

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization PUERTO RICO COMMUNITY FOUNDATION INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 70362
 City or town, state or province, country, and ZIP or foreign postal code
SAN JUAN, PR, 00936-8362

D Employer identification number
66-0413230

E Telephone number
787-721-1037

F Name and address of principal officer: Dr Nelson Colon
PO BOX 70362, SAN JUAN, PR 00936

G Gross receipts \$ 6,380,374

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.fcpr.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1984

M State of legal domicile: PR

Part I Summary

| | | | | |
|-----------------------------|------------|---|--|----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>To develop the capacities of the communities in Puerto Rico to achieve their social and economic transformation, stimulating philanthropic investment and maximizing the yield of each contribution.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 22 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 8,508,698 | Current Year 5,367,641 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 569,240 | 897,095 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 54,330 | 115,638 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,132,268 | 6,380,374 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 7,728,873 | 2,986,042 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,513,912 | 1,921,533 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>455,930</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,161,076 | 2,278,978 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,403,861 | 7,186,553 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,271,593 | -806,179 |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 37,819,101 | End of Year 40,411,062 |
| | 21 | Total liabilities (Part X, line 26) | 4,815,061 | 4,365,950 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 33,004,040 | 36,045,112 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
NOELIA MARIN, FINANCE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Juan Vazquez _____ _____ P01278277

Firm's name ▶ JUAN A VAZQUEZ ALDEA CPA Firm's EIN ▶ 66-0737613
 Firm's address ▶ PO BOX 9090, CAGUAS, PR 00726 Phone no. 787-413-3650

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III 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:

To develop the capacities of the communities in Puerto Rico to achieve their social and economic transformation, stimulating philanthropic investment and maximizing the yield of each contribution.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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, 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 \$ 449,688 including grants of \$ 181,692) (Revenue \$ 400,808)

Educational Programs: The development of school communities is an essential part of the Foundation's mission. The Foundation believes that education is the cornerstone for personal and social development. The Foundation perceives education as a social action of interdependence and collective responsibility. The accomplishment of significant achievements and the increase of student academic performance will be the result of the continuous collaboration between the public, private and non-profit sectors. This is the climate of collaboration among different sectors promoted by the Foundation to facilitate long term and ongoing support of school improvement at the elementary, middle and high school level

4b (Code:) (Expenses \$ 3,744,984 including grants of \$ 1,583,787) (Revenue \$ 2,551,019)

Puerto Rico Recovery Fund: in the aftermath of hurricanes Irma and María the Foundation reactivated its Puerto Rico Community Recovery Fund, once used to address Hurricane Hugo and the emergency of 9/11 in New York. The Fund became a reliable source for donors to facilitate their giving to Puerto Rico and to provide immediate relief and recovery grants to non-profit organizations. After the immediate relief the Fund continue the economic support (grants) and technical assistance to promote resilient, equitable and sustainable access and development in four strategic milestones: renewable energy; drinking water by community aqueducts; affordable housing; education; economic activity at a community-based level.

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Economic Development Fund: Empower economic activity stemming from the community base through the support of community-based organizations that stimulate incubation and acceleration of micro-enterprises through grants, capacity building, and technical assistance. Provide access to financial capital in the form of loans, through the Community Investment Fund (Fondo de Inversión Comunitaria - FIC), to non-profit organizations for the purposes of community loan programs for microenterprises or small businesses; (ii) affordable housing rehabilitation, pre-development, and development costs; (iii) projects with an identified repayment source (contracts, grants, etc.), known as "bridge loans"; and (iv) feasible activities with a projected financial and social return. During 2019 PRCF grants loan to Nonprofit organization in the amount of \$393,167 including \$213,167 in emergency loans at zero interest rate.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2
(Expenses \$ 1,687,218 including grants of \$ 1,280,117) (Revenue \$ 2,415,813)

4e Total program service expenses **▶** 5,881,890

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)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | <input checked="" type="checkbox"/> | |
| 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? <i>If "Yes," complete Schedule J</i> | <input checked="" type="checkbox"/> | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | <input checked="" type="checkbox"/> |
| 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | <input checked="" type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | <input checked="" type="checkbox"/> | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 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> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | <input checked="" type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-------------------------------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | |

Part V **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 | 22 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | ✓ |
| 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 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, 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? | 5a | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ✓ |
| 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 | ✓ |
| 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). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| 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 | 7d | |
| e | 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 | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 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 | |
| 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 | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| 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. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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 | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | ✓ |
| 16 | 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 | ✓ |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section 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 | | |
| | 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 on Schedule O. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | <input checked="" type="checkbox"/> | |
| 8b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | <input checked="" type="checkbox"/> |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 11b | 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 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | 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? | | <input checked="" type="checkbox"/> |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► PR
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 ►

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| NELSON COLON TARRATS PRESIDENT & CEO | 40.00 0.00 | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 192,150 | 0 | 90,540 | |
| MARY ANN GABINO VP SENIOR | 40.00 0.00 | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 119,739 | 0 | 20,843 | |
| DAVID HADDOCK Vice-President | 40.00 0.00 | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 102,900 | 0 | 20,570 | |
| DESIREE MIESES LLAVAT TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| BENJAMIN ROSARIO ROSARIO TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| MARTA E FERNANDEZ PABELLON TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| ROBERTO PAGAN TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| JUSTO MENDEZ TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| VICTOR GARCIA SAN INOCENCIO TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| MARIA D FERNOS TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| ADA TORRES CRUZ TRUSTEE | 4.00 0.00 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| ANTONIO ESCUDERO VIERA PRESIDENT | 4.00 0.00 | | | <input checked="" type="checkbox"/> | | | 0 | 0 | 0 | |
| ANITZA COX MARRERO VICE PRESIDENT | 4.00 0.00 | | | <input checked="" type="checkbox"/> | | | 0 | 0 | 0 | |
| VIVIAN I NEPTUNE RIVERA SECRETARY | 4.00 0.00 | | | <input checked="" type="checkbox"/> | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MIGUEL L VARGAS JIMENEZ TREASURER | 4.00 0.00 | | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 414,789 | 0 | 131,953 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 414,789 | 0 | 131,953 |

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | <input checked="" type="checkbox"/> |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

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 **▶**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|----------------------|--|--------------------------------------|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 0 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 5,367,641 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 922,995 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 5,367,641 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | ----- | | | | | |
| b | | ----- | | | | | |
| c | | ----- | | | | | |
| d | | ----- | | | | | |
| e | | ----- | | | | | |
| f | | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f ▶ | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 897,095 | 897,095 | 0 | 0 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | 6a | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | 7a | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| | c | Gain or (loss) | 7c | 0 | 0 | | |
| | d | Net gain or (loss) ▶ | | | | | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b | Less: direct expenses | 8b | | | | |
| | c | Net income or (loss) from fundraising events . . . ▶ | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities . . . ▶ | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory . . . ▶ | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | <u>OTHER SUPPORT</u> | 813211 | 115,638 | 115,638 | 0 | 0 |
| | b | ----- | | | | | |
| | c | ----- | | | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 |
| e | Total. Add lines 11a-11d ▶ | | 115,638 | | | | |
| 12 | Total revenue. See instructions ▶ | | 6,380,374 | 1,012,733 | 0 | 0 | |

