rate. See the

Part		<u>nstrı</u>	ictio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ ☐ and enter 1% of Part I, line 27b			1		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
3	Add lines 1 and 2			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		•••			
6	Credits/Payments:					
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			1		
b	Exempt foreign organizations—tax withheld at source			l		
С	Tax paid with application for extension of time to file (Form 8868) 6c			l		
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			0.		
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11					
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		×		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	,		$\neg \neg$		
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		×		
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			Ī		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. ► \$,			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×		
	If "Yes," attach a detailed description of the activities.					
3	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 .	3		×		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			Ì		
	By language in the governing instrument, or			1		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6	×			
7	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	7	×			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶					
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 General Instruction G? If "No," attach explanation	8b		×		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1			
•	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"					
	complete Part XIV	9	×	_		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40				

Par	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		×
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	<u> </u>	×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
4.4	Website address ► N/A The body are in core of ► PROTY FOUNDATION TNG.	701		
14	The books are in care of ▶ PACIV FOUNDATION INC Telephone no. ▶ (787) Located at ▶ 807 FERNANDEZ JUNCOS AVE 2ND FLOOR SAN JUAN PR ZIP+4 ▶ 00907	/21-	5290	
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	• •	•	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
_	the foreign country ▶	l		
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.	L	Yes	No
1a	3 • 7 • • • • • • • • • • • • • • • • • • •			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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.)			
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 .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2019?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	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		
С	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?			
b	If "Yes," did it have excess business holdings in 2019 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			- 1
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			لــِــ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	- 1	×

Par	VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be F	Require	ed (conti	nued)			
5a	During the year, did the foundation pay or incur	any am	ount to:	-						Yes	No
	(1) Carry on propaganda, or otherwise attempt		_	•	•	• •	☐ Yes	⊠ No	• [
	(2) Influence the outcome of any specific public		on (see sect	ion 495	55); or to c	arry on	,				
	directly or indirectly, any voter registration di						Yes Yes	⊠ No	•		ļ
	(3) Provide a grant to an individual for travel, stu						X Yes	☐ No	•		ļ
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	section 4945(d)(4)(A)? See instructions						☐ Yes	X No	•		ł
	(5) Provide for any purpose other than religious	•	•		• .						
	purposes, or for the prevention of cruelty to							⊠ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the							scribed			
	in Regulations section 53.4945 or in a current no		-						, <u>5b</u>		×
_	Organizations relying on a current notice regarding disaster assistance, check here					J		- 1			
С	because it maintained expenditure responsibility								,		İ
	-		-				∐ Yes	∐ No	'		1
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any					amiume]
Va	on a personal benefit contract?					emum	' □Yes	⊠ No			
h	Did the foundation, during the year, pay premiur					 I bonofi			6b		$\overline{}$
b	If "Yes" to 6b, file Form 8870.	iio, uire	cay or maire	ony, on	a persona	Dellell	Contract		00		- ^
7a	At any time during the tax year, was the foundation	a nartv	to a prohibiti	ed tax s	helter trans	action?	□Yes	X No	, [ĺ
b	If "Yes," did the foundation receive any proceed	-							7b	_	
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) de	uring th	e year?				☐ Yes	⊠ No	.		
Part	VIII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	aid E	mploy	ees,	
	and Contractors										
1_	List all officers, directors, trustees, and found								·		
	(a) Name and address	hou	e, and average rs per week ed to position	` (If r	mpensation not paid, iter -0-)	emple	Contributions byee benefit erred compe	plans	(e) Expe	nse acc allowan	
JOR	GE L RODRIGUEZ	PRES	IDENT			ļ					
<u>_807_F</u>	ERNANDEZ JUNCOS AVE 2ND FLOOR SAN JUAN PR 00907		2.00		0.			0.			<u>0.</u>
	GLAS GARROTE	VICE	PRESIDENT					_			_
_807_F	ERNANDEZ JUNCOS AVE 2ND FLOOR SAN JUAN PR 00907		2.00		0.			0.			<u>0.</u>
											
