Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 601(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2002

Open to Public Inspection

For the 2002 calendar year, or tax year beginning C Name of organization D Employer Identification number Please Check if applicable use IRS THE LUIS A. FERRE FOUNDATION, INC. 66-0235625 label or Address change print or Number and street (or PO box if mail is not delivered to street address) E Telephone number Name change type See (787)793-4040 PO BOX 9066590 Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method Cash X Accrual Final return SAN JUAN, PUERTO RICO, 00906-6590 Other (specify) Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) is this a group return for affiliates? Yes X No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes." enter number of affiliates ▶ G Website ▶ H(c) Are all affiliates included? | Yes |X|No J Organization type (check only one) ▶ 🔀 501(c) () ◀ (insert no) 4947(a)(1) or 527 (If "No," attach a list See instructions) H(d) is this a separate return filed by an K Check here ▶ [] if the organization's gross receipts are normally not more than \$25,000. The organization organization covered by a group ruling? | Yes | | No need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it Enter 4-digit GEN ▶ should file a return without financial data. Some states require a complete return. Check ▶ ☐ if the organization is not required to attach Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 Sch B (Form 990, 990-EZ, or 990-PF) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions Contributions, gifts, grants, and similar amounts received a Direct public support 1,122,508 b Indirect public support 1Ъ 850,149 10 c Government contributions (grants) 1,195,000 d Total (add lines 1a through 1c) (cash \$ _ noncash \$ 1d 3,167,657 00 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 127,301.00 Membership dues and assessments Interest on savings and temporary cash investments 240,631 Б Dividends and interest from securities 818,649 6a Gross rents ва 73,714 6b **b** Less rental expenses Net rental income or (loss) (subtract line 6b from line 6a) 6c 73,714 00 7 Other investment income (describe -8a-Gross amount-from sales of assets (B) Other (A) Securities other than inventory 8a 1,034,320 Less cost or other pasis and sales expenses 8b 1,004,100 8c c Gain or (loss) (attach schedule) 30,220.00 Ald Net gain (or (loss); (combine line 8c, columns (A) and (B)) 8d 30,220.00 Special events and activities (attach schedule) a Gross revenue (not including \$ 9a 253,600 9b b Less direct expenses other than fundraising expenses 112,560 c Net income or (loss) from special events (subtract line 9b from line 9a) 90 141,040.00 10a Gross sales of inventory, less returns and allowances 10a 216,174 10b b Less cost of goods sold 101,871 c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 114,303.00 11 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 4,713,515.00 13 13 Program services (from line 44, column (B)) 2,459,56<u>9 0</u>0 Management and general (from line 44, column (C)) 14 14 966,640 00 15 15 Fundraising (from line 44, column (D)) 437,939.00 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 3,864,148.00 Excess or (deficit) for the year (subtract line 17 from line 12) 18 18 849,367 00 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 38,451,170.00 Other changes in net assets or fund balances (attach explanation) 20 10,057,293 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 49<u>,3</u>57,830<u>0</u>0

For Paperwork Reduction Act Notice, see the separate instructions

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Form **990** (2002)

Pa	Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and Functional Expenses section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)								
-	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program	(C) Management and general	(D) Fundraising			
22	Grants and allocations (attach schedule) (cash \$) Specific assistance to individuals (attach schedule)	22 23	59,933	59,933					
24 25 28	Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc Other salaries and wages	24 25 28	257,099 1,001,751	58,499 970,671	198,600 31,080				
27 28	Pension plan contributions Other employee benefits	27 28	136,126	119,582	16,544				
29 30 31	Payroll taxes Professional fundraising fees Accounting fees	29 30 31	113.083 437.939 411.240	281,197	15,016	437.939			
32 33 34	Legal fees Supplies Telephone	32 33 34	4,010 31,692	31.692	4.010				
35 38	Postage and shipping Occupancy	35 36	16,379	36.084	12,813				
37 38 39	Equipment rental and maintenance Printing and publications Travel	37 38 39	67.588 85.390	62,386	53,427				
40 41	Conferences, conventions, and meetings Interest	40 41 42	3,925 18,321	3.925 7.392	10,929				
42 43 b	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize) a STMT 1	43a 43b	131,154 1,039,621	40,139 650,039	83,015 389,582				
c d e		43c 43d 43e							
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.		3,864,148.00	2,459,569.00	966,640.00	437,939.00			
Are a	t Costs. Check ▶ ☐ If you are following SOP 98-2 ny joint costs from a combined educational campaign and fundral s,* enter (i) the aggregate amount of these joint costs \$	-	•	•	am services \$	Yes No			
	e amount allocated to Management and general \$ till Statement of Program Service Accom	nplis		ount allocated to Fund le 24 of the instruc		<u> </u>			
All or	it is the organization's primary exempt purpose? .organizations must describe their exempt purpose achievements in a rid, etc. Discuss achievements that are not measurable. (Section 50 also enter the amount of grants and allocations to others.)	dear ar	nd concise manner Sta	te the number of clients	served, publications	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)			
а	STMT. 2								
—	(Gra		nd allocations	\$ AND					
	OVER FIFTEEN CONFERENCES ON EDUCATION ACTIVITIES. OVER 60,000 PERSONS VISIT THE MUSEUM EACH YEAR.								
	(Gra		nd allocations	\$ 		3,804,215			
_	(Gra	nts a	nd allocations	\$					
d		 							
$\overline{}$	Other program services (attach schedule) (Gra	nts a	nd allocations	\$)	59,933			
T	Total of Program Service Expenses (should equal	iine 4	4, column (B), Pro	igram services)	▶	3,864,148.00			

