For	99	0	Return of Organization Exempt From Incor	me Tax	L	OMB No 1545-0047
	•	,,	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p	vrivata foun	(anoiteh	2019
	·		► Do not enter social security numbers on this form as it may be ma		. , 1	
Dep	artment of	the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest infor		HOU	Open to Public Inspection
A			dar year, or tax year beginning July 1 , 2019, and ending	June 3	30	, 20 20
<u></u>		applicable.	C Name of organization EUNDACION NACIONAL PARA LA CULTURA POPULAR, INC			identification number
	Address	• •	Doing business as			66-0538915
Ξ	Name ch		Number and street (or P.O box if mail is not delivered to street address) Room/s	suite	E Telephone	
Η	Initial retu	•	PO BOX 9023971		•	87-724-7165
Ħ		m/terminated	Crty or town, state or province, country, and ZIP or foreign postal code			
\Box	Amended		San Juan, Puerto Rico, 00902-3971	I,	Gross rece	eipts \$ 168,853
	Application	on pending	F Name and address of principal officer.	(a) Is this a grou	p return for sub	ordinates? Ves No
				I(b) Are all sub	ordinates in	cluded? 🔲 Yes 🔲 No
	Tax-exen	npt status	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," att	ach a list (s	ee instructions)
J	Website:	>	Н	(c) Group exe	mption num	ber ►
K		rganization: 🛴	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:		VI State of le	gal domicile PR
Ρ	art I	Summa	<u> </u>			
	1	Briefly des	cribe the organization's mission or most significant activities: Educational, p	promotional a	nd research	of puertorrican
ည္ည		culture				
ĪΨ						
Governance			box ▶ ☐ if the organization discontinued its operations or disposed of m		4 4	
Ğ			voting members of the governing body (Part VI, line 1a)		3	6
නේ ගු			independent voting members of the governing body (Part VI, line 1b) .		4	6
Activities &	1		er of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
Ę	I		er of volunteers (estimate if necessary)		6	4
⋖	1		ated business revenue from Part VIII, column (C), line 12		7a	0
	Ь	Net unrelat	ed business taxable income from Form 990-T, line 39		7b	0
		O		Prior Year	ro coo	Current Year
99	1		ns and grants (Part VIII, line 1h)		79,600	49,909
Revenue	l.	_	ervice revenue (Part VIII, line 2g)		71199	118,674
æ	i .		income (Part VIII, column (A), lines 3, 4, and 7d)		509	270
	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	51,306	168,853
			similar amounts paid (Part IX, column (A), lines 1-3)		0	100,000
	i .		id to or for members (Part IX, column (A), line 4)	·	3,264	3,232
		· · · · · · · · · · · · · · · · · · ·	ner compensation, employee benefits (Part IX, column (A), lines 5–10)	······	0	- 0,202
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		0	
ped	b		aising expenses (Part IX, column (D), line 25)			
ă	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	18	30,703	197,133
	1	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,967	200,365
			ss expenses. Subtract line 18 from line 12 RECEIVED.	-3	2,659	-31,512
P S				ning of Curren	t Year	End of Year
t Assets or d Balances	20 -	Total asset	s (Part X, line 16)	11	3,676	128,030
t Asi	21 -	Total liabilit	ies (Part X, line 26) [၂၂	5	0,481	54,689
Fund A	22	Net assets	or fund balances. Subtract line 21 from line 20	-	3,195	73,341
Pa	rt II	Signatu	e Block OGDEN, UT			
			I declare that I have examined this return, including accompanying schedules and statements, Deelaration of preparer (other than officer) is based on all information of which preparer has a			owledge and belief, it is
Sig	71	Signatu	regi officer	Date		2022
He	re (Au	JAVIER SANTIAGO, DIVECTOR	30	vec	2020.
_	1	-	pry/aname and title			Toriu -
Pa	id		preparer's name Preparer's signature Date		heck 🔲 ıf	PTIN
Pre	eparer	Ivan G Ort	12/02/20	U2U S	elf-employe	1 01000410
	e Only	Firm's nam		Firm's E		66-0361685
		Firm's add	ress PO Box 4398, Carolina, Puerto Rico	Phone n	0	787-402-4415
_			nis return with the preparer shown above? (see instructions)	<u></u>		Yes No
For	Paperwo	ork Reducti	on Act Notice, see the separate instructions. Cat No. 112	82Y		Form 990 (2019)