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 | 2,387,707 | 2,387,707 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 598,335 | 598,335 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 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) | 1,573,915 | 1,021,288 | 286,469 | 266,158 |
| 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 | 347,618 | 171,276 | 101,416 | 74,926 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | 3,271 | 513 | 1,555 | 1,203 |
| c | Accounting | 60,633 | 4,200 | 56,433 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 234,603 | | 234,603 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 313,550 | 242,626 | 32,980 | 37,944 |
| 12 | Advertising and promotion | 1,042,344 | 1,017,961 | | 24,383 |
| 13 | Office expenses | 21,721 | 8,504 | 7,446 | 5,771 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 39,897 | 16,398 | 7,929 | 15,570 |
| 17 | Travel | 44,451 | 36,628 | 838 | 6,985 |
| 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 | 67,395 | 42,590 | 12,402 | 12,403 |
| 23 | Insurance | 25,384 | 1,893 | 23,491 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>REPAIR AND MAINTENANCE</u> | 49,078 | 1,348 | 47,730 | 0 |
| b | <u>PROGRAM ACTIVITIES AND TECHNICAL ASSISTANCE</u> | 297,015 | 279,727 | 11,596 | 5,692 |
| c | <u>SECURITY</u> | 6,869 | 215 | 6,654 | 0 |
| d | | | | | |
| e | All other expenses | 72,767 | 50,681 | 17,191 | 4,895 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,186,553 | 5,881,890 | 848,733 | 455,930 |
| 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 <input type="checkbox"/> 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 Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 1,653,269 | 1 | 860,627 |
| | 2 Savings and temporary cash investments | 8,433,792 | 2 | 7,776,301 |
| | 3 Pledges and grants receivable, net | 486,196 | 3 | 635,550 |
| | 4 Accounts receivable, net | 0 | 4 | |
| | 5 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 | | 5 | |
| | 6 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 Notes and loans receivable, net | 1,427,649 | 7 | 1,503,490 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 43,524 | 9 | 54,177 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 2,789,717 | | |
| | b Less: accumulated depreciation | 1,145,073 | | |
| | 11 Investments—publicly traded securities | 24,136,478 | 11c | 1,644,644 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 37,819,101 | 16 | 40,411,062 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,226,804 | 17 | 1,487,722 |
| | 18 Grants payable | 2,379,374 | 18 | 1,188,281 |
| | 19 Deferred revenue | | 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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,208,883 | 23 | 1,689,947 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 4,815,061 | 26 | 4,365,950 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 4,236,396 | 27 | 7,202,597 |
| | 28 Net assets with donor restrictions | 28,767,644 | 28 | 28,842,515 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 33,004,040 | 32 | 36,045,112 | |
| 33 Total liabilities and net assets/fund balances | 37,819,101 | 33 | 40,411,062 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,380,374 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,186,553 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -806,179 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 33,004,040 |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,847,251 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 36,045,112 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 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 Single Audit Act and OMB Circular A-133? | | ✓ |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | | |

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

| | |
|---|---|
| Name of the organization PUERTO RICO COMMUNITY FOUNDATION INC | Employer identification number 66-0413230 |
|---|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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

| Calendar 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.") | 6,635,896 | 5,087,814 | 5,972,939 | 6,173,424 | 4,444,646 | 28,314,719 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 6,635,896 | 5,087,814 | 5,972,939 | 6,173,424 | 4,444,646 | 28,314,719 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 28,314,719 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 6,635,896 | 5,087,814 | 5,972,939 | 6,173,424 | 4,444,646 | 28,314,719 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 655,485 | 605,012 | 632,827 | 779,715 | 897,095 | 3,570,134 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | | 0 | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 7,241 | 9,531 | 34,633 | 54,330 | 115,638 | 221,373 |
| 11 Total support. Add lines 7 through 10 | | | | | | 32,106,226 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 88.19 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 89.29 % |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. 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 organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar 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 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 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 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar 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, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 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**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 3b | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 4c | 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)? <i>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.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 5b | 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? | | |
| 5c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations *(continued)*

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | 11c | |

Section 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? <i>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.</i> | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i> | 2 | |

Section 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)? <i>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).</i> | 1 | |

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section 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 instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a 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? <i>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.</i> | 2a | |
| 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? <i>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.</i> | 2b | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a 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? <i>Provide details in Part VI.</i> | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 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.

| 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 | | |
| 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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| 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 factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

| Section D—Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 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 which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) 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 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c 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: | | | |
| a Excess from 2015 . . . | | | |
| b Excess from 2016 . . . | | | |
| c Excess from 2017 . . . | | | |
| d Excess from 2018 . . . | | | |
| e Excess from 2019 . . . | | | |

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.)

Schedule A, Part II, Line 10 - OTHER INCOME SUCH AS INTEREST INCOME FROM BANK ACCOUNTS AND OTHER MISCELLANEOUS INCOME

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: PUERTO RICO COMMUNITY FOUNDATION INC; Employer identification number: 66-0413230

