

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

		ue Service	Information about Form 990 and its instructions is at were in-	gov <i>ltom</i> 90	<u>Q</u>	Inspection	
A	For the	2013 cale	ndar year, or tax year beginning July 1, , 2013, and endin	g Jur	ne 30,	, 20 14	
B	Check if	applicable:	C Name of organization Fundacion Nacional para la Cultura Popular		D Employe	er identification number	
	Address		Doing Business As Same			66-0538915	
	Name ch	- 1	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephon	e number	
	Initial ret	•	PO Box 9023971			787-724-7165	
$\overline{\Box}$	Terminal	-	City or town, state or province, country, and ZIP or foreign postal code				
Ħ	Amende	-4	San Juan, Puerto Rico	1	G Gross re	cerpts \$ 160,559	
Ħ			F Name and address of principal officer: Javier Santiago Gonzalez	M/a) le thre a c		subordinates? Yes V No	
_	Африсац	ا ا	Fortaleza #56, Old San Juan, Puerto Rico			included? Yes No	
_	Tau					list. (see instructions)	
<u>-</u>	Website	npt status:		- †	exemption		
<u></u>		<u> </u>	Corporation				
7	art	 -		ion: 1998	EM CHAIR	of legal domicile: PR	
		Summ Pristly do	escribe the organization's mission or most significant activities: Educat	ional prome	ntional and	l research of	
ø)	1	-	-	Johai, prom	DUOIMI AIR	1 162641CH OI	
Š	ļ	puertorric	an culture.				
Activities & Governance		Ob 1. 4b	is box ▶ ☐ if the organization discontinued its operations or disposed o		0E0/ of	do not consta	
Š	2		-	n more mai	1 . 1	is the assets.	
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	3	
45 3).	4		of independent voting members of the governing body (Part VI, line 1b)		4	3	
₽	5		nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	0	
훒	6		nber of volunteers (estimate if necessary)		6	3	
₹	7a	Total unr	elated business revenue from Part VIII column (C) line 12 SERVICE ated business taxable income from Form 990 Tarress STANCE		7a	0	
	b	Net unrel	ated business taxable income from Form 990 Tolhess ISTANCE	Prior Y	. 7b	0	
Revenue	1		GUAYNABO, PR 00966	Prior t		Current Year	
	8		tions and grants (Part VIII, line 1h)		30,033	117,065	
	9	_	service revenue (Part VIII, time 2g) DEC 2 2 2014 1		53,558	43,079	
ě	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0	
•	11		renue (Part VIII, column (A), lines 5, 6d. 8c. 9c-10c; and 11e		111	416	
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		83,702	160,560	
	13		nd similar amounts paid (Part IX, column (A),∫lines 刘≾૭)ડિ		0	0	
	14		paid to or for members (Part IX, column (A), line 4)		0	0	
SE	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10) 🗍		0	0	
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), Iline 11e)		0	0	
8	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶0 │				
Ü	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		86,513	167,952	
	18	Total exp	nenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		86,513	167,952	
	19	Revenue	less expenses. Subtract line 18 from line 12		(2,811)	(7,392)	
5	3		<u></u>	Beginning of C	urrent Year	End of Year	
55	28	Total ass	ets (Part X, time 16)		100,679	93,394	
ŽŽ.	21	Total liab	oilities (Part X, line 26)		143,024	17,592	
2,	22	Net asse	ts or fund balances. Subtract line 21 from line 20		(42,345)	75,802	
P	art II	Signa	ture Block				
U	nder pena	ilties of perjo	ry; I declare tright have examined this return, including accompanying schedules and state	ments, and to	the best of r	ny knowledge and belief; it is	
trı	ие, соггес	t, and comp	lete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knov	vledge	1 1211	
		1 (land V		19/0	2014	
Si	gn	Sign	plane of orpical.	a	ate /	/ /	
He	ere		ANKU SANDAGI				
		Тур	e or print name and title				
D.	aid	Print/Ty	pe preparer's name Preparer's signature Di	ate / /	Check	₹ PTIN	
		lvan G	Ortiz # #	1/14/14	self-em		
	epare	,		Fit	m'a EIN ▶	66-0361685	
U:	se On		address ► CM#2 123St., Valle Arriba Heights, Carolina, PR 00983		one no.	787-769-8016	
Ma	ay the II	RS discus	s this return with the preparer shown above? (see instructions)			🗸 Yes 🗌 No	
				No. 11282Y		Form 990 (2013)	