	Compensation of five highest-paid employed	e (oth	er than thos	e incl	uded on li	ne 1	see instr	uction	s) If n	one e	enter
2	"NONE."	-5 (Oth	er than tho	se ilici	uded on n		300 111301	40000	<i>3</i> ,	J.1.C, \	
			(1) The sector		Γ		(d) Contribu	itions to			
	a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v	veek	(c) Compe	nsation	employee plans and c	benefit	(e) Expe	nse acc	
			devoted to po	osition			compens	ation	Other t	2110444211	003
NONE											
		••••	ł				_				
_											
]								
					1						
Total	number of other employees paid over \$50,000.								0		

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
]
		ľ
Tota	I number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	SPONSORSHIP TO NOT FOR PROFIT ORGANIZATIONS	
		
_		12,950.
2	SPONSORSHIP OF EDUCATIONAL SERVICES	1
	······································	1,050.
3	SPONSORSHIP OF CIVIL RIGHT ORGANIZATION - ACLU	1,030.
_]
		5,000.
4	SPONSORSHIP OF YOUTH SPORT TEAM	
		150.
	t IX-B Summary of Program-Related Investments (see instructions)	Amount
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. NONE	Amount
•	NONE	
	······································	0.
2		
		ļ
All	other program-related investments. See instructions.	
3		
Total	L Add lines 1 through 2	
<u> </u>	I. Add lines 1 through 3	0.

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ion founda	tione
L CII	see instructions.)	igii loulida	uons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0.
С	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part		oundations	
	and certain foreign organizations, check here ▶ ☑ and do not complete this part.)		
<u> </u>	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (Fhis does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the	he foundation
BAA	qualities for the section 4940(e) reduction of tax in those years. REV 06/02/20 PRO	Form	990-PF (2019)
	KEV UDIUZIZU FRO		, ,

Part	VIII Undistributed Income (see instruction	ons)			/_
	,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				0.
2	Undistributed income, if any, as of the end of 2019:				`
a	Enter amount for 2018 only			0.	
b	Total for prior years: 20 18 , 20 17 , 20		0.	/	
3	Excess distributions carryover, if any, to 2019:		· · · · · · · · · · · · · · · · · · ·		
а	From 2014		/		
b	From 2015 0.	1	/		
6	From 2016 0.				
d	From 2017				
e		i			
_			 		
f	Total of lines 3a through e	0.	-/		
4	Qualifying distributions for 2019 from Part XII, line 4: ▶ \$0.				
а	Applied to 2018, but not more than line 2a .		/	0.	
b	Applied to undistributed income of prior years (Election required—see instructions)		0.		
С	Treated as distributions out of corpus (Election required—see instructions)	0.			
d	Applied to 2019 distributable amount	/			0.
е	Remaining amount distributed out of corpus	/ 0.			
5	Excess distributions carryover applied to 2019			n	
-	(If an amount appears in column (d), the same amount must be shown in column (a).)	0.		-	0.
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract/				
С	line 4b from line 2b		0.		
	income for which a notice of deficiency/has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
_	Subtract line 6c from line 6b. /Taxable				
d	amount—see instructions /		0.		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0.	
f	Undistributed income for 2019/ Subtract lines 4d and 5 from line 1. This amount must be				_
	distributed in 2020 /			~	0.
7	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)	0.			
o	Excess distributions carryover from 2014 not	<u> </u>			
8	applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2020.	_			
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				
а	Excess from 2015/0.				
b	Excess from 2016				
С	Excess from 201/7			ļ	
d	Excess from 20/18				į
e	Excess from 2019 0.				i

Form **990-PF** (2019)