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and total value at end of year, plus Yes/No questions for donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II containing questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III containing questions 1a, 1b, and 2 regarding collections of art and historical treasures, including revenue and asset reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 24,979,955 | 26,804,905 | 21,971,970 | 22,062,215 | 23,458,597 |
| b Contributions | 671,103 | 520,000 | 1,035,500 | 344,154 | 264,728 |
| c Net investment earnings, gains, and losses | 4,452,406 | -1,083,321 | 3,284,939 | 1,253,318 | -308,295 |
| d Grants or scholarships | 541,484 | 474,752 | 418,611 | 413,494 | 403,499 |
| e Other expenditures for facilities and programs | 480,681 | 229,359 | 684,254 | 502,151 | 236,107 |
| f Administrative expenses | 763,906 | 557,518 | 547,863 | 772,072 | 713,209 |
| g End of year balance | 28,317,393 | 24,979,955 | 24,641,681 | 21,971,970 | 22,062,215 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 50 %
- b** Permanent endowment 48 %
- c** Term endowment 2 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | ✓ | |
| 3a(ii) | | ✓ |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 867,078 | 0 | | 867,078 |
| b Buildings | 968,102 | 0 | 309,568 | 658,534 |
| c Leasehold improvements | 196,903 | 0 | 135,613 | 61,290 |
| d Equipment | 300,021 | 0 | 254,422 | 45,599 |
| e Other | 457,613 | 0 | 445,470 | 12,143 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,644,644 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 0 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 6,145,771 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 0 | |
| b | Donated services and use of facilities | 2b | 0 | |
| c | Recoveries of prior year grants | 2c | 0 | |
| d | Other (Describe in Part XIII.) | 2d | 0 | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 6,145,771 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 234,603 | |
| b | Other (Describe in Part XIII.) | 4b | 0 | |
| c | Add lines 4a and 4b | | 4c | 234,603 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 6,380,374 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,951,950 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 0 | |
| b | Prior year adjustments | 2b | 0 | |
| c | Other losses | 2c | 0 | |
| d | Other (Describe in Part XIII.) | 2d | 0 | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 6,951,950 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 234,603 | |
| b | Other (Describe in Part XIII.) | 4b | 0 | |
| c | Add lines 4a and 4b | | 4c | 234,603 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 7,186,553 |

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - PROVIDE FINANCIAL SUPPORT TO DIFFERENT AREAS OF THE COMMUNITY AS A TOOL TO IMPROVE THE QUALITY OF LIFE THROUGHOUT PUERTO RICO AND PROVIDE FINANCIAL AID TO STUDENTS AND GRANT PROGRAMS SUCH AS HEALTH ENVIRONMENTAL, PSYCHOLOGICAL SERVICES, COMMUNITY DEVELOPMENT, PERSONAL AND SOCIAL DEVELOPMENT.

Schedule D, Part X, Line 2 - THERE ARE NOT ANY OTHER LIABILITIES REPORTED IN FINANCIAL STATEMENTS

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PUERTO RICO COMMUNITY FOUNDATION INC

Employer identification number

66-0413230

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|------------------------------------|---------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) The Latin American Evertec Sch | South America | 36 | 36,000 | SCHOLARSHIPS | 0 | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part III - The Latin American Evertec Scholarship Fund has the purpose to provide supplementary financial assistance to study at a higher education institution or university, to Evertec collaborators (employees) or their children, in the countries where it has presence, currently refers to those residing in Brazil, Chile, Colombia, Costa Rica, Guatemala, Mexico, Panama, Dominican Republic, and Uruguay and demonstrate high academic potential and economic need.

[Lined area for supplemental information input]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PUERTO RICO COMMUNITY FOUNDATION INC

Employer identification number

66-0413230

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1) <u>Sch I, Stmt 1</u> | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3** Enter total number of other organizations listed in the line 1 table ▶ 69

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 See Schedule I, Part IV, Statement 2 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I, Part I, Line 2 - THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE GRANTS OR ASSISTANCE. THE GRANTEE'S ELIGIBILITY FOR THE GRANT OR ASSISTANCE AND THE SELECTION CRITERIA USED TO AWARD THE GRANT OR ASSISTANCE. ALL GRANTS ARE APPROVED BY THE BOARD OF DIRECTOR, OCCASIONALLY INTERNAL AUDIT ARE PERFORMED TO ENSURE THAT THE FUNDS WERE PROPERLY USED.