Form 9	io (2019) Page 2
Part	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: 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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule C.)
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶



Part IV Checklist of Required Schedules

<u> </u>			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	100	<i>y</i>
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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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 donor-restricted endowments or in 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, 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	v	
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		
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		
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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u> </u>
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		
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		
20a	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		<u></u>
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	000	
		Form	990	(2019)

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		V
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		v
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	040		
_	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	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		/
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		/_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>.</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		
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		
Part		-		_
	Check if Schedule O contains a response or note to any line in this Part V		• •	
_	e	, 	Yes	No_
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 1	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ı
С	reportable gaming (gambling) winnings to prize winners?	1c	f	
			990	(2019)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax]
	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		-
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,	00		
70	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).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
7	gifts were not tax deductible?	6b		V
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		_
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1	- 1	
11	Section 501(c)(12) organizations. Enter:	1	i	
а	Gross income from members or shareholders		ļ	Į
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\dashv	 _
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1 1	- 1	ſ
U	the organization is licensed to issue qualified health plans	1	1	1
С	Enter the amount of reserves on hand			- }
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
5	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		
	If "Yes," see instructions and file Form 4720, Schedule N.	46		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
	11 100, Complete Form 4720, Conedule O.	Form	990	(2019)
				·~- · ~/

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 on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗆
Sect	ion 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	4		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	┨		
2	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, 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? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	 	-
10	one or more members of the governing body?	7a		,
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	 	<u>-</u>	
_	stockholders, or persons other than the governing body?	7b		ر ا
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	~	ļ
b	Each committee with authority to act on behalf of the governing body?	8b		
9 ——	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u>, , , , , , , , , , , , , , , , , , , </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		۱.
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
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		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		
-	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 its			i
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			لــــا
Secti	organization's exempt status with respect to such arrangements?	16b		
3ecu 17	List the states with which a copy of this Form 990 is required to be filed			
18	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.	(080	aon s	, o 1 (C)
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est p	olicy,
	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 re-	cords	>	

0	_	-		•
_	ш	u	ш	

Form **990** (2019)

Form 990 (2019)

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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	ensa	ated any current	officer, director,	or trustee.
					C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and title	Average					e than is both		Reportable	Reportable	Estimated amount
	hours					or/trus		compensation	compensation	of other
	per week			_	$\overline{}$			from the	from related	compensation
	(list any hours for	₫ <u>₹</u>	≌	Officer	\ \	를	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	8 5	튱	۳ ا	Į	l Se se	9	(** 2, 1033 11.100)	(** 27 1035 11/1007	related organizations
	organizations	9 =	교		Key employee	" 耸	1			
	below	Individual trustee or director	2		8	je j	1			
	dotted line)	%	Institutional trustee			Highest compensated employee				
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Discription of services Compensation			l					L	Ļ						
d Total (add lines 1b and 1c)															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-		•		-	-	-	-							
Teportable compensation from the organization ► 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									<u> </u>	h		00.000	-4		
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			to th	ose	IIST	eo a	above	e) W	no received more	e than \$1	00,000	Oī		
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organi	Zation											Yes	No
employee on line 1a? If "Yes," complete Schedule J for such Individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	2	Did the examination list any former	officer dire	otor	+ - - - - - - - - - -	otoc		·0.4 0	mal	ovee or bioben	t compo	neated			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								ınpı	byee, or riighes	Compe	nsaleu	3		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	A	· · ·							n ai	nd other comper	seation fr	om the			
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	7	organization and related organizations	greater tha	an \$1	50 (กกก	1961 7 <i>If</i>	"Yes	."	complete Sched	isalion ii lule J fo	r such		- 1	
for services rendered to the organization? If "Yes," complete Schedule J for such person				ω., φ.									4		
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n any	uni	related organizat	on or inc	dividual			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax ye (A) (B) (C) Name and business address Description of services													5		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax ye (A) (B) (C) Name and business address Description of services Compensation	Secti	on B. Independent Contractors													
(A) Name and business address (B) Description of services Compensation	1	Complete this table for your five high	est compe	ensate	ed i	nde	per	dent	CO	ntractors that re	eceived	more th	nan \$1	00,00	00 of
Name and business address Description of services Compensation		compensation from the organization. Repo	ort compen	sation	for	the	cal	enda	r yea	ar ending with or	within th	e organi	zation'	s tax	year.
n/a n/a		Name and business add	ress							Description of serv	ices		ompens	ation	
	n/a								n/a						n/a
			 -												
				.											,
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2								the	ose listed above) who				