BAA

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo				NOVEMBER 2,	
b	Check box to indicate whether the four		operating foundat		ction 🔀 4942(j)(3) or 🗌 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	1 7 0
	each year listed	1× 0.	0.	0.	0.	<u> </u>
b	85% of line 2a	0.	0.	0.		0.
С	line 4, for each year listed	0.	0.	0.	0.	0.
d	Amounts included in line 2c not used directly	<u></u>	<u> </u>			
ŭ	for active conduct of exempt activities	0.	0.	0.	0.1	0.
е	Qualifying distributions made directly	<u>_</u> .		··		
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	0.	0.	0.	0.	0.
3	Complete 3a, b, or c for the)				
	alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets	4,395.	29,973.	73,739.	0.	108,107.
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	4,395.	29,973.	73,739.	0.	108,107.
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in		0		_	^
_	Part X, line 6, for each year listed	0.	0.	0.	0.	0.
С	"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)	o.	0.	o.	0.	0.
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)	0.	0.	0.	0.	0.
	(3) Largest amount of support from					
	an exempt organization	0.	0.	0.	0.	0.
	(4) Gross investment income	0.	0.	0.	0.	0.
P _{art}				ne foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		s.)			
1	Information Regarding Foundation List any managers of the foundation v		tod more than 20%	of the total centr	ibutions received	by the foundation
a	before the close of any tax year (but o					by the loundation
N	I/A	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u., 40,000, (000 o.	· · · · · · · · · · · · · · · · · · ·	
		who own 10% or	more of the stoc	k of a corporation	(or an equally lai	ge portion of the
	ownership of a partnership or other er					
1	1/A					
2	Information Regarding Contribution	, Grant, Gift, Loai	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the fo		jifts, grants, etc., t	to individuals or or	ganizations under	other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	mber or email add	ress of the persor	n to whom applicat	tions should be ad	dressed:
	See Supplementary Informat					
þ	The form in which applications should	be submitted and	information and r	naterials they shot	ua include:	
	Any submission deadlines:					
Ü	Any submission deadimes.					
d	Any restrictions or limitations on aw	ards, such as by	geographical are	eas, charitable fie	lds, kinds of inst	itutions. or other
_	factors:		33		,	

