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# **Return of Organization Exempt From Income Tax**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

For the 2014 calendar year, or tax year beginning 2014, and ending January 1 December 31 , 20 14 C Name of organization Puerto Rico Affiliate of the Susan G. Komen Foundation D Employer identification number Check if applicable: Address change Doing business as Susan G. Komen Puerto Rico 56-2331353

■ Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 193557 (787) 751-9096

City or town, state or province, country, and 7ID or foreign postal and

	$\overline{}$	Amende	d return	San Juan,	PR 00919-3	557	,,	,	g poo oo	a.			<b>G</b> Gross re	ceipts \$	
7		Application pending F Name and address of principal officer										H(a) is this a gi		subordinates? <b>Ye</b>	s 🗸 No
<b>ラ</b> .												H(b) Are all	subordinates	s included? 🗌 <b>Ye</b> :	s 🗹 No
	<u> </u>	Tax-exer	npt status	✓ 501(c)	)(3)	501(c)	(	) ◀ (insert n	0) 🗌 4947(	(a)(1) or 🔲	527	If "N	o," attach a	list (see instructi	ons)
$\leq$	<u>J</u>	Website	: <b>&gt;</b> ww	w.komenpr.	org							H(c) Group	exemption	number ►	
)		_	organization	✓ Corporatio	on 🗌 Trust 📗	Associ	ation [	Other ►		L Year o	f formation	2003	M State	of legal domicile	PR
	Pa	art I	Summ	<u> </u>											
		1	Briefly de	escribe the	organizatio	n's miss	sion o	r most sig	nificant ac	tivities.	Continue	to advanc	e breast o	ancer researc	h, and
	Activities & Governance		treatmen	t around the	Island.										
	nar			<u></u>											
	Ver										osed of	more than	25% of	its net assets.	
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	S			of independ									4		14
	itie			mber of ındı									5		
	Ę.			mber of volu									6		
	Ř			related busi									7a		
		b	Net unre	lated busine	ess taxable	income	from	Form 990	-T, line 34	<u> </u>	<u> </u>		7b		
		_	_									Pnor Ye	ar	Current Y	'ear
	ne	8		itions and g								1,92	9,314.00	2,1	87,837 64
	Revenue		-	service rev	•		•								
	Re			ent income (					•		·		3,870.00		4,526.84
				venue (Part							·  _			1	99,845.58
				enue-add l							12)	1,93	3,184.00	2,3	92,210.0
				ınd similar a						$\neg \neg \cdot \cdot$	·	60	7,138.00	3	98,851.91
		14		paid to or fo						٠_ : أفع ا	: -				
	Ses.	15	Salaries,	other compo	ensation, er	nployee	beneti a l	its (Part1X,	column (A		10)	22	3,878.00	2	10,021.39
	eus	16a	Profession	onal fundrai	sing fees (F	art IX	iolumi Š		<b>! 2015</b> .	0.	·				
	Expenses	b	Total fun	ndraising exp	penses (Pa	rt IX, do	គ្រាកា (	(B), line 25	) <b>&gt;</b>	آيَّةِ					
	_	17	Other ex	penses (Pai	rt IX, colum	ın (A), ur	16 <b>3.1.1</b>	a <del>-11d, 11</del>	-24e) T.	· . · [ · . ·	•		,011,275		20,579.68
				penses. Add					olumn (A).	Jine 25)	•		,842,291		29,452.98
	. 6	19	Revenue	less expen	ses. Subtra	act line	וסזו־טו	m line 12	<del></del>				0,893 00		62,757.08
	ts or	20	Total age	anto (Dant V	lina 16\						Def	inning of Cu		End of Ye	
छ	Net Assets Fund Balanc			sets (Part X, oilities (Part	•		• •				• —		0,601.00		36,562.50
2015	Net.			ets or fund b							·		5,203.00		28,148.28
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	true	e, correct	, and comp	lete Declaration	on of preparer	other that	officer	r) is based on	all information	on of which p	oreparer ha	nts, and to tr is any knowle	ie best of it edge	iy knowledge and	Dellet, it is
AON	_			XX	12	<u> </u>	$\overline{}$					<u> </u>			
	Sig	n	Sign	ature of officer			<b>/</b>					l Dat	e o		
	Hei			<b>\.</b> 1		185 Y	7110)							. 30, 2019	à
ANNED		Type or print name and title											<u> </u>	30 101	
3	Pai			/pe preparer's i			Prepa	rer's signatui	e		Date	-	10	, PTIN	
Ü			i					-					Check self-emp		
Ø		epare		name ►			1	<del></del>				Firm	's FIN >		

Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Yes No Form 990 (2014)





Form 99	0 (2014) Page <b>2</b>
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1 '	Briefly describe the organization's mission:
	Continue to advance breast cancer research, and support education, screening and treatment around the Island.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code: ) (Expenses \$ 670,962.56 including grants of \$ 398,851.91) (Revenue \$ 2,392,210.06)  Preparation and distribution of educational materials related to prevention and proper treatment of breast cancer. Also, visits to different locations to offer free testing for breast cancer.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 670,962.56

Part	IV . Checklist of Required Schedules			
			Yes	No
1 '	The state of the s			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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	<b>Section 501(c)(3) organizations.</b> 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,			i -
	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		1
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		<b>√</b>
9	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		· ✓
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.	10		•
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	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
	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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	•	14a		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		✓
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		✓
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		<b>\</b>
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 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
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		· ✓
20 a		20a		<u>,</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>

Part	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
	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
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		<b>√</b>
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 "Yes," complete Schedule L, Part II	26		✓
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		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		<u>▼</u>
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	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Sahadula P. Battly "is a 2	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 related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
38	Part VI	37	_	✓
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38		✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance				age
	Check if Schedule O contains a response or note to any line in this Part V				Ε
			Y	es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				44.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
C	Did the organization comply with backup withholding rules for reportable payments to vendors ar	ıd 🌉			
	reportable gaming (gambling) winnings to prize winners?	1	С		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		8		
	Statements, filed for the calendar year ending with or within the year covered by this return  2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .		b √	raisua: a	ari resulti
_	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?		a		<u>√</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		b		✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financiaccount)?				,
	•	4	a 25.5514539	0.24 2	<u>*</u>
b	If "Yes," enter the name of the foreign country:	27.0			
	See instructions-for-filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).	ts 🥰			
Eo	·	4,4	27	<b>**</b>	24 mg
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	a b	-	<del>_</del>
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_	C	$\dashv$	<u>√</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?	_	а	1	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		-	$\dashv$	<u> </u>
~	gifts were not tax deductible?		ь	İ	1
7	Organizations that may receive deductible contributions under section 170(c).		S (1) S	::-	<del>,</del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds i	(1) / (kg (1) (1) (1)	5	* • * * * * * * * * * * * * * * * * * *
	and services provided to the payor?		a		<u>,                                    </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		c		✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year	33	T. WY		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7	/f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	17 7	g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'	7	h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ne 🏥			
	sponsoring organization have excess business holdings at any time during the year?		В		✓
9	Sponsoring organizations maintaining donor advised funds.	20			
а	Did the sponsoring organization make any taxable distributions under section 4966?	_	a		✓_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b		<b>√</b>
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				7.0
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	_		•	
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				7
b	Gross income from other sources (Do not net amounts due or paid to other sources				
40-	against amounts due or received from them.)		7.29 图	203	58.35.7 
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax, exempt interest received or account during the year.	12	2a	5377	<b>√</b> 2005
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	{· ,\			įγ.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	135		53.7	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		3a	7. YO.	<b>४</b> इंटर
	Hote. See the instructions for additional information the organization must report on schedule O.	1.33	<b>学、</b>	小沙里	4