Form 99	30 (2013)			Page 2
Part			5	
			Part III	<u> L</u>
1	Briefly describe the organization's mission			
	Educational, promotional and research of p			
2	Did the organization undertake any signi prior Form 990 or 990-EZ?		-	☐Yes ☑No
	of "Yes," describe these new services on			1es
3	Did the organization cease conducting services?	, or make significant changes in		_Yes ☑No
	If "Yes," describe these changes on Sch	edule O.		
4	Describe the organization's program set expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, to	4) organizations are required to rep		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	0)
				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	0)
•••	/(=+5::55-7			
	,			
	(O do) (Formando)	ingle ding growth of C	\(\(\mathbb{P}\) (Povernue \(\mathbb{C}\)	٥١
4c	(Code:) (Expenses \$	including grants of \$) (Heverine \$	0)
4d	Other program services (Describe in Sci		u (
	(Expenses \$ including g	rans or a j (never	, j	
46	Total program service expenses ▶			

Form **990** (2013)

Form 99				age 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	, 55	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I"	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
ŷ	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D; Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	-	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 6a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	The state of the s	20a		1
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	M. Checklist of Required Schedules (continued)		•	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	. فبر به: -	36 T	এই ভার
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a .b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		▼
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		İ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization.complete Schedule O and provide explanations in Schedule O for Part VI, lines.11b.and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			İ
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
٥	reportable gaming (gambling) winnings to prize winners?	1c		/
23	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
43	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			ļ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
Ď	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va		
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		· · · · ·	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		1
h α.	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		,	∤ ▼
8-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8	1	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:		4	4
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0	i	ŀ	1
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1	ł
a	Gross income from members or shareholders	ł		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		T	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		Ĺ
а	ts the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which]		1
	the organization is licensed to issue qualified health plans	1	1	1
C	Enter the amount of reserves on hand	<u> </u>	 	1.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

ruiii 99	· · · · · · · · · · · · · · · · · · ·			aye V
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or	,		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
Ър	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		
		7a		✓
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		/
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		İ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		1
Secti	on C. Disclosure	,	1	<u>. •</u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			•
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of interest of the conflict of interest of the conflict of interest of the conflict of interest of the conflict of interest of the conflict of interest of the conflict of the	erest	polic	y, and
	financial statements available to the public during the tax year.		-	-
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
_	organization: ► Javier Santiago, 787-960-2003			

Form	990	(201	3)

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

ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	กรล	tted any currer	t officer, director	, or t <u>rustee.</u>
	i			(()					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title						than o		Reportable	Reportable	Estimated
Name and rite	Average hours per					is both		compensation	compensation from	amount of
	week (list any	_	rano			or/trus		from	related	other
	hours for	요돌	J.	Լ	逐	哥哥	곱	the	organizations	compensation
	related	불충	[중	Officer	1	문문	Former	organization	(W-2/1099-MISC)	from the
	organizations	용트	ğ	Ì.	Key employee	8 2	-	(W-2/1099-MISC)		organization
	below dotted line)	ੇਂਡ	<u></u>		ν	ặ	ļ		ļ	and related organizations
	1110)	Individual trustee or director	Institutional trustee		•	§				o.gan.eason.o
	ì		8			Highest compensated employee				
	<u> </u>			-	H	-	├	 		
41 -			ļ.,				ļ			
(1) n/a	· 	ļ	Ì	Ì	i '	ĺ	1	l .		
(0)	ļ		-	┝	-	ļ	┢	n/a	n/a	n/a
(2)	·}	1			ļ		ļ			
(2)	 		├		-		⊢	ļ -		
(3)	- 		ļ			1				
/A\	 		├	┢	-		╁	 		
(4)	-}				l	ł			Ì	
	 -	├	₩	-	├	-		 		
(5)	·}	1		1		ł			Í	
·			-	1	├	├	-	·	<u> </u>	
(6)			ļ	l	1				1	
	 	-	├─	\vdash	⊢	ļ	<u> </u>	<u> </u>		
<u>(7)</u>					l		1			
(0)		-	-	├	┝		╁	 		
(8)	-			Į		1		1		
	 -	ļ	├-	┞-	├	-	 		 	
(9)			1	ŀ	Ì	i	1	1	i	
	ļ <u> </u>	ļ	↓_	_	<u> </u>	<u> </u>		 	_	
(10)						}	1			
		<u> </u>	<u> </u>	lacksquare	ļ	<u> </u>	ــــــــــــــــــــــــــــــــــــــ			
(11)					1					
	<u> </u>	<u> </u>	L		L.	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>
(12)				l				1		
			L	L				<u> </u>		L
(13)										
	T]	1		1	1	1			
(14)		T	T	1	1		T	1		
·	-	1	1	1	ĺ	1	[1		ĺ