REV 06/02/20 PRO

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (nome or business) a Paid during the year FUNDACION BANCO POPULAR AVE QUISQUEYA SAN JUAN PR 00919 INSTITUTO PSICOPEDAGOCICO DE PR CALLE MARGINAL BAYAMON PR 00 ACLU UNION PLAZA SUITE 1105 416 AVE PONCE DE LEON SAN JUAN PR 00918 FUNDACION KINESIS 1001 CALLE SAN ROBERTO SUITE 101 SAN JUAN PR 00926 CASA LA PROVIDENCIA PO BOX 90902 INTERLEMBIO DEPORTIVO FRAICCOMAR UNB MONTE TRUJILLO 202 PARQUE TERRALINDA TRUJILLO ALTO PR 00916 PROFESSORA ALMA BERTORI UNB SANTA MARIA 1940 CALLE SAUCO SAN JUAN PR 00926 TOURS CALLE GUADIANA SAN JUAN PR 00926 TOURS CALLE GUADIANA SAN JUAN PR 00926 TOURS CALLE GUADIANA SAN JUAN PR 00926 TOUR SANTA MARIA 1940 CALLE SAUCO SAN JUAN PR 00926 TOUR SANTA MARIA 1940 CALLE SAUCO SAN JUAN PR 00927 CODERI UNB EL CEREZAL 1628 CALLE GUADIANA SAN JUAN PR 00926 Total Total Total Total Total Total Total TOTAL Proposed of paid of contribution of receptant of contribution	3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Ame and address (norme or Dusiness) or substantial contributor of Polyana Paid during the year FUNDACION BANCO POPULAR AVE QUISQUEYA SAN JUAN PR 00919 NC NOT FOR FROFIT ORGANIZATION 5,000. INSTITUTO PSICOPEDAGOCICO DE PR CALLE MARGINAL BAYAMON PR 00 COUNTER SITE 1105 416 AVE PONCE DE LEON SAN JUAN PR 00918 NC CIVIL RIGHTS 5,000. TOTAL LEAR SUITE 1105 416 AVE PONCE DE LEON SAN JUAN PR 00918 NC CIVIL RIGHTS 5,000. TOTAL SAN JUAN PR 00926 CASA LA PROVIDENCIA PO BOX 9020614 NC SEDUCATION 450. SEN JUAN PR 00902 NC EDUCATION 450. INTERCAMBIO DEPORTIVO FRAIGCOMAR URB MORTE TRUJILLO ALTO PR 00976 NC SPORTS TRAVEL 150. PROFESORA ALMA BERTORI URB SANTA MARIA 1340 CALLE SAUCO SAN JUAN PR 00927 COOCRI URB SANTA MARIA 1340 CALLE GUADIANA SAN JUAN PR 00926 NC SPECIAL EDUCATION SERVICES 900. Total DApproved for future payment NONE		any foundation manager	status of		Amount		
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URB MONTE TRUJILLO 202 PARQUE TERRALINDA TRUJILLO ALTO PR 00976 PROFESORA ALMA BERTORI URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN PR 00927 CODERI URB EL CEREZAL 1628 CALLE GUADIANA SAN JUAN PR 00926 Total Description Total Description Total NC SPORTS TRAVEL 150. 150. ROBOT OLYMPICS 150. SPECIAL EDUCATION SERVICES 900.	SAN JUAN PR 00902		NC	EDUCATION	450.		
TRUJILIO ALTO PR 00976 PROFESORA ALMA BERTORI URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN PR 00927 CODERI URB EL CEREZAL 1628 CALLE GUADIANA SAN JUAN PR 00926 Total Total Approved for future payment NONE NC SPECIAL EDUCATION SERVICES 3a 19,150.	INTERCAMBIO DEPORTIVO FRAIGCOMAR						
PROFESORA ALMA BERTORI URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN PR 00927 CODERI URB EL CEREZAL 1628 CALLE GUADIANA SAN JUAN PR 00926 Total D Approved for future payment NONE	URB MONTE TRUJILLO 202 PARQUE TERRALINDA						
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SAN JUAN PR 00927 CODERI URB EL CEREZAL 1628 CALLE GUADIANA SAN JUAN PR 00926 Total Approved for future payment NONE I ROBOT OLYMPICS 150. SPECIAL EDUCATION SERVICES 900.							
CODERI URB EL CEREZAL 1628 CALLE GUADIANA SAN JUAN PR 00926 Total Approved for future payment NONE 19,150.			_	DODOE OLYMPICC	150		
Total			1	ROBOT OLIMPICS	150.		
Total							
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5 000 PE (010)	Total		·	▶ 3b			

Pa	irt XV	-A Analysis of Income-Producing Ad	ctivities				
Ente	er gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Prog	ram service revenue:					(See instructions.)
	a N	ONE					
	ь _						
	c _				ļ. <u></u>		<u>-</u>
	d _						
	e _				<u> </u>		
	f =						
_		ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments					
4		ends and interest from securities	≯ f			, ,,	-
5		ental income or (loss) from real estate:			• 1	- ' - ' ' '	4
		ebt-financed property			-	-	
6		ental income or (loss) from personal property			 		
7		r investment income			-		
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events			 		
10		s profit or (loss) from sales of inventory	<u> </u>				
11							
••	b						
	d –						
	 е						
12		otal. Add columns (b), (d), and (e)					
		l. Add line 12, columns (b), (d), and (e)				13	
		sheet in line 13 instructions to verify calculation					
Pa	rt XVI	-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Lin	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo poses (other that	orted in column n by providing fun	(e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	mportantly to the ctions.)
1		N/A					
							·
			<u> </u>				
		<u> </u>					
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		<u> </u>			<u> </u>		
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	_			<u> </u>			
						<u></u>	
							