**b** Enter the amount of reserves the organization is required to maintain by the states in which 

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13b

13c

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	See ins	structi	ions.
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	<u>:                                    </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	-		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	1	
4 5 6 7a_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 -6		√ √ √
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	70		
a b 9	The governing body?	8a 8b	<u>√</u>	1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue Co	ode.)	1
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		<b>V</b>
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>√</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓ ✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b> ✓	
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	:	<b>/</b>
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	'		
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ı 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Emmanuel Meléndez: PO Box 193557 San Juan, PR 00919-3557 \ (787) 223-0801	cords:	: <b>&gt;</b>	

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P۶	SUL E	

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

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

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

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

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_org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				((	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익호	5	Q	~	gŢ	T	from the	related organizations	other compensation
	related	Individual trustee or director	ž	Officer	Key employee	P g	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	glual	g		호	yee c	=	(W-2/1099-MISC)		organization
	line)	Trus	<u>a</u>		ý	ğ				and related organizations
		8	Institutional trustee			Highest compensated employee				·
			<b>क</b>			ited				
(1) Amarılıs Reyes Báez	50									
Executive Director	30	1			1	1		35,998		
(2) Annette Nogueras	10	<del>-</del> -	_	<del> </del>	<u> </u>	<u>'</u>		35,556		
President	10			1						
(3) Maribel Torres	3									
Vice-President	† <u>-</u>			1		ĺ				
(4) Daniel Sierra	3									_
Treasurer				✓						
(5) María E. Lugo	3									
Secretary				✓				j		
(6) Josefina López	3									
Director		✓								<del></del>
(7) Viviana Negrón	3								1	
Director		1	ļ. <u>.</u> .							
(8) Maribel Villegas	3									
Director		<b>✓</b>								
(9) Barbara Segarra	3							ļ		
Director		<b>✓</b>								
(10) Astrid Castro	3		ŀ	ŀ				ľ		
Director		<b>✓</b>	_							<del></del>
(11) Judith Mark	3	,								
Director	ļ	<b>✓</b>	_	<u> </u>						
(12) Marianela Pérez	3						ļ			
Director (40) =		<b>✓</b>					<u> </u>			
(13) Teresa Aponte	10	,			1		ŀ			
Director (14) O		_	H	-	<u> </u>		├-			
(14) Carmen Vélez	20	,			1			1		
Director	L	✓	Щ.	L		L	<u> </u>	L	<u></u>	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	continu	ed)	
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	than o	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation related		(F Estim amou oth	ated nt of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		comper from organi: and re organiz	nsation the zation lated
	nna Di Marco	3	,										
Directi (16)	Dr		<b>-</b>					_					
(17)													
(18)												-,	
(19)													
(20)							:				_		
(21)													
(22)													
(23)									:				
(24)													
(25)													
1b c	Sub-total		n A	·		] 	•	<b>▶</b>	35,998				
d	Total (add lines 1b and 1c)					_		<u> </u>	35,998				
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8										nsated		res No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	ortal	ole d	com	per	satio	n a	nd other comp	ensation fro	om the such	3	<b>✓</b>
_	Individual											4	1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
	on B. Independent Contractors								•				
1	Complete this table for your five highest of compensation from the organization. Repyear.												ı's tax
	(A) Name and business add	ress							(B) Description of se	ervices	(	(C) Compensat	ion
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Part	VIII	Statement of Revenue												
		Check if Schedule O contains a response or note to				<u> </u>								
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514								
nts	1a	Federated campaigns 1a		-										
irar	b	Membership dues 1b	]											
s, C	С	Fundraising events 1c 1,890,342.76	]											
Sift	d	Related organizations 1d	]			ļ l								
ıs, İmi	e	Government grants (contributions) 1e	]											
rior S 's	f	All other contributions, gifts, grants,												
ig 🔾		and similar amounts not included above 1f 297,494.88												
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f \$												
	h	Total. Add lines 1a–1f	2,187,837.64											
an l	_	Business Code												
eve	2a													
8	b													
ΞŽ	٠ 0													
Š	d e													
Program Service Revenue	f	All other program service revenue.												
Pro	g g	Total. Add lines 2a–2f			1	1								
	3	Investment income (including dividends, interest,				ĺ								
		and other similar amounts) ▶	4,526.84		1									
	4	Income from investment of tax-exempt bond proceeds ▶												
	5	Royalties												
		(i) Real (ii) Personal												
	6a	Gross rents				}								
	b	Less. rental expenses	ļ											
	С	Rental income or (loss)												
	d	Net rental income or (loss)												
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				1								
	b	Less. cost or other basis												
		and sales expenses .			"									
	С	Gain or (loss)				[								
	d	Net gain or (loss)			<del>                                     </del>	J								
		,												
Jue	8a	Gross income from fundraising												
Ver		events (not including \$												
Other Rever		of contributions reported on line 1c).												
Jer		See Part IV, line 18 a	]											
ğ		Less: direct expenses b												
		Net income or (loss) from fundraising events .												
	9a	Gross income from gaming activities. See Part IV, line 19 a												
	<u> </u>		1											
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities . <b>b</b>	<del>                                     </del>		<del>                                     </del>									
	_	Gross sales of inventory, less												
		returns and allowances a 31,860.53				1								
	ь	Less: cost of goods sold b 18,702.49	7											
	С	Net income or (loss) from sales of inventory	13,158.04											
		Miscellaneous Revenue Business Code	3,,,,,,,,											
	11a	Reimbursed Expenses	186,687.54											
	ь													
	С													
	d	All other revenue	ļ											
	e a	Total. Add lines 11a–11d	186,687.54											
	12	Total revenue. See instructions ▶	2,392,210.06		]	1								