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
]			•	C) ****]		1			
	(A)		(do not check r							(E)			(F)	
	Name and tritle	Average hours per					is both		Reportable compensation	Reportab compensation		Estimated amount of		
		week (list any			-	_	or/trusi	,	from	related	1 110111		ther	
		hours for	Individual trustee or director	nst	Officer	[€	불	Former	the	organizatio		comp	ensati	on
		related organizations	ا هُرِ مِ	園	[<u>e</u>	employee	Į Š ig	B	organization (W-2/1099-MISC)	(W-2/1099-N	(ISC)		m the nızatlo	_
		below dotted	호를	[읇	1	용	88		(44-27 1099-1413C)	,	ļ		related	
		line)	2	를		8	T pe	1			[nzation	
			8	Institutional trustee			Highest compensated employee				ł			
			l				ä				i			
(15)										_				_
			1		}									
(16)														
							ŀ		ł					
(17)								Γ						_
			1				İ				Ì			
(18)														
			1		ł				ļ					
(19)					-	-		 	!					-
Jf			Ì			ļ								
(20)		<u> </u>												
		· · · · · · · · · · · · · · · · · · ·	}]		1	l						
(21)					Ī									
			1	l					ŀ					
(22)		<u> </u>			T									
J2			ĺ	(1		ļ	ĺ	į.		İ			
(23)									İ					
3								İ			1			
(24)			1	1	1			<u> </u>						
31		-h	1	ľ	ĺ			1						
(25)		· · · · · ·												
3			1						1					
1b	Sub-total			•	•									
С	Total from continuation sheets to Part		n A					•						
d	Total (add lines 1b and 1c)							▶						
2	Total number of individuals (including bu							e) w	ho received m	ore than \$1	00.000 c	of		
	reportable compensation from the organ							_,		• • • • • • • • • • • • • • • • • • • •	,			
			-										Yes	No
3	Did the organization list any former of	fficer, direc	tor, o	or tr	rust	ee,	key e	emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete											3	ļ	1
4	For any individual listed on line 1a, is the	e sum of re	oorta	ble	con	npe	nsatio	on a	and other comp	ensation fr	om the			
	organization and related organizations												1	
	individual	_							· · · · · · · · · · · · · · · · · · ·			4	l	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m any	/ un	related organiz	zation or inc	dividual			1
•	for services rendered to the organization											5	1	1
Section	on B. Independent Contractors											<u> </u>		<u> </u>
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100.0	000 o	F	
	compensation from the organization. Rej													tax
	year.	•							,					
	(A)								(B)			(C)		
	Name and business add	dress							Description of s	ervices	C	ompen	sation	
n/a								n/a)					n/a
								Γ						
								Γ						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the c	nga	niza	tion								

Form **990** (2013)