	990 (201						Page
Par	t VIII	Statement of Revenue		oolima oo Al-t- D-			
	•	Check if Schedule O contains a response or	note to an	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ste	1a	Federated campaigns 1a					
iran Dun	b	Membership dues 1b					
ê Î	C	Fundraising events 1c					
# Z	d	Related organizations 1d	18,341				
S, E	е	Government grants (contributions) 1e		• •	• 1		-
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	31,568	:			
ontrib id Ott	g	Noncash contributions included in lines 1a-1f 1g \$					
ပြင်	h	Total. Add lines 1a-1f	▶	49,909			
		Busi	noss Codo		^		** 9
<u>ဗ</u>	2a	Income from cultural activities, productions		84,022	84,022		
Program Service Revenue	b	Sales of cultural materials		34,652	34,652		
yram Ser Revenue	С						
e a	d						
δ F	е						
ā	f	All other program service revenue					
	9	Total. Add lines 2a-2f		118,674			
	3 4 5	Investment income (including dividends, interother similar amounts)	. ▶ Loceeds ▶ Loceeds				
	_		Personal				
	6a	Gross rents 6a				İ	
	b	Less rental expenses 6b				,	
	C	Rental income or (loss) 6c					
	_d	Net rental income or (loss)	Other				
	7a	Gross amount from sales of assets other than inventory 7a	Other				
enne	b	Less: cost or other basis and sales expenses . 7b					
ě	C	Gain or (loss) 7c					
F	d	Net gain or (loss)	▶				
Other Reve	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				us jest	,
	ь	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b		1	1		-
		Net income or (loss) from garning activities	. •				
		Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory .	. •			···-	
,,			ess Code				
Revenue	11a		270		-		
scellaneo Revenue	b						
<u>k</u> = =	C		-				
ပ္က် 🛱 🛭		All other revenue					

270

168,853

e Total. Add lines 11a-11d .

Total revenue. See instructions

12

	Part IX	Statement	of Fu	nctional	Expens	es
--	---------	-----------	-------	----------	--------	----

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete coll	ımn (A).
	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,	e or note to any line	in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, b, 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 .	1,919	1,919		
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	3,232	3,232		
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				1
а	Management	24,960		24,960	
b	Legal				
C	Accounting	2,200		2,200	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	148		148	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6,284		6,284	
23	Insurance	2,566		0,20	
	.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	ļ			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Direct activities cost	141,069	141,069		
h	Utilities	4,803	147,000	4,803	
C	Communication	1,627		1,627	
d	Other miscelaneus expenses	270		270	
e	All other expenses	11,287		11,287	
25	Total functional expenses. Add lines 1 through 24e	200,365	141,069	17,987	
26	Joint costs. Complete this line only if the	200,000	141,003	17,307	
	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)				