				-			 _
							

		Organizati	ons												
1 a	orga Tran (1) (the organization of section 501(c) (c) anizations? insfers from the reposition of the control of	other i	than sect	tion 501(d	c)(3) organiz	ations) c	or in sec	tion 527,				1a(1) 1a(2)	Yes	X X
b	Othe	or transactions: Sales of assets to			· · ·	raspization	• • •			• •		• •		<u></u>	* *
		Purchases of asse				-						• •	1b(1)		·
		Rental of facilities						· · · ·		•		•	1b(2)		×
		Reimbursement a									•		1b(3)		
		oans or loan gua	•					•		• •	•		1b(5)		
		Performance of se					 Colocitation	 ns .		•	• •	• •	1b(6)		×
С		ing of facilities, e			•	_				• •			1c		$\hat{\mathbf{x}}$
		e answer to any			-					 A shoul	d alw	ave ehoi		fair m	
•		e of the goods, o													
		e in any transaction													
(a) Line		(b) Amount involved				exempt organ			cription of tran						
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	desc	e foundation dire ribed in section 5 es," complete the (a) Name of organi	01(c) (follow	other than	section 5	501(c)(3)) or		527? .		• • •	• •		☐ Ye	s 🗵	No
		(a) Haine of Organi.				(e) Type of	o, gai iikatiOfi		-	(0) D83	, and the	, or relation			
									 						
	~						·	-							
															
Sian	Unde	or penalties of perjury, I c	declare the	hat I have exa	mined this re er than taxpa	turn, including ac	companying	schedules an	l d statements, a parer has any ki	nd to the	best of	my knowled	ge and b	ellef, it i	s true,
Sign		188	-			Jahn	4.1			•		May the IR with the pro			
Here		- your	20X			17/04/		CE PRE	SIDENT]	See instruc			
i	Sign	ature of officer or trust			ln	Date /	Title		Data						
Paid		Print/Type preparer's			Prepa	arer's signature			9/24	/20	Check	(if	TIN		
Prepa	rer	JOSE L MEN							17/27/			nployed P			<u> </u>
Use O	nly	Firm's name		& CO.,	LLP				'	Firm's		66-04			
		Firm's address ▶		DOMENE				0.5.5.5		Phone	no. (787)76			
BAA			SAN	JUAN,	Puerto	Rico		00918	3			Fo	rm 990)-PF (2019)

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

PACI	V FOUNDATION :	INC		66-0736063				
	Organization type (check one):							
Filers o	f:	Section:						
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization					
		4947(a)(1) non	exempt charitable trust not treated as a private fou	ındation				
		☐ 527 political o	rganization					
Form 990-PF		▼ 501(c)(3) exem						
		☐ 4947(a)(1) non	exempt charitable trust treated as a private founda	tion				
		☐ 501(c)(3) taxab	ole private foundation					
	nly a section 501(c)(ons.	•	neral Rule or a Special Rule. zation can check boxes for both the General Rule a	nd a Special Rule. See				
×	For an organization	or property) from any	0-EZ, or 990-PF that received, during the year, cont one contributor. Complete Parts I and II. See instr					
Special	Rules		•					
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) and d that received from	n 501(c)(3) filing Form 990 or 990-EZ that met the 3 d 170(b)(1)(A)(vi), that checked Schedule A (Form 99 any one contributor, during the year, total contributorm 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	00 or 990-EZ), Part II, line tions of the greater of (1)				
	contributor, during	the year, total contri	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha butions of more than \$1,000 <i>exclusively</i> for religiou the prevention of cruelty to children or animals. Co	s, charitable, scientific,				
	contributor, during contributions totale during the year for a General Rule appli	the year, contribution of more than \$1,000. In exclusively religion of this organization	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ns exclusively for religious, charitable, etc., purpose. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any or because it received nonexclusively religious, chart.	es, but no such utions that were received f the parts unless the uritable, etc., contributions				

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).