Part	AHI	Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a a	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		J			
A. G	С	Fundraising events 1c		Ī	ľ		
ar.	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e	109,100				
tfor S	f	All other contributions, gifts, grants,			l		
호		and similar amounts not included above	7,965	İ			
id of	g	Noncash contributions included in lines 1a-1f. \$					
	ħ	Total. Add lines 1a-1f		117,065		<u> </u>	
92	_		Business Code		İ		
9.0	2a	Income from cultural productions		16,044	16,044		
E	þ	Sales of cultural materials		27,035	27,035		
Ž	C					· · · · · · · · · · · · · · · · · · ·	<u> </u>
S	d			-		1. j 1	
ᄩ	e	All other program service revenue .					
Program Service Revenue	f g	Total. Add lines 2a–2f	•	43,079	I		<u> </u>
 -	3	Investment income (including divi		43,075	· · · · · · · · · · · · · · · · · · ·		
		and other similar amounts)					
	4	Income from investment of tax-exempt	bond proceeds▶				
	5	Royalties	1				
		(i) Real	(ii) Personal				
	6a	Gross rents					
,	ь	Less: rental expenses					
	С	Rental income or (loss)		1			
	d	Net rental income or (loss)	>				
	7a	Gross amount from sales of (i) Securities	(ii) Other	:			
		assets other than inventory					-
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	>				
venue	8a	Gross income from fundraising events (not including \$					
Other Rever		of contributions reported on line 1c). See Part IV, line 18	a				:
₹			b	Į į			
		Net income or (loss) from fundraisin					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b		b	Į į			
	C	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less	l l				
			8	 			
			b				
	<u>C</u> _	Net income or (loss) from sales of ir Miscellaneous Revenue	Business Code				
	44-				440		
	11a	Interest income	l l	416	416		
	b		l l	 			
	d	All other revenue	-	 	416		
	e	Total. Add lines 11a-11d		416	710		
	12	Total revenue See instructions		100 500	147 500		1

Form 99	90 (2013)				Page 10				
	IX Statement of Functional Expenses								
Section	n 501(c)(3) and 501(c)(4) organizations must com								
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,595	1,595						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):	1							
a	Management	23,200		23,200					
Ь	Legal				· · · · · · · · · · · · · · · · · · ·				
C	Accounting	1,600		1,600					
d	Lobbying								
e f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,548		1,548					
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17 18	Travel								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	6,875		6,875					
23	Insurance	3,751		3,751					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
a	Direct activities cost	101,716	101,716						
b	Utilities	5,453		5,453					
C	Communication	880		880					
d	Other miscellaneous	3,486		3,486					
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	17,848 167,952	103,311	17,848 64,641					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)	107,332	103,311	04,041					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,755	1	2,519
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,700	4	4,200
- 1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
1		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	1		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	- 	7_	
٩	8	Inventories for sale or use	14,536	8	14,861
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 162 591			
		102,001		40-	
		Less: accumulated depreciation 10b 91,527	74,938		71,064
	11	Investments—publicly traded securities		11 12	
	12 13	Investments—other securities. See Part IV, line 11	· <u></u>	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	750	15	750
	16	Total assets. Add lines 1 through 15 (must equal line 34)	100,679	16	93,394
-	17	Accounts payable and accrued expenses	17,485		17,592
	18	Grants payable	17,403	18	17,302
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ري ري	22	Loans and other payables to current and former officers, directors,			
Liabilities	_	trustees, key employees, highest compensated employees, and			
ğ		disqualified persons. Complete Part II of Schedule L	125,539	22	o
Lig	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26_	Total liabilities. Add lines 17 through 25	143,024	26	17,592
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ö		complete lines 27 through 29, and lines 33 and 34.			
18	27	Unrestricted net assets	- <u></u> -	27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	·	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	(42,345)	32	75,802
Net Assets	33	Total net assets or fund balances	(42,345)	33	75,802
_	34	Total liabilities and net assets/fund balances	100,679	34	93,394
					Form 990 (2013)