Pa	rt IV	Balance Sheets (See page 24 of the	instructions)			
N	lote:	Where required, attached schedules and amounts we column should be for end-of-year amounts only	thin the description	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing		1,789,210	45	17,188,103
	46	Savings and temporary cash investments			46	
		Accounts receivable	47a 316,362			
	þ	Less allowance for doubtful accounts	47b	1,456,198	47c	316,362.00
	1	Pledges receivable	48a		48c	
1		Less allowance for doubtful accounts	48b		49	· - · - · - · - · · - · · - · · - · · - · · · - ·
	49 50	Grants receivable Receivables from officers, directors, trustees, (attach schedule)	and key employees		50	
		Other notes and loans receivable (attach schedule)	51a		E4-	
Assets	ı	Less allowance for doubtful accounts	[51b]	100 041	51c	004 131
Ä	l	Inventories for sale or use		199,941	52 53	224,131
	53	Prepaid expenses and deferred charges	► ☐ Cost 🗶 FMV	89,319 27,071,083	54	194,429 21,298,628
	54	Investments — securities (attach schedule) Investments — land, buildings, and	Cost X FMV	27,071,083		21,290,020
	004	equipment basis	55a]	
	ь	Less accumulated depreciation (attach			Ì	
	l	schedule)	55b		55c	
	56	Investments — other (attach schedule)	letal	· ··	56	
		Land, buildings, and equipment basis	57a 4,251,976			
	6	Less accumulated depreciation (attach schedule)	57b 2,332,790	1,878,739	57c	1,919,186.00
	58	Other assets (describe ► ART COLLECTION		8,714,962	58	0,040,162
		,			-	
	59	Total assets (add lines 45 through 58) (must	equal line 74)	41,199,452.00	59	49,989,001.00
	60	Accounts payable and accrued expenses		2,503,681	60	395 <u>,796</u>
	61	Grants payable		244,601	61_	235,375
	62	Deferred revenue			62	
bilities	63	Loans from officers, directors, trustees, and k schedule)	key employees (attach		63 64a	
Liah		Tax-exempt bond liabilities (attach schedule)	ahadula)	<u></u>	64b	
_		Mortgages and other notes payable (attach s	chedule)		65	
	65	Other liabilities (describe >	/			
	66	Total liabilities (add lines 60 through 65)		2,748,282 00	66	631,171.00
	Org	anizations that follow SFAS 117, check here lines 67 through 69 and lines 73 and 74	■ ■ and complete			
8	67	Unrestricted		36,118,004	67	47,428,480
Ē	68	Temporarily restricted		1,050,451	68	618,199
8	69	Permanently restricted		1,282,715	69	1,311,151
Net Assets or Fund Balances	Org	anizations that do not follow SFAS 117, che complete lines 70 through 74	eck here ▶ 🗍 and			
ថ	70	Capital stock, trust principal, or current funds	•	<u>. </u>	70	
ts st	71	Paid-in or capital surplus, or land, building, a	· ·		71	.
183	72	Retained earnings, endowment, accumulated			72	·
Net A	73	Total net assets or fund balances (add line lines 70 through 72, column (A) must equal lines 21)	s 67 through 69 or line 19, column (B)	38,451,170 00	73	49,357,830 00
	74	must equal line 21) Total liabilities and net assets/fund balance	41,199,452.00	74	49,989,001.00	
		· ·	· - · 、 · · · · · - · - · · - /]			

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form	990	(2002)

_	
Page	4

Part IV-A Reconciliation of Revenue per A	udited	Part IV-B P	econciliation of	# Evpansos n	Page 4
, Financial Statements with Reven			inancial Staten		
Return (See page 26 of the instruc	•		etum	ionis with Ext	onses per
a Total revenue, gains, and other support per audited financial statements	4,683,295	a Total expe	enses and losses nancial statement		3,864,148
b Amounts included on line a but not on line 12, Form 990		4	included on line s		3,000,110
(1) Net unrealized gains		(1) Donated s		1	1
on investments		and use o			
(2) Donated services and use of facilities \$		(2) Prior year		1	
(3) Recoveries of prior		reported o		ļ	
year grants \$		(3) Losses rep	<u> </u>		
(4) Other (specify)		line 20, Fo		<u></u> l	
		(4) Other (spe	ecify)	Ĭ	
<u> </u>					
Add amounts on lines (1) through (4) ▶ b		0 4 4	<u> </u>		
c Line a minus line b	683,295.00		ints on lines (1) th	- · · · -	2 2 2 4 2 2 2
d Amounts included on line 12,	003,293.00	7	ncluded on line 1		3,864,148 00
Form 990 but not on line a:			but not on line a:		!
(1) Investment expenses		(1) Investmen	•		
not included on line 6b, Form 990		not include			`
(2) Other (specify)		6b, Form 9 (2) Other (spe		 -	
Gain on sale of		(2) Other (spe	city)		
works of Art \$ 30,220.00			\$		1
Add amounts on lines (1) and (2) b d	30,220.00	Add amou	nts on lines (1) a	nd (2) ▶ d	
Total revenue per line 12, Form 990			nses per line 17,	Form 990	
	713,515,00	(line ¢ plus		▶ 0	3,864,148 00
Part V List of Officers, Directors, Trustee the instructions)	s, and Key E	Employees (Li	st each one even i	f not compensate	ed, see page 26 of
tile ilistructions)			(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address		l average hours per roted to position	(If not paid, enter -0-)	employee benefit plans & deferred compensation	account and other allowances
SEE STATEMENT 4			425 050		
DES STRIZMENT 4	 -		435,252		
			ļ <u>-</u>		
				:	
	 -		<u> </u>		
	<u> </u>				
	 -		 -		
					