Cat No 30613X

REV 06/02/20 PRO

Name of organization
PACIV • FOUNDATION INC
66

Employer identification number 66-0736063

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	FUNDACION BANCO POPULAR AVE QUISQUEYA	\$ <u> </u>	Person ⊠ Payroll □ Noncash □			
	SAN JUAN PR 00919		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	UNION AMERICANA DE LIBERTADES CIVILES UNION PLAZA SUITE 1105 416 AVE PONCE DE ELON SAN JUAN PR 00918	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	FUNDACION KINESIS 1001 CALLE SAN ROBERTO SUITE 101 SAN JUAN PR 00926	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization

Employer identification number

OUNDATION INC		-0736063
Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional space	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	a	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	Noncash Property (see instructions). Use duplicate of (b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional span (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) S

Name of org				' -	er identification number			
	OUNDATION INC	· · · · · · · · · · · · · · · · · · ·			736063			
Part III	Exclusively religious, charitable, (10) that total more than \$1,000 for the following line entry. For organization tributions of \$1,000 or less for the following line entry.	or the year from any ations completing Par the year. (Enter this in	one contributor t III, enter the tot formation once. S	. Complete columns al of <i>exclusively</i> relig	(a) through (e) and gious, charitable, etc.,			
()	Use duplicate copies of Part III if ac	Iditional space is need	ded.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-	Turne for the latest and the latest	(e) Transf	_					
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor t	o transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	(c) Use of gift		of how gift is held			
	Transferee's name, address, a	(e) Transf	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	(c) Use of gift		of how gift is held			
		(e) Transfe	_					
-	Transferee's name, address, a	and ZIP + 4	Helatio	nship of transferor to	transferee			
} -								
(a) No. from Part I	(b) Purpose of gift	(c) Use o	(c) Use of gift		of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to	transferee			
-				••••••				
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PACIV FOUNDATION INC Form 990-PF: Return of Private Foundation

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Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.	Contribution, Grant, Gift, Loan, Scholars		Continuation Statement
Name and Address Information	Form Information	Submission Information	Restrictions
DOUGLAS GARROTE 807 FERNANDEZ JUNCOS AVE 2ND FLOOR SAN JUAN, PR 00907 garroted@paciv.com 787-721-5290	APPLICANTS SHOULD BE SUBMITTED BY THERE ARE NO EMAIL OR REGULAR MAIL WITH AN DEADLINES AND INDICATION OF WHICH TYPE OF FUND EACH APPLICATORGANIZATION THEY ARE, FOR IS EVALUATED EXAMPLE: FUND 501C3 OR PR FUND CASE BY CASE 1101.	THERE ARE NO DEADLINES AND EACH APPLICATION IS EVALUATED ON A CASE BY CASE BASIS.	THERE ARE NO EACH APPLICATION IS EVALUATED ON A CHARITABLE FIELD: EACH APPLICATION ENTREPRENEURSHIP, IS EVALUATED ON A EDUCATION, HEALTH, CASE BY CASE SOCIAL BASIS. DEVELOPMENT.

Legal and Professional Fees

Name	Employer Identification No
PACIV FOUNDATION INC	66-0736063

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANGEL L CABAN	LEGAL FEES	9,071.			
Total to Form 990-	PF, Part I, Line 16a	9,071.			

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
JLM&CO., LLP	ACCOUNTING	2,394.			
Total to Form 990-	PF, Part I, Line 16b	2,394.			

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ICHARD SANTIAGO	ARTISTIC	5,000.			
otal to Form 990-	PF, Part I, Line 16c	5,000.			

PACIV FOUNDATION INC 66-0736063

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
IVU TAX	97.			
BANK CHARGES	10.			
MEDICAL SUPPLIES	2,000.			
OTHER	791.			
Total	2,898.			

PACIV FOUNDATION INC 66-0736063

Additional information from your 2019 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 1(a)

Item			

1

Desc	ription	Amount
PACIV INC		10,000.
	Total	10,000.