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete co	lumn (A).			
	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 domestic organizations							
	and domestic governments. See Part IV, line 21	398,851.91	398,851.91					
2	Grants and other assistance to domestic individuals See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	168,670.65	78,379.78	90,290.87				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,0100	70,070,70	00,230.37	<del></del>			
9	Other employee benefits	21,419.64	5,000.00	16,419.64				
10	Payroll taxes	19,931.10	12,261.23	7,669.87	·=-			
11	Fees for services (non-employees):	·		,				
а	Management							
b	Legal							
C	Accounting	23,055.00		23,055.00				
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column							
g	(A) amount, list line 11g expenses on Schedule (A).	22 24 5 24						
12	Advertising and promotion	93,815.91	33,227.89	26,747.64	33,840.38			
13	Office expenses	70,440.43 7,281.12	45,329.72	5,299.71	25,110.71 1,981.41			
14	Information technology	2,026.62		2,026.62	1,901.41			
15	Royalties	2,020.02		2,020.02				
16	Occupancy							
17	Travel	4,771.70		2.242.82	2,528.88			
18	Payments of travel or entertainment expenses			-				
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	44,865.11	42,550.10	1,290.28	1,024.73			
20	Interest	6,854.39		2,448.72	4,405.67			
21 22	Payments to affiliates							
23	Depreciation, depletion, and amortization . Insurance	5,827.41		5,827.41				
24	F	5,168.09		4,451.09	717.00			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column	ĺ	ł					
	(A) amount, list line 24e expenses on Schedule O)							
а	Bad Debt	4,622.40			4,622.40			
b	Rent (Equipment, Facilities)	84,039.20		37,354.78	46,684.42			
С	Direct Costs	73,918.82			73,918.82			
d	In-Kind Goods and Services	1,119,279.75			1,119,279.75			
е	All other expenses	74,614.13	55,361.93	8,993.95	10,258.25			
25	Total functional expenses. Add lines 1 through 24e	1,356,473.90	55,361.93	46,348.73	1,254,763.24			
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    In following SOP 98-2 (ASC 958-720) If following SOP 98-2 (ASC 958-720) In following SOP 98-2 (AS		***					
	following SOP 98-2 (ASC 958-720)	2,229,452.98	670,962.56	234,118.40	1,324,372.02 Form <b>990</b> (2014)			
					1 OIIII 330 (2014)			

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Form 990 (2014) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1,298,535.56 1.383.231.00 2 Savings and temporary cash investments . . . . . . 2 265,634.66 3 3 4 4 438,455.00 334,465.90 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net . . . . . . . 7 8 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 76.240.92 Less. accumulated depreciation . . . . 10b 28,915.00 10c 53,424.77 22,816.15

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1,595,398

1,850,601.00

1,850,601.00

31,640.00

223,563.00

15,110.23

31,764.91

196,383.37

1,708,414.22

1,936,562.50 Form 990 (2014)

1,936,562.50

Investments—publicly traded securities . . . . . . . . . . . . . . .