75 Did any officer, director, trustee, or key employee receive ac			<u></u>		<u> </u>
and any onices, director, trastee, or key employee receive at	gregate compens	ation of more than \$	\$100,000 from your o	·	
related organizations, of which more than \$10,000 was pro- If "Yes," attach schedule — see page 26 of the i	rided by the relate	ation of more than to d organizations?	6100,000 from your o	·	Yes 🗓 No

N/A Form **990** (2002)

Part '	VII Analysis of Income Producing Acti	ivities (See page	31 of the instructions)			
	e: Enter gross amounts unless otherwise		business income	Excluded by sec	tion 512, 513 or 514	(E)
ındıcı	cated	(A) Business code	(B)	(C) Exclusion code	(D) Amount	Related or exempt function income
	Program service revenue					
_	ADMISSIONS CURATORIAL SERVICE	 -	 	 		107,526
b			 	 		19,775
c d				 		
e						
_	Medicare/Medicaid payments		 	 		· · ·
	Fees and contracts from government agencies					-
_	Membership dues and assessments		 	14	240,631	
	Interest on savings and temporary cash investments			14	818,649	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate					
	debt-financed property					
ь	not debt-financed property			14	73,714	
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory	<u> </u>				
	Net income or (loss) from special events		<u> </u>			
	Gross profit or (loss) from sales of inventory		<u> </u>	03	114,303	
	Other revenue a		<u> </u>			
Ь		 -		 -		
c		— -		 		
d			 	 		
404	Subtatel (add aslumes (D) (D) and (E))		. 			
	Subtotal (add columns (B), (D), and (E))	L	<u> </u>	<u></u>		127.301.00
	Total (add line 104, columns (8), (D), and (E)) Line 105 plus line 1d, Part I, should equal the air		Dort I		<u> </u>	<u>,374,598.00</u>
	VIII Relationship of Activities to the Ac			20000 (000)	one 22 of the unstrue	hena \
Line i					rportantly to the a	accompusament
	_ STMT 5	and, and a pro-		p p y		
						
			 -			
Part 1	IX Information Regarding Taxable Sul	bsidiaries and	Disregarded En	tities (See pa	ge 32 of the instruct	ions)
	(A)	(B)	(C) Nature of act		(D)	(E) End-of-year
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of wnership interest	Nature of act	vities	Total income	End-of-year assets
	paratetorip, or albrigations criticy	%			' {	
		%				
		%				
Part 2	X Information Regarding Transfers A	ssociated with	h Personal Bene	fit Contract	ls (See page 33 of)	he instructions)
	Did the organization, during the year, pay prem	•				
	be: If "Yes" to (b), file Form 8870 and Form 4720					
	Under penalties of perjury, I declare that I have examin	ed this return, incl				
Please	belief, it is true, correct, and complete Declaration of pa	reparer (other than				
Sign						
Here	Signature of officer					
1 101 0	Orlando, Vaiquez	lorres				
	Type or print name and title	//				
Paid	Preparer's 1					
Prepare	er's signature	<u>~</u>				
Use On		COOPERS LL				
	address, and ZIP+4 PO BOX 363566 S	BAN JUAN, P				

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Chantable Trust

Supplementary Information - (See separate instructions.)

2002

OMB No 1545-0047

Department of the Treasury

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-5Z Internal Revenue Service Name of the organization Employer Identification number 66-0235625 THE LUIS A. FERRE FOUNDATION, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Part I Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans 8 account and other than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation FERI CONSTRUCTION 73,815 Total number of others receiving over \$50,000 for

NONE

professional services

Pa	rt II	Statements About Activities (See page 2 of the instructions)		Yes	No				
1	ati or	iring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, let VI-A, or line I of Part VI-B)	1	:	х				
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities								
2	SU WI	bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority oner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining transactions)			,				
a		ile, exchange, or leasing of property?	22		X				
b	Le	nding of money or other extension of credit?	2b		X				
C	Fu	rnishing of goods, services, or facilities?	2c		X				
d	Pa	syment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х					
•	Tr	ansfer of any part of its income or assets?	2e		<u>x</u>				
	4 Do you have a section 403(b) annuity plan for your employees? Note: Attach a statement to explain how the organization determines that individuals or organizations receiving								
Pa	_	r loans from it in furtherance of its charitable programs "qualify" to receive payments Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)							
The	org	anization is not a private foundation because it is (Please check only ONE applicable box)							
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7	F	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)							
8	$\bar{\Box}$	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)							
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hocity, and state	sprta	ıl's n	ame, —				
10		An organization operated for the benefit of a college or university owned or operated by a governmenta 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)	al uni	t Se	ction				
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	gene	ral p	ublic				
11b									
12									
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3))							
		Provide the following information about the supported organizations (See page 5 of the instructions)		_					
		(a) Name(s) of supported organization(s) (b) Line no from ab		er —					
		N/A							
				_					
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instruct	ions)					