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| Name and address | Oficina para la Promocion y el Desarrollo Humano Inc OPDH PO Box 353 Arecibo, PR 00613-0353 | 66-0508486 | | 5,098 |
| IRC code section | ELAPR1101 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Water Dona | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | | |
| Name and address | Centro Margaritas Inc RR-03 Box 7260 Cidra, PR 00739-9917 | 66-0366245 | | 8,441 |
| IRC code section | ELAPR1101 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Certificado | | | |
| Purpose of grant | EDUCATION | | | |
| Name and address | El Puente de Williamsburg Inc 211 South 4th Street Brooklyn, NY 11211 | 11-2614265 | | 10,000 |
| IRC code section | ELAPR11014 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Equipment | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | | |
| Name and address | Camuy Health Service Inc PO Box 660 Camuy, PR 00627 | 66-0428652 | | 25,000 |
| IRC code section | ELAPR1101 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Equipment | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | | |
| Name and address | Centro de Servicios Primarios de Salud de Patillas Inc Box 697 Patillas, PR 00723 | 66-0830826 | | 25,000 |
| IRC code section | ELAPR1101 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Equipment | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | | |
| Name and address | Centro de Servicios Primarios de Salud de Patillas Inc Box 697 Patillas, PR 00723 | 66-0830826 | | 25,000 |
| IRC code section | ELAPR1101 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Equipment | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | | |
| Name and address | Centro de Servicios Primarios de Salud de Patillas Inc | 66-0830826 | | 25,000 |

| | | | |
|--------------------------------|-------------------------------------|------------|--------|
| | Box 697 | | |
| | Patillas, PR 00723 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Centro de Salud Familiar | 66-0496484 | 25,000 |
| | Dr Julio Palmieri Ferri | | |
| | Calle Morse Esq Valentina | | |
| | Arroyo, PR 00714 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Hospital general Castaner | 66-0352014 | 25,000 |
| | Edif Florida Medical Plaza | | |
| | Calle Antonio Alcazar 3 | | |
| | Florida, PR 00617 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Corporacion SANOS | 66-0671421 | 25,000 |
| | Apartado 1025 | | |
| | Caguas, PR 00726-1025 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Acueducto Comunitario | 66-0678107 | 42,000 |
| | Buenos Aires Inc | | |
| | HC-03 Box 40219 | | |
| | Caguas, PR 00725 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Comunidad Gabino Negron del | 66-0583356 | 49,785 |
| | Barrio Cerro Gordo de Aguada Inc | | |
| | HC 59 Box 5920 | | |
| | Aguada, PR 00602 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Comunidad Coruja Inc | 66-0622107 | 53,500 |
| | HC 04 Box 8209 | | |
| | Aguas Buenas, PR 00703 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Shalom Facility Care Inc | 66-0472345 | 5,033 |

| | | | |
|--------------------------------|--|------------|-------|
| | Urb Royal Town Calle 50 A Final Bloque 7 6 Bayamon, PR 00956 | | |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Plenitud Iniciativas Eco-Educativas Inc PO Box 394 Las Marias, PR 00670-0394 | 66-0741766 | 5,400 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Jovenes de Puerto Rico en Riesgo Inc Edif Medina 112 Calle Arzuaga Suite 1201 Rio Piedras, PR 00925-3312 | 66-0491142 | 5,500 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Boys & Girls Clubs of Puerto Rico PO Box 79526 Carolina, PR 00984-9526 | 66-0327584 | 6,000 |
| IRC code section | ELAPR 1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Centro Esperanza Inc PO Box 482 Loiza, PR 00772 | 66-0479375 | 6,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Surf4DEM Inc Ext Roosevelt 476 Cabo H Alverio San Juan, PR 00918 | 66-0803376 | 6,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Hogar de Ninas de Cupey Inc PO Box 261150 San Juan, PR 00926-2636 | 66-0202913 | 6,500 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

| | | | |
|--------------------------------|--|------------|-------|
| Name and address | Interamerican University of Puerto Rico PO Box 363255 San Juan, PR 00936-3255 | 66-0177776 | 6,635 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Needs Educational Foundation Corp PO Box 6350 Bayamon, PR 00959 | 66-0821665 | 6,906 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Fundacion Santa Maria de los Angeles 352 Ave San Claudio Suite 304 San Juan, PR 00926 | 66-0558775 | 8,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Ninos de Nueva Esperanza Inc PO Box 89 Sabana Seca, PR 00952 | 66-0607020 | 8,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Hogar del Buen Pastor Inc PO Box 9024078 San Juan, PR 00902-4078 | 66-0488299 | 8,900 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Fundacion Amigos de El Yunque Inc 802 Ave Fernandez Juncos Esq Calle La Paz San Juan, PR 00907 | 66-0737571 | 9,400 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ENVIROMENTAL | | |
| Name and address | Corporacion de Servicios de Salud Primaria y Desarrollo Socioeconomico EL OTOAO PO Box 2113 Utuaado, PR 00641 | 66-0812599 | 9,984 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

