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.
Department of the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest information.

Dep:	artment of t	the Treasury le Service	► Go to www.irs.gov/Form990 for instructions and the latest info	ormation.	404	Inspection
			ndar year, or tax year beginning July 1, , 2018, and ending	Jur	e 30,	, 20 19
В	Check if a	applicable	C Name of organization _EUNDACION NACIONAL PARA LA CULTURA POPULAR INC		D Employ	er identification number
	Address of		Doing business as			66-0538915
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	_	E Telephor	ne number
	Initial retu	_	PO BOX 9023971			787-724-7165
	Final return	/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended	return	San Juan, Puerto Rico 00902-3971		G Gross re	ceipts \$
	Application	n pending	F Name and address of principal officer	H(a) Is this a g	oup return for s	subordinates? Yes Vo
				H(b) Are all	subordinates	included? Ves No
$\overline{\Box}$	Tax-exem	pt status	✓ 501(c)(3)	If "N	o," attach a	list (see instructions)
J	Website:	► www	w prpop org	H(c) Group	exemption	number >
<u>K</u>	Form of or	rganization (☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	1998	M State	of legal domicile PR
Р	art I	Summ				
	1 1	Briefly de	escribe the organization's mission or most significant activities: <u>Education</u>	al, promotic	nal and re	search of
Se.		puertorrica	an culture			
Activities & Governance	_					
Š	1		is box ▶☐ if the organization discontinued its operations or disposed of r	nore than	1 1	its net assets.
ő			of voting members of the governing body (Part VI, line 1a)		3	6
مح پ			of independent voting members of the governing body (Part VI, line 1b) .		4	. 6
/itie	1		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
cţì	1		nber of volunteers (estimate if necessary)		6	4
⋖			elated business revenue from Part VIII, column (C) line 12		7a	0
_	b I	Net unrei	ated business taxable income from Form 690 T. Inc. 38	Prior Ye	7b	Current Year
		Cantulari	tions and grapts (Part VIII line 1h)	11101 10		<u> </u>
ne	1		tions and grants (Part VIII, line 1h)		92,694	79,600
Revenue	9	Invoctme	nt income (Part VIII, mile 29)		22,470	<u>71,199</u> 0
æ	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9e (1)s and (2)e)		102	509
			enue—add lines 8 through 11 (must equal Part (III, column (A), the 12)		115,266	151,308
_			nd similar amounts paid (Part IX, column (A), lines		0	151,500
			paid to or for members (Part IX, column (A), line 4)		3,264	3,264
(A)	1		other compensation, employee benefits (Part IX, column (A) lines 5–10)		0	0
Se	l .	· ·	onal fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses			draising expenses (Part IX, column (D), line 25) ▶			
ŭ			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		103,060	180,703
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		106,324	183,967
	19	Revenue	less expenses. Subtract line 18 from line 12		8,942	-32,659
o Ses			Beg	inning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20		ets (Part X, line 16)		149,421	113,676
at As	21		ılıtıes (Part X, line 26)		53,567	50,481
_			ts or fund balances. Subtract line 21 from line 20		95,854	63,195
	art II		ture Block			
Un	der penalt	ies of perjui	ry, I declare that I have examined this return, including accompanying schedules and statemer ete Declaration of preparer (other than officer) is based on all information of which preparer ha	nts, and to the	ne best of m	ny knowledge and belief, it is
	e, conect,	and compi	the Decident of preparer (other than officer) is based on an information of which preparer ha	3 arry Kriowi	- /	/
e:		S	ature of officer	 Da	5/7	/2020
Sig	·	L Signa	lavien Dartiast Divecture	Da		
He	''e	Type	or print name and title			
_		<u>, , , , , , , , , , , , , , , , , , , </u>	pe preparer's name Preparer's signature Dater		T	PT/N
Pa		luan C		/m -	Check L self-emp	4 " 11
	eparer	·		1020	<u> </u>	
Us	e Only				's EIN ▶ ne no	66-0361685 787 402 4415
140	v the IDS		ddress PO Box 4398, Carolina, Puerfo Rico 00984-4398		ne no	767 402 4415

Cat No 11282Y

Form **990** (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2018)	Page 2
Part		_
	Check if Schedule O contains a response or note to any line in this Part III	· · · · <u> </u> · · <u> </u>
1	Briefly describe the organization's mission	
	Educational, promotional and research of puertorrican culture	
		••••••••
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☐ Yes ☐ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		•••••
		•••••
	••••••	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•••••	
4-	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	



Part IV 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		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? <i>If "Yes," complete Schedule C, Part II</i>	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		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		√
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
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		✓
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		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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		<u>√</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		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		√
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		✓
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
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		✓