Page 12

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		<u>. </u>	V
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16	0,560
2	Total expenses (must equal Part IX, column (A), line 25)	2			16	7,952
3	Revenue less expenses. Subtract line 2 from line 1	3			(7	7,392)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			(42	2,345)
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7			_	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			12	5,539
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			8	3,194
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
			r		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<u></u>		-	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	in			
	Schedule O.		i			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		·	2a	√	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				-	
b	Were the organization's financial statements audited by an independent accountant?		`	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	a on	a	İ		
	separate basis, consolidated basis, or both:				- 1	
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	omia	h+	-	ì	-
С	of the audit, review, or compilation of its financial statements and selection of an independent accou	_		2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex		_	20		•
	Schedule O.	Piairi	"'			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		-	
3a	the Single Audit Act and OMB Circular A-133?			3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran ti		Ja		-
ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3ь		1
	,			Form	1990	(2013)
						,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						E	mployer lo	lentification	n number	
	lacion Nacional para									38915	
		·	rity Status (All organ						nstructio	ons.	
1 2	A church, con	vention of church ribed in section	tion because it is: (Fo nes, or association of 170(b)(1)(A)(ii). (Attac	churches h Schedu	describe	ed in sec	tion 170(b)(1)(A)(i).		
3 4	A medical rese		spital service organiza on operated in conjunce: e:						D(b)(1)(A)	(iii). Enter the	
5		on operated for the complete of the complete o	the benefit of a collect plete Part II.)	ge or unr	versity ov	vned or	operated	by a go	vernmen	tal unit descri	bed in
6 7	An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					it or fron	n the general	public
8	☐ A community t	rust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II.)					
9	receipts from support from acquired by th	activities related gross investme e organization a	receives: (1) more tha I to its exempt functi nt income and unrel fter June 30, 1975. Se	ons—sut ated bus e sectio n	oject to c siness tax n 509(a)(2	certain ex cable inc 2). (Comp	ceptions ome (les olete Part	s, and (2) ss section t III.)	no more n 511 ta	e than 331/3%	of its
10 11	☐ An organization purposes of o	on organized an ne or more pub	operated exclusively d operated exclusive licly supported organ describes the type of s	ely for the sizations of supportin	e benefit described g organiz	t of, to p d in secti cation and	perform to on 509(a dicomple	the funct 1)(1) or se te lines 1	ions of, ection 50 1e throu	9(a)(2). See s gh 11h.	ection
•		ndation manage	II c Type III that the organization rs and other than one	is not co	ntrolled d	irectly or	indirectly	y by one	or more		ersons
f	_	ation received a	written determination	on from 1	the IRS t	hat it is	a Type	I, Type	ll, or Typ	oe III support	ing
ξ	Since August following person		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		_
			ndirectly controls, eithody of the supported o								No √
			on described in (i) abo	_						11g(ii)	1
	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii) a	above?.					11g(iii)	1
ŀ	Provide the fo	llowing informati	on about the supporte	ed organı	zation(s).						
(I)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	in col (1) lis	rganization sted in your document?	the organ	ou notify uzation in of your port?	organizat (i) organi	s the tion in col. zed in the S.?	(vii) Amount of r support	
				Yes	No	Yes	No	Yes	No	<u> </u>	
(A)								_			
(B)						<u> </u>					
(C)											
(D)											
(E)											
]	1	l	1	1	1	l	