Note	rt IV-A Support Schedule (Complete only if a: You may use the worksheet in the instructions	you checked a b for converting fr	iox on line 10, 11 om the accrual to	i, or 12) Use c e othe cash meth	ash metho od of accou	d of E Intina	eccounting.
	endar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 199		(e) Total
15			- · · · · · · · · · · · · · · · · · · ·	3 -7 · · · · ·	- \-/		<u> </u>
	not include unusual grants See line 28)	2,186,189	2,914,618	2,770,386	2,872	,506	10,743,699 00
16	Membership fees received	323,700	254,977	264,916	316	,728	1,160,321 00
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of		ł		}		ł
	facilities in any activity that is related to the organization's charitable, etc., purpose]		
18	Gross income from interest, dividends,				 		
10	amounts received from payments on securities	1					
	loans (section 512(a)(5)), rents, royalties, and	}			i		}
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired		1				
40	by the organization after June 30, 1975	1,059,280	1,943,280	972,335	971	073	4,945,968 00
19	Net income from unrelated business activities not included in line 18					_	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on						
	its behalf			-	İ		
21	The value of services or facilities furnished to		 		 		 -
	the organization by a governmental unit without						
	charge Do not include the value of services		ŀ				
	or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not		<u> </u>	 -	 		
	include gain or (loss) from sale of capital assets	93,489	112,500	110,449	114	,512	430,950 00
23	Total of lines 15 through 22		5,225,375 00				17,280,938 00
24	Line 23 minus line 17		5,225,375 00		T	_	17,280,938 00
25	Enter 1% of line 23	36,627	52,254	41,181	42,741		1.72.00,733.00
26	Organizations described on lines 10 or 11:		amount in colun		<u> </u>	26a	345,619
b	Prepare a list for your records to show the name of and amo				unit or		
	publicly supported organization) whose total gifts for 1998 th	rrough 2001 exceed					
	this list with your return. Enter the total of all these excess a				•	26b	
	Total support for section 509(a)(1) test Enter lin				•	26c	17,280,938 00
d	Add Amounts from column (e) for lines 18 4	<u> </u>	19				
_	22	430,950 00	26ь	 -	>		5,376,918 00
	Public support (line 26c minus line 26d total)		!: 00- /-!			26e	11,904,020 00
	Public support percentage (line 26e (numerat	or) divided by	line 26c (denon	ninator))	<u> </u>	261	
27	Organizations described on line 12: a For a person," prepare a list for your records to show person." Do not file this list with your return.	the name of, a	nd total amount	s received in ea			
	(2001)(2000)	((1999)	((1998)		
ь	For any amount included in line 17 that was rec	eived from each	person (other th	nan "disqualified	person"), p	orepa	re a list for your
	records to show the name of, and amount receive						
	year or (2) \$5,000 (Include in the list organization your return. After computing the difference between						
	sum of these differences (the excess amounts) for		received and the	o larger amount	described	(1)	or (z), enter the
	(2001)(2000)	-	(1999)		1998)		
	(===== (=====	,					<u> </u>
c	Add Amounts from column (e) for lines 15	1	6				
	17 20				▶	27c	
d	Add Line 27a total and					27d	
e	Public support (line 27c total minus line 27d total					27e	
f		· ·	3, column (e)	▶ 271			
g	Public support percentage (line 27e (numerat		• •			27g	%
h	Investment income percentage (line 18, column (e) (numera		•		ſ	27h	
28	Unusual Grants: For an organization described	in line 10, 11, oi	12 that received	any unusual g	rants during	199	8 through 2001,
	prepare a list for your records to show, for each	year, the name	of the contribute	r, the date and	amount of	the gr	rant, and a brief
	description of the nature of the grant. Do not file	this list with v	rour resturn Doi	not include these	e orants in	line 1	5