Escrow or custodial account liability. Complete Part IV of Schedule D.

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Loans and other payables to current and former officers, directors,

trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . .

Investments—other securities. See Part IV, line 11

Investments—program-related. See Part IV, line 11...

Total assets. Add lines 1 through 15 (must equal line 34).

Other assets. See Part IV, line 11 . . . . . .

Liabilities 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . . 26 255,203.00 228,148,28 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30

Eam	രഹ	(2014)	

Page 12

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,392,2	10.06
2	Total expenses (must equal Part IX, column (A), line 25)	2		,229,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		162,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,598,3	98.00
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		(49,74	10.86)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	,708,4	14.22
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
_					اجا
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 com- reviewed on a separate basis, consolidated basis, or both.	piled or			
	·				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ببا
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 audit separate basis, consolidated basis, or both:	ed on a			
	`				
С	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 o	vorovaht			
C	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		2C		
	Schedule O.	фіалі пі			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
oa	the Single Audit Act and OMB Circular A-133?		3a		./
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	Sal	$\rightarrow$	<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	, , , , , , , , , , , , , , , , , , ,			n <b>990</b> (	(2014)
			1 0111	. 555	(-014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**Employer identification number** 

E4 22212E2

OMB No. 1545-0047

Open to Public Inspection

uei	to Rico Allillate of the Jusan G. Roll	ien roundation				30-23	3 (333
Pa	Reason for Public Cha	rity Status (Ali	organizations must	comple	te this p	art.) See instruction	ons.
The o	organization is not a private founda	ation because it i	is: (For lines 1 through	11, che	ck only o	ne box.)	
1	A church, convention of churc	hes, or associati	on of churches descr	ibed in se	ection 17	'O(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)				
3	☐ A hospital or a cooperative hos	spital service org	ganization described i	n <b>sectio</b> r	170(b)(1	I)(A)(iii).	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusi d organizations d	vely for the benefit of, escribed in <b>section 5</b>	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See sect	ion 509(a)(3). Check
а	☐ <b>Type I.</b> A supporting organize the supported organization(sorganization. <b>You must cont</b>	) the power to re	egularly appoint or ele	-			. , , , ,
b	☐ Type II. A supporting organize control or management of the organization(s). You must control to the organization o	e supporting org	janization vested in th				
C	Type III functionally integra its supported organization(s)						y integrated with,
d	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstnbuti	on requirement and	• , ,
е	□ Ob 1 - 45 to b 26 45 1	ation received a	written determination	from the	IRS that	it is a Type I, Type i	li, Type III
f	Enter the number of supported of		<b>,-</b>	<b>3</b>	J		
a	Provide the following information		orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the d	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(See insudetions)	Yes	No		
A)							
В)							
(C)	7						
D)							
E)						-	

Part	Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, p	lease comple	te Part III.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		-				
	include any "unusual grants.")	1 140 241 00	1 040 027 00	4 742 707 00	2 250 240 20	2 407 027 / 4	0.405.770.44
•		1,140,361.00	1,840,027.00	1,713,706.00	2,259,848.00	2,187,837.64	9,105,779.64
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	1,140,361.00	1,840,027.00	1,713,706.00	2,259,848.00	2,187,837.64	9,105,779.64
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						9,105,779.64
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,140,361.00	1,840,027.00	1,713,706.00	2,259,848.00	2,187,837.64	9,105,779.64
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	9,105,779.64
13	First five years. If the Form 990 is for the	_			•		
	organization, check this box and stop he			<u></u>	<u></u>	<u> </u>	. ▶ □
	on C. Computation of Public Suppor				<del>-</del>		
14	Public support percentage for 2014 (line 6					14	%
15 16a	Public support percentage from 2013 Sch 331x9% support test—2014. If the organization qua	zation did not d	check the box	on line 13, and	l line 14 is 331	15   3% or more, cl	·
b	331/2% support test—2013. If the organ check this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a, and line		_
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	014. If the orga	nization did no and-circumsta	ot check a box nces" test, che	on line 13, 16ack this box an	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	"facts-and-ci	rcumstances" tances" test. Ti	test, check th	is box and ste	and line op here. publicly
18	Private foundation. If the organization di instructions	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, checl	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.)