Part	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	ì					
	membership fees received. (Do not	ļ	İ				
	include any "unusual grants.")	51,463	46,603	33,987	30,033	117,064	279,150
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	51,463	46,603	33,987	30,033	117,064	279,150
5	The portion of total contributions by		,				
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	İ					
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						279,150
	on B. Total Support	4-1 0000	(h) 0040	(-) 0044	(-D 0040	(-) 0040	(6) T-4-1
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	51,463	46,603	33,987	30,033	117,064	279,150
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar					ı	
	sources	427	101	204	111	416	989
9	Net income from unrelated business	137	121	204		410	303
9	activities, whether or not the business						
	is regularly carried on	0	0	0	0	o	0
10	Other income. Do not include gain or		-				
	loss from the sale of capital assets						
	(Explain in Part IV.)	35,810	40,935	59,563	53,558	43,080	232,946
11	Total support. Add lines 7 through 10	00,010	.5/255	33,333		10,000	511,085
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	511,085
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	
	organization, check this box and stop he	re					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е			_	
14	Public support percentage for 2013 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	<u>55 %</u>
15	Public support percentage from 2012 Sch					15	51 %
16a	331/3% support test—2013. If the organic						
	box and stop here. The organization qua			-			لــــا
b	331/3% support test—2012. If the organ check this box and stop here. The organ					9 15 is 33½% 	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	nd stop here. E	Explain in
ь	10%-facts-and-circumstances test – 20	012. If the orga	anization did na	ot check a box	on line 13. 16	a. 16b. or 17a	
_	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	under the te	ists listed bei	Jw, piease co	omplete i art	,	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(5) 2010	(6) 20 11	(4) 23:2	(0, 25.5	1,0,10.2.
•	received. (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise		 		†		
	sold or services performed, or facilities	!			•		
	furnished in any activity that is related to the organization's tax-exempt purpose	Į			1		
3	Gross receipts from activities that are not an		 				
-	unrelated trade or business under section 513	I				}	
4	Tax revenues levied for the		1				1
•	organization's benefit and either paid	ł	1				
	to or expended on its behalf	I					
5	The value of services or facilities					1	
Ť	furnished by a governmental unit to the	I					
	organization without charge	ļ	}				
6	Total. Add lines 1 through 5		1				
	Amounts included on lines 1, 2, and 3		!				
	received from disqualified persons .						Ì
b	Amounts included on lines 2 and 3						
_	received from other than disqualified				1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	l					
C	Add lines 7a and 7b			}			
8	Public support (Subtract line 7c from						7
	line 6.)			-	τ '	<u> </u>	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less				Ì		1
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ł			1	į.	
	activities not included in line 10b, whether	İ					
	or not the business is regularly carned on						
12	Other income. Do not include gain or				}		
	loss from the sale of capital assets	1			1		
	(Explain in Part IV.)	ļ	 			ļ	
13	Total support. (Add lines 9, 10c, 11,	1		1	1		
	and 12.)	<u> </u>	1 6	 			F04/-\/0\
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he			<u> </u>	· · · · · ·	· · · · ·	· · · • <u> </u>
	ion C. Computation of Public Suppo			10 (5)		15	%
15	Public support percentage for 2013 (line						
16 Seet	Public support percentage from 2012 Scient D. Computation of Investment In			<u></u>	• • • • •	. 16	- 70
	ion D. Computation of Investment In			w line 12 och	ımp (fl)	. 17	%
17	Investment income percentage for 2013 (Investment income percentage from 201)						
18	331/3% support tests—2013. If the organ						
19a	17 is not more than 331,8%, check this box						
L		_	_				
b	line 18 is not more than 3312%, check this						
200	Private foundation. If the organization d						
20	FITTALE IOUTINGLIOTI. II LIE OTYGIIIZALIOH U	IG THE CHECK O	A POY OUR IND. I.	, , , , oa, o, , , ob, ,	CHOCK BIIS DOX		

Page	4
------	---

Part IV	Supplemental Information. Prov Part III, line 12. Also complete this	ride the explanations required by Part II, lines s part for any additional information. (See in	e 10; Part II, line 17a or 17b; and nstructions).
Explanatio	n for Part II-Section B-10-Other Income		
Income fi	rom cultural activities	\$16,045	
Income f	rom cultural store sales	\$27,035	
Total		\$43,080	
			•