Pa	rt V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A	\ \	
	(10 be completed CIALL by schools that checked the box of time 6 in Part 14)		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		,
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	-		
32	Does the organization maintain the following	_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32Ь		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
_		<u> </u>		
	If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)	- `;		
33	Does the organization discriminate by race in any way with respect to	_		
a	Students' rights or privileges?	33a		
b	Admissions policies?	33ь		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	331		
Ø	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)	-		
		-		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
þ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2.C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	rt VI-A Lobbying Expenditures by Elec				ne ins	tructions)	Page (
Che	To be completed ONLY by an elig				and 'lie	mited control* prov	reione anniv
-	Limits on Lobbyin (The term "expenditures" means	g Expenditure	es	a critosia a		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public of				36		O garazanoris
37	Total lobbying expenditures to influence a legisli		, -,		37		
38					38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines 3	8 and 39)			40		
41	Lobbying nontaxable amount Enter the amount	from the follow:	ng table —				` _
	Not over \$500,000 20% of the Over \$500,000 but not over \$1,000,000 \$100,000 Over \$1,000,000 but not over \$1,500,000 \$175,000	bying nontaxab eamount on line 40 plus 15% of the exce plus 10% of the exce plus 5% of the exces	ess over \$500,000 ess over \$1,000,00	0 }	41	,	
	Over \$17,000,000 \$1,000,000		,		İ		1
42		•			42		
43	Subtract line 42 from line 36 Enter -0- if line 42				43		
44	Subtract line 41 from line 38 Enter -0- if line 41	is more than lin	e 38		44		
	Caution: If there is an amount on either line 43	or line 44. vou m	ust file Form 41	720		ı	
	(Some organizations that made a section See the instructions for	lines 45 through	50 on page 11	of the instru	ictions)	
		LODD	yıng Expendit	ures During	4-Yes	r Averaging P	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000		(d) 1999	(e) Total
45	Lobbying nontaxable amount			ļ		·····	
46	Lobbying ceiling amount (150% of line 45(e))				_		
47	Total lobbying expenditures			<u> </u>			
48	Grassroots nontaxable amount		·		_		<u> </u>
49	Grassroots ceiling amount (150% of line 48(e))			 		·· 	
50 Pai	Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelectin (For reporting only by organization)			// A) (See		14 -445	
Dun.	(For reporting only by organizations ig the year, did the organization attempt to influen)	
atter	opt to influence public opinion on a legislative ma Volunteers	itter or referendu	m, through the	use of	aing ar	Yes No	Amount
b	Paid staff or management (Include compensatio	n ın expenses re	ported on lines	c through h	.)		
	Media advertisements	·			•		
	Mailings to members, legislators, or the public						
	Publications, or published or broadcast statemer						
	Grants to other organizations for lobbying purpo						<u> </u>
g	Direct contact with legislators, their staffs, govern						
	Rathes, demonstrations, seminars, conventions, Total lobbying expenditures (Add lines c through		res, or any othe	er means		 	<u> </u>
•	If "Yes" to any of the above, also attach a statem	•	ailed description	n of the lobb	Vina a	tt ctivities	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51	501(c) of the Code (of	ther than section 50	11(c)(3) organizations) or in se	following with any other organization diction 527, relating to political organization	tions?		
2		-	porting organization	to a noncharitable exempt or	ganization of	$\overline{}$	es	No_
	(i)	Cash				51a(i)		
_	(ii)	Other assets				a(II)	-	
D		er transactions				1	- 1	
	(i)		=	noncharitable exempt organiz	zation	b(1)	-+	
				ritable exempt organization		b(ii)	-+	
			es, equipment, or ot	ner assets		b(iii)	-+	
		Reimbursement	_			b(iv)	┵	
		Loans or loan gu		b		b(v)	-+	
_				rship or fundraising solicitation		b(vi)	+	
		•		ists, other assets, or paid emp	-	C		
a					ule Column (b) should always show th on If the organization received less tha			
					ie of the goods, other assets, or service			4100
		 _			(d)			
Line	a) no	(b) Amount involved	Name of nonch	(c) nantable exempt organization	Description of transfers, transactions, and sh	aring errenge:	menti	6
					<u> </u>			
	$\neg \neg$		-					
		-						
			· -					
•			<u> </u>	<u></u>	<u> </u>			
							_	
	$\neg \neg$							
	$\neg \neg$							
						•		
						_		
	desc	ribed in section 5		other than section 501(c)(3)) o	· · · · · · · · · · · · · · · · · · ·	☐ Yes	X	No
- /-		(a) Name of organi	zation	(b) Type of organization	(c) Description of relationship	<u> </u>		
N/I	1	· · · · · · · · · · · · · · · · · · ·	· 	<u> </u>	<u></u>			
		· -			 		_	
					 			
								
			·	<u> </u>				
			 _		 			
					 			
	_							
					 			
					 			
					 			
				·	 	-		
								

FORM 990, PART II, LINE 43 - OTHER EXPENSES STATEMENT 1

DESCRIPTION	TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL
DEVELOPMENT & ADVERTISING	243,471	243,471	
INSURANCE	132,239	7,498	124,741
MISCELLANEOUS EXPENSES	663,911	399,070	264,841
TOTAL	\$ 1,039,621	\$ 650,039	\$ 389,582

FORM 990, PART III, LINE a - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

DESCRIPTION EXPENSES

THE PRINCIPAL SERVICE OF THE LUIS A FERRE FOUNDATION, INC IS TO OPERATE, MAINTAIN AND CONSERVE THE PIECES OF ARTS AT THE PONCE MUSEUM OF ART THE MUSEUM HAS THE MOST VALUABLE COLLECTION, INCLUDING 2,400 PIECES OF ART IT IS CONSIDERED THE SECOND MOST IMPORTANT MUSEUM OF THE HISPANIC WORLD

TOTAL \$ 3,804,215

FORM 990, PART IV, LINE 58 - OTHER ASSETS STATEMENT 3

DESCRIPTION	ENDING BOOK VALUE
ART COLLECTIONS AT COST	<u>\$</u> 8,848,162
TOTAL	\$8,848,162_

FORM 990, PART - V LIST OF OFFICERS, DIRECTORS, AND TRUSTEES STATEMENT 4

NAME AND AL	DDRESS	TITLE	COMPEN	SATION
I LUIS A FERRE PO BOX 364487 SAN JUAN PR 0		TRUSTEE & PRESIDENT OF THE BOARD OF DIRECTORS	\$	198,600
2 DRA ROSARIO MARBELLA 66 SAN JUA, PR 00	CONDADO	TRUSTEE & VICE-PRESIDENT OF THE BOARD OF DIRECTORS	,	
3 ALBERTO PARA CALLE HOARE MIRAMAR, PR	550	TRUSTEE & VICE-PRESIDENT OF THE BOARD OF DIRECTORS	•	
4 ETIENE TOTTI PO BOX 191732 SAN JUAN, PR (SECRETARY OF THE BOARD OF DIRECTORS		
5 MARIA LUISA F PO BOX 906659 SAN JUAN, PR (0	TRUSTEE		
6 ANTONIO LUIS PO BOX 906659 SAN JUAN, PR (0	TRUSTEE		
7 ADALBERTO R 1379 PASEO DE SAN JUAN, PR (SAN JUAN, PH - A	TRUSTEE		
8 HON HECTOR CH - 142 US DIS AVE CHARDON SAN JUAN, PR	STRICT COURTHOUSE N	TRUSTEE		
9 LCDO JOSE ME 701 PONCE DE OFFICE 407 SAN JUAN, PR (TRUSTEE		
10 ROSA LOREN T EDIFICIO KON PLANTA BAJA I AVE ANDRES I	В	C TRUSTEE		