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Part	Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		✓
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		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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	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		✓
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
	Fatarable mumber research in Poul 2 of Farms 4000 Fatar 0 of material sales		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)			r
_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	Yes	No
2a	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?	2b		-
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			· ·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
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		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓ .
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
b 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	İ	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		ـــِــا
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		√
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		√
h 8	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. Did a donor advised fund maintained by the	<i>,</i> ,,		√
0	sponsoring organizations maintaining donor advised rands. Did a donor advised rand maintaining by the sponsoring organization have excess business holdings at any time during the year?	8		$\overline{\checkmark}$
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓ .
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			j
	Gross income from members or shareholders			J
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a		12a	\longrightarrow	✓_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]	'		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
а	Note. See the instructions for additional information the organization must report on Schedule O.	.Ja		1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
. b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		✓_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

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 C			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6	1	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	اء		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	쉬		
-	any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct	xt 🗀		
	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		1
6	Did the organization have members or stockholders?	6	ļ	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir one or more members of the governing body?	nt 7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	š,		
	stockholders, or persons other than the governing body?	7b		 ✓ ,
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin the year by the following:	9		
а	The governing body?	8a	1	
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 a			١.
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rev	9	ode	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the internal nev	snue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	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		1
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	<u></u>
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		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts			/
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	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	1
15	Did the process for determining compensation of the following persons include a review and approval b	v		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	<u> </u>	✓_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0 4'	organization's exempt status with respect to such arrangements?	16b	<u> </u>	✓_
	on C. Disclosure			
17. 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	, , ,060	,	, o i (o)
	☐ 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	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and	records	>	
	Javier Santiago, PO Box 9023971, Old San Juan, PR 00902, Tel 787 960 2003		- 000	(0010)
		For	コッサン	(2018)

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

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 nor any related organization compensated any current officer, director, or trustee

Officer this box in fictine, the organization for	urry relate	u org	W1 112	·uiic	,,,	onipo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ited unity outlier	it officer, all colo	, or a dotoo.
				(6	C)					
(A)	(B)	 	-4 -1		ition			(D)	(E)	(F)
Name and Title	Average					than one is that		Reportable	Reportable	Estimated
	hours per	office				or/trustee)		compensation	compensation from	amount of
	week (list any hours for	유교	'ns	읔	Ke.	왕	Former	from the	related organizations	other compensation
	related	direc	<u> </u>	Officer	en	ploy	l iği	organization	(W-2/1099-MISC)	from the
	organizations below dotted		ona		Key employee	8 2	`	(W-2/1099-MISC)		organization and related
	l≀ne)	rust	2		yee	n pe				organizations
		8	Institutional trustee			Highest compensated employee	l	l		
			Ľ.			es.				
41										
(1) n/a	n/a	 								
(2)	· · · · · · · · · · · · · · · · · · ·			-		ļ	1		n/a	n/a
(2)										
(3)							╁╌			
_(0)	ļ	1								
(4)										
		l					l			
(5)										
				<u> </u>						
(6)										
										
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(8)										
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(5)										
(10)										
(10)										
(11)							_			
(12)										
(13)										
										-·- <u></u>
(14)									f	
	ı .		- 1					1		

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b office Individua	unles	Pos neck ss pe	rson	that other Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	n from	Est ame comp fro orga and	(F) Imated ount of other pensation the inization related	f on on d
(15)				Н										
(16)							-							
(17)													_	
(18)										-		<u>.</u>		
(19)				H										
(20)					\vdash					· · · · · · · · · · · · · · · · · · ·			<u>.</u> .	
(21)														
					H									
(23)											-	 .		
(24)					H							•		
(25)					H									
c d	Sub-total	· · · ·	n A					▶ ▶ •) W	ho received me	ore than \$10	00,000) of		
	reportable compensation from the organi									·			Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes,"</i> complete S							mp	loyee, or high	est compe	nsated	3		1
	For any Individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	50,0	000	? If	"Yes	s," 	complete Sch	edule J foi 	r such	4		1
	for services rendered to the organization on B. Independent Contractors											5		/
1	Complete this table for your five highest of compensation from the organization Rep year.													tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	sation	
n/a							_	n/a						n/a
-														
2	Total number of independent contracto	rs (ıncludir	ng bu	t no	ot l	mit	ed to	th	ose listed abo	ove) who				

Form **990** (2018)