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	' N ' A A A A A CANTAGO DE CANTAGO			66.0500045
Funda Par	cion Nacional para la Cultura Popular The Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Acco	66-0538915
Lai	Complete if the organization answered '		us of Aoot	7411Wi
	Complete it the organization anowered	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		 	
2	Aggregate value of contributions to (during year)		1	
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year		 	
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor	advised
•	funds are the organization's property, subject to th			
6	Did the organization inform all grantees, donors, a	=		
	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?			
Par	· · · · · · · · · · · · · · · · · · ·			
	Complete if the organization answered '	'Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreated	tion or education) Preservation of	f a historicall	y important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified h	nistoric structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form	n of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	S	2b	
C	Number of conservation easements on a certified t	• • • • • • • • • • • • • • • • • • • •		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
	3		· · 2d	
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by ti	ne organization during the
	tax year			
4	Number of states where property subject to conse			
5	Does the organization have a written policy required to the property of the pr		•	
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation	easements	during the year
_		At		_ 11
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation ease	ements durin	g the year
	Does each conservation easement reported on line	O(d) above esticity the requirements of	continu 170	/b\/A\/D\/\$\
8		2(d) above satisfy the requirements of	Secuon 170	
_				· · · L Yes L No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		•	
	organization's accounting for conservation easeme	•	اها الداها علقالها	Herris that describes the
Par			Other Sim	nilar Assats
	Complete if the organization answered		Outer On	ilidi Assew.
12	If the organization elected, as permitted under SF.		revenue sta	atement and halance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f			
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar			
	public service, provide the following amounts relati	•	• "	
	(i) Revenue included in Form 990, Part VIII, line 1	-		▶ \$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art,			financial gain, provide the
	following amounts required to be reported under S			3 , ,
а				▶ \$
	Assets included in Form 000 Part Y			•

Part	Organizations Maintaining								
3	Using the organization's acquisition,		ner recor	ds, check	any of the	e follov	ving that are a	significant use of	of its
	collection items (check all that apply):								
а	☐ Public exhibition		d	Loan o	or exchang	e progi	rams		
b	☐ Scholarly research		8	Other					_
C	☐ Preservation for future generations	S							
4	Provide a description of the organizar XIII.	tion's collections a	nd expla	in how th	ey further	the org	anization's exe	empt purpose in	Part
5	During the year, did the organization	solicit or receive	donation	s of art, h	nistorical tr	easures	s, or other sim	ilar	
	assets to be sold to raise funds rather	r than to be mainta	med as p	oart of the	organizatio	on's co	llection? .	· 🔲 Yes 🗌	No
Part	V Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Yes"	to Forr	n 990, Pa	art IV, line	9, or r	eported an a	mount on Form	ı
	990, Part X, line 21.								
1a	Is the organization an agent, trustee			-				not	
	included on Form 990, Part X?					• •		· 🗌 Yes 🗌	No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	ble:				
								Amount	
C	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					<u>1e</u>	_i		
f	Ending balance					1f	_,		
2a	Did the organization include an amou							,	No
	If "Yes," explain the arrangement in P	art XIII. Check here	if the ex	planation	has been	provide	ed in Part XIII	🗆	
Pari									
	Complete if the organization								
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four years b	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs							{	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g,	column (a)) held a	as:		
a	Board designated or quasi-endowme	nt ▶	.%						
b	Permanent endowment ▶	 %							
C	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in th	e possession of th	e organi	zation tha	t are held	and ad	ministered for	the	
	organization by:							Yes	No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organ		•					. 3b	
4	Describe in Part XIII the intended use		n's endo	wment fu	ınds.				
Part									
	Complete if the organization	n answered "Yes"	' to Forr	n 990, Pa	art IV, line	11a. S	See Form 990	, Part X, line 10	<u>). </u>
	Description of property	(a) Cost or oti		1	r other basis her)		Accumulated epreciation	(d) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements				128,946		60,734	68	,212
d	Equipment				29,865		27,014	2	,851
θ	Other	•			3,779		3,779		0
Total.	Add lines 1a through 1e. (Column (d) I	nust equal Form 99	90, Part 2	X, column	(B), line 10	Oc.) .	▶	71	,063