DIRFCTOR

LA FLORIDA

CARACAS, VENEZUELA

11 HERIBERTO ALONSO

CALLE VIOLETA 100 UR SANTA MARIA SAN JUAN, PR 00927

12 ANGEL O TORRES PO BOX 363549 SAN JUAN PR DIRECTOR

13 MARGARITA G DE VICENTY LA AHLAMBRA 5 ALCAZAR PONCE, PR 00731 DIRECTOR

14 LCDO JAIME FONALLEDAS PO BOX 758 SAN JUAN, PR 00919 DIRECTOR

15 MARIA EUGENIA FERRE RANGEL PO BOX 9066590 SAN JUAN, PR 00906-6590 DIRECTOR

16 BENIGNO TRIGO FERRE 29 SHADY PATH CRISTAL BROOK MOUNT SINAI, NY 11766 DIRECTOR

17 DRA TIODY DE JESUS FERRE PO BOX 364487 SAN JUAN PR 00936-4487

DIRECTOR

18 RAFAEL ROBERT
PLAZA SCOTIABANK
STE 1201 AVE PONCE DE LEON
SAN JUAN, PR 00918

DIRECTOR

19 CARMEN ANA UNANUE PO BOX 833 ALPHINE, NJ 07620-0833

DIRECTOR

20 JORGE MARCHAND PO BOX 8168 SAN JUAN, PR 00910-8168

DIRECTOR

21 CONXTTA CARRION
BANCO POPULAR DE PUERTO RICO
PO BOX 362708
SAN JUAN, PR 00936-2708

DIRECTOR

22 JUDY GORDON DE CONDE PO BOX 9022254 SAN JUAN, PR 00936-2394 DIRECTOR

23 JOSE R ARMSTRONG URB SUCHVILLE 18 GUAYNABO, PR 00966 DIRECTOR

24 LCDO ANGEL ALVAREZ PEREZ PO BOX 9146 SAN JUAN, PR 00908-9146	DIRECTOR	
25 LUIS TORRUELLAS COND TENERIFE APT 1201 1507 AVE ASHI-ORD SAN JUAN, PR 00911	DIRECTOR	
26 VICTOR GALAN PO BOX 362394 SAN JUAN, PR 00936-2394	DIRECTOR	
27 MARUJA CANDAL JARDINES DE FAGOT N-40 PONCE, PR 00731	DIRECTOR	
28 GLADYS A BETANCOUR I TORRES URB SAN ANTONIO 2432 CALLE DIAMELA PONCE, PR 00728-1805	ADMINSTRATOR	64,0
29 HIROMI SHIBA DE LECOMPTE URB JARDINES FAGOT CALLE PAMPLONA BA PONCE, PR 00716	DIRECTOR	58,
30 MARIA A CADILLA REBOLLEDO ALTURAS DE TORRIMAR CALLE 2 #21 GUAYNABO, PR 00969	DIRECTOR	58,
31 MARIA L PURCELL VILLAFAÑE URB MILAVILLE #98 QUENEPA RIO PIEDRAS, PR 00926	DIRECTOR	55,4
GRAND TOTAL		\$ 435,

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 5

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93-A	ADMISSIONS - INCOME USED TO COVER OPERATING EXPENSES AND TO MAINTAIN THE ART COLLECTIONS
93-B	CURATORIAL SERVICES - INCOME USED TO COVER PROGRAM SERVICE AND TO MAINTAIN THE ART COLLECTIONS AND CULTURAL BENEFITS TO THE COMMUNITY
100	THE AMOUNT RECEIVED WAS USED TO COVER PROGRAM SERVICES AND TO MAINTAIN THE ART COLLECTIONS
101	THIS INCOME IS FROM SPECIAL FUND RAISING EVENTS AND WAS USED TO COVER PROGRAM SERVICES AND TO MAINTAIN THE ART COLLECTIONS

SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES PART 1, LINE 9C FOR THE YEAR ENDED DECEMBER 31, 2002

CHRISTMAS ACTIVITY

GROSS RECEIPT	\$	850,289
LESS: CONTRIBUTION REPORTED ON PART 1, LINE 1A		596,689
GROSS REVENUE	\$	253,600
LESS: DIRECT COST	<u>\$</u>	112,560
NET INCOME FROM SPECIAL EVENTS	\$	141,040

SCHEDULE OF GROSS PROFIT FROM SALES OF INVENTORY PART I, LINE 10C FOR THE YEAR ENDED DECEMBER 31, 2002

SALES OF INVENTORY	\$ 216,174
LESS: COST OF GOODS SOLD	 101,871
GROSS PROFIT	\$ 114,303

Items sold in the Museum Shop:

- 1. Souvenir with log of Ponce Museum
- 2. Books
- 3. Posters
- 4. Cards
- 5. Art Crafts

THE LUIS A. FERRE FOUNDATION, INC.