Form 9	990 (201	8)					Page 9
Part	t VIII	Statement of Revenue			•		
		Check if Schedule O contains a respons	se or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts T	1a	Federated campaigns 1a				-	
iran	b	Membership dues 1b					
s, G	С	Fundraising events 1c					
ar,	d	Related organizations 1d	50,000				
ir, (е	Government grants (contributions) 1e					
ar S	f	All other contributions, gifts, grants,					
夏美		and similar amounts not included above 11	29,600				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f \$					
O m	h	Total. Add lines 1a-1f	siness Code	79,600		 	
Program Service Revenue	000		siness Code	25.045			
ě	2a b	Income from cultural activities, productions Sales of cultural materials		35,015 36,184	35,015 36,184		
8	c			30,164	30,104		
ΘZ	d						
S	e			-		•	
gra	f	All other program service revenue .					
5	g	Total. Add linos 2a-2f	. ▶	71,199	-		
	3	Investment income (including dividends	, interest,				
		and other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds >				
	5	Royalties	. Personal				
			ii) Fersonai				
	6a	Gross rents . Less. rental expenses					
	b	Rental income or (loss)					
	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)	▶				
Other Revenue	0a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18 a					
₹		Less direct expenses b					
		Net income or (loss) from fundraising ever	its . 🟲		·····		
	9ù	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less direct expenses b	s >				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	· •				
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventor	y . 🕨				
		Miscellaneous Revenue Bu	siness Code				
	11a	Dividend income	248				
	b	Miscelaneus income	261				
	C	All all					
	d	All other revenue					
	12	Total. Add lines 11a–11d Total revenue. See instructions		500			
		TOTAL TOTOTION DEC INSUIDENDE		151,308			<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
Check if Schedule O contains a 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	500	500					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	. 0						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	3,264	3,264					
5	Compensation of current officers, directors,							
_	trustees, and key employees	0						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	o						
7	Other salaries and wages	0						
8	Pension plan accruals and contributions (include	-			· · ·			
	section 401(k) and 403(b) employer contributions)	o						
9	Other employee benefits	0						
10	Payroll taxes	0						
11	Fees for services (non-employees)			ł				
а	Management	20,200		20,200	·			
b	Legal	0						
C	Accounting	2,500		2,500				
d	Lobbying	0						
e f	Investment management fees	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
•	(A) amount, list line 11g expenses on Schedule O)	2,076		2,076				
12	Advertising and promotion	0						
13	Office expenses	270		270				
14	Information technology	633	633					
15	Royalties	0						
16	Occupancy	0		<u> </u>				
17 18	Travel	0						
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	0						
20	Interest	0			-, ,			
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization .	6,200		6,200				
23	Insurance	0						
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.)				,			
_		124,973	124,973					
a b	Direct activities cost Utilities	5,356	124,973	5,356	· · · · · · · · · · · · · · · · · · ·			
C	Communication	1,602		1,602				
d	Other miescelaneus expenses	2,183		2,183				
е	All other expenses	14,210		14,210				
25	Total functional expenses. Add lines 1 through 24e	183,967	129,370	54,597				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs							
	from a combined educational campaign and	[
	fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)							

•

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	71,842	1	38,034
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,355	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	10,750	5	17,194
s	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		-6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	14,031	8	13,205
	9	Prepaid expenses and deferred charges	·	9	
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a 152,024			
	b	Less: accumulated depreciation 10b 107,531	50,693	10c	44,493
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11	ı	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)	149,421	16	113,676
	17	Accounts payable and accrued expenses	53,091	17	50,150
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	<u> </u>
ēS	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	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	476		331
	26	Total liabilities. Add lines 17 through 25	53,567	26	50,481
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Б	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.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.	95,854	32	63,195
Net Assets	33	Total net assets or fund balances	95,854		63,195
_	34	Total liabilities and net assets/fund balances	149,421	34	113,676
					Form 990 (2018)

_	4	•
Page	- 1	4

0,,,,					-gc •=
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1:	51,308
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	33,967
3	Revenue less expenses. Subtract line 2 from line 1	3			32,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			95,8 <u>54</u>
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(3,195
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 Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ıı	n		
	Schedule O.		<u>-</u>	·	
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	iled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis				لبدا
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 audited	on a	a		
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis		. —	·	<u>_</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account				
				 	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	наш п	'		1
٥		orth :	,		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orth II	ີ _{3a}		1
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	aa th		 	_
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		1
	required addit of addits, explain why in ochedule of and describe any stops taken to directly such ad	<u></u>		m 99 0	(2018)
			, 0	000	,20.0)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