Secti	on A. Public Support			.,, p		· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(0) 2011	(0) 2012	(4) 2010	(6) 2017	tiy i Otal
•	received. (Do not include any "unusual grants.")	1 140 241 00	1 940 027 00	1 712 704 00	2 250 040 00	2 107 027 44	0.305.770.44
2	Gross receipts from admissions, merchandise	1,140,361.00	1,840,027.00	1,713,706.00	2,259,848.00	2,187,837.64	9,105,779.64
_	sold or services performed, or facilities	1		1			
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				ľ		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		-				
	organization without charge						
6	Total. Add lines 1 through 5	1,140,361.00	1,840,027.00	1,713,706.00	2,259,848.00	2,187,837.64	9,105,779.64
7a							
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1	<del></del>			
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year		j				
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	]	-				9,105,779.64
Secti	on B. Total Support						7,103,777.04
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,140,361.00	1,840,027.00	1,713,706.00	2,259,848.00	2,187,837.64	9,105,779.64
10a	Gross income from interest, dividends,	1,1 10,00 1100	1,0 10,027100	1,7 10,7 00.00	2,207,010.00	211011001101	77100777701
	payments received on securities loans, rents,						
	royalties and income from similar sources .					Į	
b	Unrelated business taxable income (less					<u> </u>	
•	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	<del></del>			<del>-</del>		<del></del>
11	Net income from unrelated business						
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	- · ·			1			
12	Other income. Do not include gain or loss from the sale of capital assets		ļ	1	j		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>				<del></del>	<del></del>
13	and 12.)	1,140,361.00	1 940 007 00	1 712 704 00	2 250 040 00	2 107 027 (4	0 105 770 / 4
14	First five years. If the Form 990 is for the					2,187,837.64	
17	organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor				<del></del>	<del></del>	· · <b>&gt;</b> [
15	Public support percentage for 2014 (line			3 column (A)		15	%
	Public support percentage from 2013 Sci					16	<del></del>
16 Secti	on D. Computation of Investment In			<u> </u>	• • • •	1 10 1	
17	Investment income percentage for 2014 (			/ line 13 colum	an (fi)	17	%
18	Investment income percentage for 2014 (					18	<del>%</del>
	3315% support tests—2014. If the organ						
19a	17 is not more than 331/3%, check this box						
		-	_			•	_
þ	331/s% support tests - 2013. If the organization 18 is not more than 331/s% shock this						
	line 18 is not more than 33½%, check this		-	•	•	• • •	_
20	Private foundation. If the organization di	a not cneck a l	oox on line 14,	19a, or 19b, c	neck this box a	and see instruc	ctions