EIN 66-0235625

SCHEDULE OF GRANTS AND ALLOCATIONS PART II, LINE 22B

FOR THE YEAR ENDED DECEMBER 31, 2002

ACTIVITY	NAMES OF DONEE'S	AMOUNT.
CHARITABLE	American Cancer Society	100 00
EDUCATIONAL	Asoc Ex Alumnos Gala Los Veraneantes	500 00
Charitable	Asoc Exalumnos Poly	200 00
Charitable	Asoc Pro Orquesta Sinfonica	1,000 00
Charitable	Asoc Puertornguena del	50 00
Charitable	Campamento Mision	100 00
CHARITABLE	Casa Protegida Julia de Burgos	150 00
CHARITABLE	Centros de Edad Avanzada	250 00
RELIGIOUS/EDUCATIONAL	Centros Sor Isolina Ferré	5,000 00
Charitable	Club Civico	150 00
Charitable	Comite 90 Aniversario del Liceo de Ponce	1,000 00
EDUCATIONAL	Comite Pro Findo Educativa	360 00
EDUCATIONAL	Conservatorio de Musica	500 00
EDUCATIONAL	Coro Sinfonicco de PR	2,014 00
CHARITABLE	Corporacion de la Orquesta	360 00
EDUCATIONAL	Council for the Art MIT	10,000 00
CHARITABLE	Cruz Roja	45 00
EDUCATIONAL	Escuela de la Comunidad	100 00
CHARITABLE	Felisa Rivera Crespo	1,000 00
CHARITABLE	Funadacion Musical de Ponce	500 00
CHARITABLE	Fundacion Amigos del	3,000 00
CHARITABLE	Fundacion Chana	5,000 00
CHARITABLE	Fundacion Pro Dept Pediatria Oncologica	5,250 00
CHARITABLE	George Morales	1,800 00
RELIGIOUS	Hermanas Sociales	100 00
RELIGIOUS	Hogar Nuestra Señora	300 00
RELIGIOUS/EDUCATIONAL	Huerfanos (Ck a nombre de Jenny Pagan o Isolina Ferre)	12,000 00
CHARITABLE	Juan Domingo	250 00
CHARITABLE	Liga ADEFAICO	100 00
CHARITABLE	Miranda Exterminating	1,982 50
Charitable	MIT Symphony Orchestra	1,000 00
Charitable	Niños que Quieren Sonreir	3,000 00
Educational	Pro Arte Musical	646 00
Charitable	Siervas de Mana	100 00
Charitable	The Efron Foundation	500 00
Educational	Universidad Central del Canbe	1,500 00
Char:table	World Vision	25 00
TOTAL		\$ 59,933

SCHEDULE OF INVESTMENT AND SECURITIES PAGE 3, PART IV, LINE 54 FOR THE YEAR ENDED DECEMBER 31, 2002

	COST		MARKET VALUE	
DETAIL OF US AND STATE GOVERNMENT OBLIGATION:				
GNMA mortgage-backed securities	\$	-	\$	-
U.S. Treasury Notes		216,626		228,110
Other PR and U.S. government agency and political subdivisions securities		3,713,356		3,738,796
	\$	3,929,982	\$	3,966,906
DETAIL OF COMMON STOCK AT MARKET VALUE:				
Firstbank (1,734 shares)		25,204		58,783
Popular, Inc. (210,600 shares)		161,649		7,118,280
Puerto Rican Cement Company, Inc. (491,469 share		-		-
Mutual Funds		258,568		214,179
	\$	445,421	_\$	7,391,242
DETAIL OF COMMON STOCK AT ESTIMATED REALIZABLE VALUE:				
El Dia, Inc. (1,172 shares)	\$	427,450	\$	9,057,619
Ferré Development, Inc. (29,675 shares)		880,272		880,272
Other		2,589		2,589
	\$	1,310,311	_\$_	9,940,480
TOTAL INVESTMENTS	\$_	5,685,714	\$	21,298,628

SCHEDULE OF LAND, BUILDING & EQUIPMENT PAGE 3, PART IV, LINE 57 FOR THE YEAR ENDED DECEMBER 31, 2002

BUILDINGS	\$ 2,543,585
RENTAL PROPERTY	179,477
FURNITURE AND EQUIPMENT	1,024,898
AUTOMOBILE	33,798
LABORATORY EQUIPMENT	 55,464
	\$ 3,837,222
LESS: ACCUMULATED DEPRECIATION	 2,332,790
	\$ 1,504,432
LAND	 414,754
	\$ 1,919,186

Form 8868 (December 2000)