FUNL	<u>DACION NACIONAL PARA LA CULTURA</u>	A POPULAR, INC				66-0	38915	
Par	Reason for Public Cha	rity Status (All	organizations must	t comple	ete this p	art.) See instruction	ons.	
The c	organization is not a private founda		•		•			
1	A church, convention of church							✓
2	A school described in section					1 1 * 1		
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). En	ter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operati	ed by a governmen	tal unit	described in
6	A federal, state, or local gover							
7	An organization that normally			port fron	n a gover	nmental unit or fror	n the g	jeneral public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)					
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ							
	or university or a non-land-gra							
10	An organization that normally receipts from activities related	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees,	and gross
	support from gross investmen	t income and un	related business taxa	ble incon	cepuons, ne (less s	ection 511 tax) from	busine	SSES
	acquired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)		
11	☐ An organization organized and	l operated exclus	sively to test for publi	c safety	See sect	ion 509(a)(4).		
12	An organization organized and							
	of one or more publicly suppo	•						
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sur	oporting o	organızatı	on and complete line	es 12e,	12f, and 12g.
а	Type I. A supporting organ							
	the supported organization					the directors or trust	ees of	the
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B				
b								
	control or management of				e persons	that control or man	age the	e supported
	organization(s). You must	•						
С	Type III functionally integ its supported organization						ally inte	egrated with,
d	☐ Type III non-functionally	i ntegrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted o	rganızatıon(s)
	that is not functionally inte	grated. The orga	nızatıon generally mu	st satisfy	a distribi	ution requirement ar	id an a	ttentiveness
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, aı	nd Part V.		
е	☐ Check this box if the organ						e II, Typ	oe III
	functionally integrated, or	Гуре III non-func	tionally integrated sup	oporting	organızat	ion.		
f	Enter the number of supported of				•			
g	Provide the following information	n about the supp	orted organization(s).			· · · · · · · · · · · · · · · · · · ·		
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see		Amount of support (see
			above (see instructions))		ment?	instructions)		structions)
				Yes	No			
(A)								
(B)				!				
(C)								
(D)			,			,		
(E)								
Total		多时的特征	CELEBORAL STATES	医	建工品种			

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) grants, contributions, Gifts. membership fees received (Do not include any "unusual grants") 144,071 155,762 20,269 29,600 123,738 473,440 revenues levied the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 144,071 123,738 155,762 20,269 29,600 473,440 The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 144,071 123,738 155,762 20,269 29,600 473,440 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 144,071 123,738 155,762 20,269 29,600 473,440 7 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 125 162 1,069 Net income from unrelated business activities, whether or not the business is regularly carried on 72 72 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . 386,317 102,129 103,040 87.480 22,470 71,198 **Total support.** Add lines 7 through 10 246,713 226,799 243,439 42,901 101,046 860,898 11 Gross receipts from related activities, etc. (see instructions) 12 860,898 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here \triangleright Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 54 % Public support percentage from 2017 Schedule A, Part II, line 14 % 15 60 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check ▶ ☑ 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schodu	le A (Form 990 or 990-EZ) 2018						Page 1
Part		ations Descr	ibed in Sect	ion 509(a)(2)			Page
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	<u> </u>
	on A. Public Support		T	1 () 2515	1	1 1 2 2 2 2	T 40 = 1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	į				/	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the				/	1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513			_			
4	Tax revenues levied for the						
	organization's benefit and either paid to			İ			
	or expended on its behalf				/		
5	The value of services or facilities			1 /	1		
	furnished by a governmental unit to the	j					
	organization without charge			//_			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		•				Ì
	received from disqualified persons			/	_		
b	Amounts included on lines 2 and 3			./			
	received from other than disqualified	\	\ /				
	persons that exceed the greater of \$5,000			ľ		ĺ	1
	or 1% of the amount on line 13 for the year		\longrightarrow				
	Add lines 7a and 7b				<u> </u>		
8	Public support. (Subtract line 7c from						
01	line 6)	<u> </u>	<u>/</u>		<u> </u>	<u> </u>	
	on B. Total Support	(-) 0044	/ h) 0045	1-1-0010	(4) 0047	(-) 0010	(6 T-4-1
	dar year (or fiscal year beginning in)	(a) 2014/	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			 \ 	 		
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents, royalties, and income from similar sources.						
1.	•	/			 		
b	Unrelated business taxable income (less section 511 taxes) from businesses			\			
	acquired after June 30, 1975	[Ì	`	1		
				-	 \ 		
	Add lines 10a and 10b	<u> </u>		 	 		
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on			ĺ		ĺ	
40	Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			 	+	 \ 	
13	and 12)						
14	First five years. If the Form 990 is for the	i	l n'e firet secon	l d third fourth	or fifth tay w	ear as al section	L 501(c)(3)
17	organization, check this box and stop he					\	,,, 20 L(c)(2) ▶ L
Secti	on C. Computation of Public Suppor			· · · ·		· · · /· ·	·
	Public support percentage for 2018 (line to			13 column (A)		15	%
15 16	Public support percentage for 2018 (line of Public support percentage from 2017 Sci					16	\ %
	on D. Computation of Investment In			·_·		10.]	1 70
17	Investment income percentage for 2018 (ny line 13. coli	ımn (fl)	17	\ %
18	Investment income percentage from 2017					18	/ / %
						1 1	, , -