### **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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name o	f the or	ganization		Employer identification number			
Puerto	Rico /	Affiliate of the Susan G. Komen Foundation	56-2331353				
Par	t I	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.			
		Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) Funds and other accounts			
1	Total	number at end of year					
2	Aggre	egate value of contributions to (during year)					
3	Aggre	egate value of grants from (during year) .					
4	Aggre	egate value at end of year					
5		he organization inform all donors and donor are the organization's property, subject to the					
6	only f	ne organization inform all grantees, donors, a for charitable purposes and not for the benearing impermissible private benefit?	fit of the donor or donor advisor, or fo	nt funds can be used or any other purpose			
Part		Conservation Easements.					
		Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.				
1	Purpo	ose(s) of conservation easements held by the	organization (check all that apply).				
		reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation of	f a historically important land area			
	☐ Pi	rotection of natural habitat	☐ Preservation of	f a certified historic structure			
		reservation of open space					
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation			
	easer	nent 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		per of conservation easements on a certified h					
d		per of conservation easements included in					
	histor	ic structure listed in the National Register .		· · 2d			
3		per of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the			
	tax ye	ear▶					
4		per of states where property subject to conse					
5	Does violat	the organization have a written policy regions, and enforcement of the conservation ea	garding the periodic monitoring, ins sements it holds?	pection, handling of			
6	Staff	and volunteer hours devoted to monitoring, ir	nspecting, and enforcing conservation	easements during the year			
7	Amou ▶\$	int of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year			
8	Does and s	each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)			
9	balan organ	rt XIII, describe how the organization reports on ce sheet, and include, if applicable, the text of dization's accounting for conservation easement.	of the footnote to the organization's finents.	and expense statement, and ancial statements that describes the			
Part		Organizations Maintaining Collection Complete if the organization answered '		Other Similar Assets.			
1a	works	organization elected, as permitted under SF, s of art, historical treasures, or other similar service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	lucation, or research in furtherance of			
b	If the	organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relati	FAS 116 (ASC 958), to report in its assets held for public exhibition, ed	revenue statement and balance sheet			
	(i) Re	evenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	(ii) As	sets included in Form 990, Part X		▶ \$			
2	If the	organization received or held works of art, ring amounts required to be reported under S	historical treasures, or other similar	assets for financial gain, provide the			
а	Reve	nue included in Form 990, Part VIII, line 1 .		<i>.</i> . ▶ \$			
		s included in Form 990, Part X					

Part	Organizations Maintaining	<b>Collections of</b>	Art, His	torical 1	reasures, o	or Ot	her Similar A	ssets (conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):								
а	Public exhibition		d	☐ Loan	or exchange	progi	rams		
b	☐ Scholarly research		e	 □ Othei	_				
C	Preservation for future generations	<b>3</b>	_	_					
4	Provide a description of the organizat XIII.		and expla	ain how t	hey further th	ne org	anization's exe	empt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part					· <b>J</b>				
	Complete if the organization 990, Part X, line 21.		" to For	n 990, P	Part IV, line 9	e, or r	reported an ar	mount on Fo	rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able:				
								Amount	
C	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21, for e	scrow or cus	todia	account liabili	ty? 🗌 Yes	☐ No
b_	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has been p	rovide	ed in Part XIII		
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes	" to For	n 990, P	Part IV, line 1	0.			
		(a) Current year	<b>(b)</b> Pn	or year	(c) Two years	back	(d) Three years ba	ck (e) Four year	rs back
1a	Beginning of year balance						<u> </u>		
b	Contributions								
C	Net investment earnings, gains, and losses			-					
d	Grants or scholarships				ĺ		-		
е	Other expenditures for facilities and programs	<del></del> -							
f	Administrative expenses	· · ·							
g	End of year balance					$\neg \neg$			
2	Provide the estimated percentage of t	he current vear er	nd balanc	e (line 1a	. column (a))	held a	as:		
а	Board designated or quasi-endowmer	-	%	, ,	,, ,,				
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment ▶	%							
·	The percentages in lines 2a, 2b, and 2		no%						
За	Are there endowment funds not in the			zation tha	at are held ar	nd ad	ministered for t	the	
	organization by:	россион и	.c organi					Ye	s No
	(i) unrelated organizations							. 3a(i)	-
	(ii) related organizations					•		3a(ii)	+-
ь	If "Yes" to 3a(ii), are the related organi					•		. 3b	<del></del>
4	Describe in Part XIII the intended uses					• •		. [00]	<del></del>
Part							<del></del>	<del></del>	
1 (1)	Complete if the organization		" to For	n gan 🗈	Part IV line 1	9 د1ا	See Form 990	Part Y line	10
	Description of property	(a) Cost or o			or other basis	_	Accumulated	(d) Book va	
		(investm			other)		epreciation	(u) BOOK Va	
1a	Land			<u> </u>					
b	Buildings								
С	Leasehold improvements								
d	Equipment		76 <u>,</u> 240.92				53,424.77	22	,816.15
е_	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part	X, columr	n (B), line 10c	.)	. <u></u> ▶ T	22	,816.15