Department of the Transcury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

•	iling for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🛽
	iling for an Additional (not automatic) 3-Month Extension, complete only Part II (on		•
Note: Do no Form 8888.	t complete Part II unless you have already been granted an automatic 3-month ext	ension on i	n previously filed
Part I	Automatic 3-Month Extension of Time — Only submit onginal (no copies nee	-	
	9 90-T corporations requesting an automatic 6-month extension — check this box and c		
	orations (including Form 990-C filers) must use Form 7004 to request an extension of til		
Partnerships,	REMICs and trusts must use Form 8736 to request an extension of time to file Form 10		
Type or	Name of Exempt Organization		identification number
print	THE LUIS A. FERRE FOUNDATION, INC.	66-02	35625
File by the due date for	Number, street, and room or suite no If a PO box, see Instructions		
filing your	PO BOX 9066590		
roturn See instructions.	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	SAN JUAN, PUERTO RICO 00906-6590		
	f return to be filed (file a separate application for each return)	7 - 4=	
🔀 Form 990	Form 990-T (corporation)] Form 47	
Form 990		Form 52	
Form 990] Form 60	
Form 990	<u> </u>	Form 88	70
• If the organ	zation does not have an office or place of business in the United States, check this box		. ▶⊠
	a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this is
	group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach	a list with	the names and
	mbers the extension will cover		 _
1 I request	an automatic 3-month (6-month, for 990-T corporation) extension of time until	<u>8/15</u>	, 20 <u>03</u> ,
	exempt organization return for the organization named above. The extension is for the	organizatio	n's return for
	alendar year 20 <u>02</u> or		
▶ 📋 ta	x year beginning, 20, and ending		, 20
2 If this tax	year is for less than 12 months, check reason	☐ Chang	e in accounting period
	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less adable credits. See instructions	any	\$
	olication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa clude any prior year overpayment allowed as a credit	yments	\$
with FTD	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	deposit	
Instructio		·- <u>-</u>	<u>\$</u>
	Signature and Verification		dadaa
Under penalties of correct, and comple	perjury, I declare that I have examined this form, including accompanying achedules and statements, and to the b ite, and that I am suthorized to prepare this form	eet of my knov	neage and belief, it is true,
	Magne THE CPA	Data N	(-A2 A3
Signature -	Time CIII	Date >	5-02-03
For Paperwork F	addiction Act Natioe, see Instruction		Form 8868 (12-2000)

Form 8868 (1	2-2000)		Page
	e filing for an Additional (not automatic) 3-Month Extension, complete on	-	
	y complete Part II if you have already been granted an automatic 3-month		on a previously filed Form 888
	e filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (not automatic) 3-Month Extension of Time — Must	File Ongin	~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Type or print	Name of Exempt Organization		Employer identification number
File by the intended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
filing the return. See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	# X Y	
Check typ Form 9		m 1041-A m 4720	Form 5227 Form 8870
STOP: Do	not complete Part II if you were not already granted an automatic 3-month	extension o	n a previouslyfiled Form 8868
• If the org	anization does not have an office or place of business in the United States, ch	eck this box	. ▶□
for the who	or a Group Return, enter the organization's four digit Group Exemption Numb le group, check this box ▶ ☐ If it is for part of the group, check this box ▶ [members the extension is for		
	est an additional 3-month extension of time until		
	lendar year, or other tax year beginning, 20		
	tax year is for less than 12 months, check reason	nal return	Change in accounting period
nonret b if this tax pay previou	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentation undable credits. See instructions application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable creyments made. Include any prior year overpayment allowed as a credit and any usly with Form 8868.	dits and esti amount pai	mated d
	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy		\$
	Signature and Verification		
Under penalties correct, and cor	of perjury, I declare that I have examined this form, including accompanying schedules and statement plets, and that I am authorized to prepare this form	is, and to the b	est of my knowledge and belief, it is true
Signature >	Title ▶		Date ▶
0.9.1.2.0.0	Notice to Applicant — To Be Completed by the	e IRS	
We have organize made on	approved this application. Please attach this form to the organization's return is not approved this application. However, we have granted a 10-day grace period from the bition's return (including any prior extensions). This grace period is considered to be a valid extra a timely return. Please attach this form to the organization's return.	ater of the date ension of time (for elections otherwise required to be
not grant	not approved this application. After considering the reasons stated in item 7, we cannot granting a 10-day grace period		
Other _	ot consider this application because it was filed after the due date of the return for which an	exersion was	requested
	By		
irector			Date
	iling Address — Enter the address if you want the copy of this application for address different than the one entered above	r an addition	al 3-month extension
ype or	Number and street (include suite, room, or apt. no.) Or a P.O. box number		
rint	City or town, province or state, and country (including postal or ZIP code)		
}			



PricewaterhouseCoopers LLP 254 Munoz Rivera Avenue BBV Tower, 9th Floor Hato Rey PR 00918 Telephone (787) 754 9090 Facsimile (787) 766 1094

2 4 JUL 2003

Mr Orlando Vázquez
Treasurer
Ferre Group
City View Plaza
Carr 165 Km 1 2
Mezzanine, Piso 2
Guaynabo, Puerto Rico 00968-6590

GFR1 JUL28'03 AM11:57

Dear Orlando

THE LUIS A. FERRÉ FOUNDATION, INC.

We have prepared and/or reviewed the enclosed return(s) for the above corporation as indicated in the attached schedule

After your approval, the tax return(s) should be executed and filed by the respective due date(s) in accordance with the instructions which are attached to your file copy of each item

If you have any questions, please do not hesitate to call Oscar Laguna or me

Sincerely

Marta Acevedo

Enclosures - As stated

THE LUIS A. FERRÉ FOUNDATION, INC.

LIST OF ITEMS ENCLOSED

	Business Volume Declaration for fiscal year 2003-04 for the following Municipalities
	Corporation Personal Property Tax Return (Form AS 29-I) for the year 2002
	Corporate Annual Report for the year 2002
	Exempt Corporations Annual Report (Pursuant to Act No 218 of October 27, 1995) for the year ended
	P R Corporation Income Tax Return (Form 480 20) for the year ended December 31, 2002
	P R Corporation Estimated Tax Declaration (Form 480-E) for the year ending on December 31, 2002
	P R Corporation Income Tax Return (Industrial Incentive Act) (Form 480 30 (II)) for the year ended
	U.S. Corporation Income Tax Return (Form 1120) for the year ended December 31, 2002
×	U S Return of Organizations Exempt from Income Tax (Form 990) for the year ended ended December 31, 2002