Part VII	Investments—Other Securities Complete if the organization ar		m 990 Part IV line	a 11h See Form	990 Part X line 12
	(a) Description of security or categ		(b) Book value	T .	od of valuation:
	(including name of security)		(b) Book value		of-year market value
(1) Financial				ļ <u> </u>	
	neld equity interests				
(A)					·
(B)					·
(C)					
(D)					
(E)					
(F)					
(G)					
(H)				·	
	b) must equal Form 990, Part X, col. (B) line 12.)		l	L	
Part VIII	Investments—Program Relat				
	Complete if the organization ar	nswered "Yes" to For			
	(a) Description of investment		(b) Book value		nod of valuation: of-year market value
(1)					
(2)					
(3)		·			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 13.) l	<u> </u>	<u> </u>	<u> </u>	
Part IX	Other Assets.				
	Complete if the organization ar		m 990, Part IV, line	e 11d. See Form	
		(a) Description			(b) Book value
<u>(1)</u>					
(2)					
_(3)			· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
_(4)					
<u>(5)</u>					
(6)					
		· 			
(8)					
(9)		(77) (45)	- 		
	mn (b) must equal Form 990, Part X,	, coi. (B) line 15.)		· · · · · •	····-
Part X	Other Liabilities.	101 2 5	000 5 1848	44 446	
	Complete if the organization ar	nswered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
<u> </u>	line 25.	MA Destruction			
(1) Federal ır	(a) Description of liability	(b) Book value			
	COITIE TAXES				
(2)					
(3)		_			
(5)					
					
(6)					
(7)	·····				
(8)					
(9)	bl must as all Earns 000 Day V 1 (0) Pro- 07 1		——		
	b) must equal Form 990, Part X, col (B) line 25)			-le 6-a	nên êl-nê namayê- Al
organization	r uncertain tax positions. In Part XIII, pr s liability for uncertain tax positions und	der FIN 48 (ASC 740) Ch	iole to trie organization	n s imanciai stateme he footnote hee bee	nto triat reports the
organization	o maning for uncertain tax positions unit	401 1 114 70 (MOU 140). UII	COVIDER II RIG FRYFOLD	110 100111016 Hg2 D66	י איט אוט בעו ווי רמו לאוו

Part			Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b]
С	Recoveries of prior year grants	2c]
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	, . ,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	_
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
h	Other (Describe in Part XIII.)	4b	
b	•		
C	Add lines 4a and 4b		
с 5	Add lines 4a and 4b		5 5
c 5 Pari	Add lines 4a and 4b	e 18.)	5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	e 18.)	b; Part V, line 4; Part X, line

Schedule D (Fo	m 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	

		-
		·
		·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**13**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification flumber
Fundacion Nacional para la Cultura Popular	66-0538915
Part VI - Section A - Line 8 (a)	
All annuals and periodic meetings are documented in the Boards meetings minutes.	
Part VI - Line 11-A	
A copy of the Form 990 is given to each board of Member and discuss on the annual board m	neeting.
Part VI - Line 12-C	
A copy of the policy of conflict of interest is given to each board members and must be signe	ed as received by each one in order to
comply with all the entitiy policies.	
Part VI - Line 12, A and B	
The response to this requirement was No, as a matter of fact this entity is very small organiza	
performed by outside persons or by the former Excutie Director who received no compensat	ion.
Part VI - Line 19	
Form 990 and the related documents are not currently posted to the Web Page but are availal	ble for public inspection upon require by the
interested parties.	
Part IV - Line 2 - Schedule B	
We concluded that we are not required to complete Schedule B, however, the contribution from	om donors are: From Puerto Rico goverment
grants \$109,100 and from General Public \$7,964.	
CONTINUE	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Fundacion Nacional para la Cultura Popular	66-0538915
IRS Examination of the 6/30/2011 (2011) Form 990	
During the year 2014 an examination for the 2011 990 Form was performed by Frank Pavarati, inspector	#253760. The 2011 Return was
accepted as filed. However, were identified certains deficiencies that were corrected as follow:	
a) The Form 990 and the schedules for the tax year 2010 (6/30/2010) were already filed.	
b) The oustanding loans from officers were elimated as Loan in this tax year period ended 6/30/2014.	The Officer, Javier Santiago agreed
to reclasify this oustanding loan balance as a Capital Contribution.	
······	
······	
	·····