Form 990 (2019) 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 38,034 67,077 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 17,194 5 8,750 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 Assets 13,705 8 8 12,419 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a Less: accumulated depreciation 10b -113.815 44.493 10c 39.034 b 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. 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 750 750l 15 16 113,676 **16** 128,030 Total assets. Add lines 1 through 15 (must equal line 33) 50.150 **17** 17 Accounts payable and accrued expenses 54,680 18 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties . . . 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 331 25 Total liabilities. Add lines 17 through 25 50481 26 54.689 Organizations that follow FASB ASC 958, check here ▶ □ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . 27 28 28 41,658 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29

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

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

Total liabilities and net assets/fund balances

30

31

32

Form **990** (2019)

31,682

73.341

128,030

30

31

32

63,195

63,195

113,676 33

		Pa	age 12
			. 🗆
		1	68,853
			00,365
			31,512
			63,195
			41,658
			73,341
			П
·	•••	Yes	No
in			
	2a		
or		<u> </u>	
OI.			
			1
	2b		
_			

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:
Cash Cash Cash If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. Form **990** (2019)

Form 990 (2019)

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

	me of the organization Employer identification number							
FUN	DAC	ION NACIONAL PARA LA CULT						38915
	rt I							ons.
The	_	anization is not a private founda		,	-	•	•	.//
1		A church, convention of church	•					$\star x$
2	_	A school described in section						()/ \
3		A hospital or a cooperative ho						
4		A medical research organization	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_	_	hospital's name, city, and stat						
5		An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			•	-	tal unit described in
6 7		A federal, state, or local gover An organization that normally						n the general public
	لبنا	described in section 170(b)(1)						J
8	П	A community trust described i		•	Part II.)			
9	_	An agricultural research organ				erated in	conjunction with a	and-grant college
		or university or a non-land-grauniversity:						
10		An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		An organization organized and	i operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12		An organization organized and						
		of one or more publicly support Check the box in lines 12a thro						
а		Type I. A supporting organ	nization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization						
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b		☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of organization(s). You must				persons	that control or man	age the supported
С		Type III functionally integ its supported organization(ally integrated with,
d		☐ Type III non-functionally i	i ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)
		that is not functionally integree requirement (see instruction						d an attentiveness
e	1	Check this box if the organ						e II, Type III
		functionally integrated, or I	• •	• •	-	_		,
f		nter the number of supported o	•					· ·
<u>g</u>	P	rovide the following information	n about the supp	orted organization(s).	,,		· · · · · · · · · · · · · · · · · · ·	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					1			
A) 								
B)								
C)		····					-	
-, 				·				
D)								

(E) Total

Schear	IE A (FORM 990 OF 990-EZ) 2019						raye Z
Part	Support Schedule for Organiza	ations Descri	bed in Secti	ons 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	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	 					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants")	123,738	155,762	20,269	29,600	49,908	379,277
_	Tax revenues levied for the	123,/36	135,762	20,207	27,800	47,708	317,211
2	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	123,738	155,762	20,269	29,600	49,908	379,277
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			ĺ			
_	shown on line 11, column (f)						270 277
6	Public support. Subtract line 5 from line 4		4				379,277
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	123,738	155,762	20,269	29,600		379,277
8	Gross income from interest, dividends,	120,100	755,152				
O	payments received on securities loans,					İ	
	rents, royalties, and income from						
	similar sources	21	125	162	248	270	826
9	Net income from unrelated business				_		
	activities, whether or not the business						
	is regularly carried on		72				
10	Other income. Do not include gain or					1	
	loss from the sale of capital assets						400.040
	(Explain in Part VI.)	103,040	87,480	22,470	71,198	118,674	402,862
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(coo instruction	<u> </u>			12	782,965
12 13	First five years. If the Form 990 is for the				or fifth tax ve		501(c)(3)
13	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	48 %
15	Public support percentage from 2018 Sch	nedule A, Part I	I, line 14 .		[15	54 %
16a	331/3% support test-2019. If the organi						
	box and stop here. The organization qua	•	• • •	•			
b	331/3% support test—2018. If the organization						
	this box and stop here. The organization	•					= -
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "organization	iacts-and-circu	ımstances" tes	st. Trie organiz	ation qualifies	as a publicly !	supporteα ► □
_	_					6- 16h 17	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	s-and-circums	tances" test. 1	The organization	on qualifies as	a publicly
	supported organization						