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12, line 13, line 13, line 14, line 14, line 15, line	Part VII	Investments—Other Securities	-	000 D+ N/ I'-	. 111. 0 5	000 D 13/ II 40
Graduing name of security    Cost or end-of-year market value						
(2) Closely-held equity interests			<b>,</b> 	(b) Book value		
(3) Other   (A)   (B)   (C)	(1) Financial	derivatives				
(A) (B) (C) (C) (D) (D) (D) (E) (F) (F) (F) (C) (G) (H) (F) (F) (F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	· ·	neld equity interests			<u> </u>	
(G) (C) (D) (E) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	• •					
(G) (G) (H) Total, Column (g) must equal from 990, Part X, col. (g) line 12.) ►  Part VIII Investments — Program Related, Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) S) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.   Complete if						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.   Complete if	1.				<u> </u>	
Fig.   Column (b) must equal Form 990, Part X, col. (B) line 12.)   Fart XIII   Investments — Program Related,   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation   (c) Method of valuation   (d) Method of valuation   (e) M						
(G) (P) Total, (Column (b) must equal form 990, Part X, col. (B) line 12) ▶    Part VIII   Investments — Program Related.	1					
Total, Column (b) must equal Form 990, Part X, col. (b) line 12) ▶	1.1.					
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)						
Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   Cost or end of year market value						
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (e) (e) (f) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	rait viii			m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (6) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (6) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8					(c) Me	thod of valuation:
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 13) ▶  Part X Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1)	· · · · · · · · · · · · · · · · · · ·			0331 01 3110	- year market talde
(9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) (9) (9) (1) (9) (9) (1) (9) (9) (1) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
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	organization	i unicertain tax positions. In Part XIII, provi e liability for uncertain tay positions under	LE LIE LEXT OF THE TOOTH	ole to the organization	n s financial stateme	ents that reports the

Supplemental Information.

Par	X Reconciliation of Revenue per Audited Financial Statemen		Return.	
	Complete if the organization answered "Yes" to Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements .		1	2,392,210.06
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b	] [	
C	Recoveries of prior year grants	2c	]	
d	Other (Describe in Part XIII.)	2d	1	
е	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	1	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)	5	2,392,210.06
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return	) <u>.</u>
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	2,229,452.98
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	1	
b	Prior year adjustments	2b	]	
C	Other losses	2c	]	
d	Other (Describe in Part XIII.)	2d	1	
e	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		
b	Other (Describe in Part XIII.)	4b	1	
C	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	2 220 452 08

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule	D (For	m 990)	2014
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Page 5

Part XIII Supplemental Information (continued)

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Puerto Rico Affiliate of the Susan G. Komen Foundation 56-2331353 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 

Special fundraising events **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization Yes No 1 2 3 4 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Par		Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		gross receipts greater the	(a) Event #1  RFTC (event type)	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	1,923,643.96			1,923,643.96
	3	Less: Contributions Gross income (line 1 minus line 2)	1,923,643.96			1,923,643.96
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	25,757.40			25,757.40
Direct Expenses	7	Food and beverages	3,277.95			3,277.95
Direc	8	Entertainment				
	9	Other direct expenses .	1,295,336.67	·		1,295,336.67
	10 11	Direct expense summary. Ac Net income summary. Subtra				1,324,372.02 599,271.94
Par	t III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 99	00, Part IV, line 19, or i	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
å	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
$\downarrow$	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	Yes%  No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
$\perp$	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<b>.</b>	
9 a b	ls t	nter the state(s) in which the or the organization licensed to co "No," explain:	-	s in each of these state		
10a b		ere any of the organization's g	gaming licenses revoked	l, suspended or termina	ated during the tax year	?