331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not moré than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	an v	<u>·/</u>		
Secti	on A. All Supporting Organizations		1		
			Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing		}		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	_			
^		1_			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported				
	organization was described in section 509(a)(1) or (2).	2		 	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u> </u>	 	
Ju	(b) and (c) below.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-	\vdash		
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				
	organization made the determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<u> </u>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
	despite being controlled or supervised by or in connection with its supported organizations.	4b		L	
С	Did the organization support any foreign supported organization that does not have an IRS determination			1 1	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				
	purposes.	40	—		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c			
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN				
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,	1			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			li	
	was accomplished (such as by amendment to the organizing document).	5a			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				
	designated in the organization's organizing document?	5b			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited				
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			<u> </u>	
_		6		-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			-	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u> </u>		1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described				
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			j	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer 10b below	10a			
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	1	1		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Section	on B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		162	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		ļ.
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ı
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
00011	on b. All Type III cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		لـــــا
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a .	The organization satisfied the Activities Test. Complete line 2 below		• • •	•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		·	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	•	24		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A-Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B-Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b 13,150 18,100 **b** Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 13,150 18,100 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 9,050 see instructions) 6,575 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6,575 9,050 6 6 Multiply line 5 by 035 230 7 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) 230 316 Section C-Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1. 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

emergency temporary reduction (see instructions).

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	Y			
Secti	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	,,, <u>.</u>			
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI) See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	,					
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.	************************************	**************				
3	Excess distributions carryover, if any, to 2018						
	From 2013		 	, , ,			
b	From 2014						
	From 2015 .						
	From 2016						
е	From 2017 .			4			
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)	·····		*************			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from						
	Section D, line 7: \$		Carlotte Comments of the Carlotte Comments of				
	Applied to underdistributions of prior years	***************************************					
	Applied to 2018 distributable amount						
<u>C</u> _	Remainder Subtract lines 4a and 4b from 4.			*			
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions						
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.						
0	Breakdown of line 7:						
8	Excess from 2014						
<u>a</u> b	5 (0015						
C							
d	Excess from 2017						
	Excess from 2018						
€:	LAGETT HUHLEUTO						

Part VI	III, line 12; Part B, lines 1 and 3 3a, and 3b; Pa	t IV, Section A, Ii 2; Part IV, Sectio	nes 1, 2, 3b, 3d on C, line 1; Par V, Section B, lii	c, 4b, 4c, 5a, 6 t IV, Section D ne 1e; Part V,	5, 9a, 9b, 9c, 1° D, lines 2 and 3 Section D, line	1a, 11b, and 11d; ; Part IV, Sections 5 5, 6, and 8; an	ne 17a or 17b; Pa c; Part IV, Sectior n E, lines 1c, 2a, d Part V, Section	า 2b,
Explanation	for Part II-Section B-1	I0 (Other Income)						
Income fro	m cultural activities	\$35,015						- -
Income fro	om cultural store sales	36,183						
Total		\$71,198						
	•		•••••					
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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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

FUNDACION NACIONAL PARA LA CULTURA POPULAR INC	66-0538915
PART VI-SECTION A - Line 8 (a)	
All annuals and periodic meeting are documented in the Boards meeting minutes	
PART VI-Line 11-A	
A copy of the Form 990 is given to each Board Members and discuss on the annual board meeting	
PART VI-Line 12-C	
A copy of the policy of conflict of interest is given to each board members and must be signed as received by each	one in order to comply with all entity policies
PART VI-Line 12 A and B	
The response to this requirement was NO As a matter of fact, this entity is a very small organization manage by p	ro-bono works performed by outside persons
PART VI-Line 19	
Form 990 and the related documents are not currently posted to the Web Page but are available for public inspection	on upon required by the interest parties
PART IV-Line 2-SCHEDULE B	
We concluded that we are not required to complete Schedule B, however, the contribution from donnors are from P	ruerto Rico goverment grants and from
general public	
	·

Schedule O (Form 990 or 990-EZ) (2018)	Page Z
Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification number
	•••••
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	······
·······	
	