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

			-
o	20	•	z.
г	αч	Ю,	

Schedule A (Form 990 or 990-EZ) 2019

Part	Support Schedule for Organiza						
	(Complete only if you checked the						ınder Part/II.
	 If the organization fails to qualify 	under the te	ests listed belo	ow, please c	omplete Part	II.)	
	on A. Public Support		1		1 2 2 2 2 2	() 0040	107-11
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	ļ	 				/
~	sold or services performed, or facilities					/	
	furnished in any activity that is related to the		1				
•	organization's fax-exempt purpose		+			/	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<u> </u>
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	1	1	Ĭ		}	}
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified			/	1		
	persons that exceed the greater of \$5,000				Ì		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						
	line 6.)						<u> </u>
	on B. Total Support	r. 			.		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.		 				
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses				l		
	acquired after June 30, 1975		/				
C	Add lines 10a and 10b		4				
11	Net income from unrelated business						
	activities not included in line 10b, whether		1		i		1
	or not the business is regularly carried on	/	ļ	-			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	/	 				
13	Total support. (Add lines 9, 10c, 11,	/	1				
4.4	and 12.)	o organizatio	n'a first sooon	d third fourth	or fifth tay w	or os a socti	on 501(c)(3)
14	organization, check this box and stop he	-					
04			<u> </u>	· · · · ·		• • • •	· · · - <u> </u>
	on C. Computation of Public Suppor			12 column (6)		15	%
15	Public support percentage for 2019 (line 8					16	
16	Public support percentage from/2018 Sch			· · · · ·	· · · · ·	10	
	on D. Computation of Investment In Investment income percentage for 2019 (v line 13 oct	ımn (fl)	17	%
17						18	
18	Investment income percentage from 2018 331/3% support tests—2019. If the organ						
19a	17 is not more than 33 ¹ / ₂ %, check this box						
	33 ¹ / ₃ % support tests 2018 . If the organiz						
b	line 18 is not more than 33½%, check this t						
00	/	-	_				
20	Private foundation. If the organization di	а пот спеск а	DOX OR INC 14,	, 198, OF 1910, (JHECK THIS DOX	anu see mstri	uctions 🕨 🔟

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.)

Section A.	All Supporti	ng Organizations
------------	--------------	------------------

			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			
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 (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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	3с		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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]
С	Did the organization support any foreign supported organization that does not have an IRS determination 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action 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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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 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 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 .	9c		
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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	IV 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		
b	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
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			
	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			
	organizations and what conditions of 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			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
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		l
Secti	on D. All Type III Supporting 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	1		
	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		
Secti	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 in	nstru	ctions	s)
а	☐ 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 (see in		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	01:		
_		2b		ļ
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	20		
	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 Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<u></u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current 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):	Ĺ.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	18,100	52,555
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	l		
factors (explain in detail in Part VI):	L.,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	18,100	52,555
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
see instructions).	4	9,050	26,278
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	9,050	26,278
6 Multiply line 5 by .035.	6	316	920
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	316	920
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3		oses of supported orga	nizations	
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 (provide details in Part VI). See instructions.	h the organization is res	ponsive	
	·			
9	Distributable amount for 2019 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
A	From 2014			4. 1 Se
b	From 2015			
С	From 2016		~	
d	From 2017			
e	From 2018			
f	Total of lines 3a through e	···		
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u> _	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			1

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Explanation	n for Part II-Section B-10 (Other Income)
Income fr	om cultural activities \$ 84,022
Income fr	om cultural store sales \$ 34,652
Total	\$118,674
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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.

Employer Identification number

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. Open to Public Inspection

OMB No 1545-0047

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 pro-bo	ono 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 up	oon 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 Puerto	Rico goverment grants and from genera
public	
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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