| | | | |
|--------------------------------|---|------------|--------|
| Name and address | Plenitud Iniciativas Eco-Educativas Inc PO Box 394 Las Marias, PR 00670-0394 | 66-0741766 | 9,999 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Boys & Girls Club of Puerto Rico PO Box 79526 Carolina, PR 00984-9526 | 66-0327584 | 10,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Hogares Teresa Toda Hermanas Carmelitas Teresas de San Jose Inc PO Box 868 Canovanas, PR 00729 | 66-0488810 | 10,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Ninos de Nueva Esperanza Inc PO Box 89 Sabana Seca, PR 00952 | 66-0607020 | 10,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Red por los Derechos de la Ninez y Juventud de Puerto Rico Inc PO Box 190875 San Juan, PR 00919-0875 | 66-0837840 | 10,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Comunidad Organizada San Salvador Inc COSS HC-08 Box 38885 Sector La Plaza Caguas, PR 00725 | 66-0870712 | 10,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | | | |
| Name and address | Centro de Apoyo Mutuo y Resiliencia Comunitaria Las Carolinas Inc HC 6 Box 70411 Caguas, PR 00727 | 66-0925900 | 10,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

Purpose of grant Economic Community Development

| | | | |
|-------------------------|------------|------------|--------|
| Name and address | CREATE Inc | 66-0585251 | 10,500 |
|-------------------------|------------|------------|--------|

PO Box 190969
San Juan, PR 00919-0969

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant EDUCATION

| | | | |
|-------------------------|---------------------------|------------|--------|
| Name and address | Centro de Ayuda y Terapia | 66-0479321 | 12,000 |
|-------------------------|---------------------------|------------|--------|

al Nino con Impedimentos Inc
140 Calle Monsenor Jose Torres
Moca, PR 00676

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant EDUCATION

| | | | |
|-------------------------|------------|------------|--------|
| Name and address | CREATE Inc | 66-0585251 | 12,000 |
|-------------------------|------------|------------|--------|

PO Box 190969
San Juan, PR 00919-0969

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant EDUCATION

| | | | |
|-------------------------|----------------------------------|------------|--------|
| Name and address | Boys & Girls Club of Puerto Rico | 66-0327584 | 12,500 |
|-------------------------|----------------------------------|------------|--------|

PO Box 79526
Carolina, PR 00984-9526

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|-----------------------------|------------|--------|
| Name and address | Hogar de Ninas de Cupey Inc | 66-0202913 | 13,000 |
|-------------------------|-----------------------------|------------|--------|

PO Box 261150
San Juan, PR 00926-2636

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant HEALTH

| | | | |
|-------------------------|-----------------------------------|------------|--------|
| Name and address | Hogar Infantil Jesus Nazareno Inc | 66-0440089 | 14,000 |
|-------------------------|-----------------------------------|------------|--------|

PO Box 1671
Isabela, PR 00662

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant HEALTH

| | | | |
|-------------------------|--------------------------------|------------|--------|
| Name and address | Casa Protegida Julia de Burgos | 66-0387659 | 14,000 |
|-------------------------|--------------------------------|------------|--------|

PO Box 362433
San Juan, PR 00936-2433

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant HEALTH

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

| | | | |
|--------------------------------|--|------------|--------|
| Name and address | Comite Comunal de Corcovada Inc RR 04 Buzon 16013 Anasco, PR 00610 | 66-0619195 | 15,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Comunidad Coruja Inc HC 04 Box 8209 Aguas Buenas, PR 00703 | 66-0622107 | 15,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Equipment | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Concerned Residents for Improvement Inc PO Box 97 Vieques, PR 00765 | 66-0715589 | 15,360 |
| IRC code section | ELAPR11014 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |
| Name and address | Centro Educativo Integral Formando Vidas Inc HC Box 68554 Aguadilla, PR 00603 | 66-0826601 | 15,600 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Programa de Apoyo y Enlace Comunitario PO Box 1017 Aguada, PR 00602 | 66-0528378 | 16,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Asociacion de Residentes Villas de Oro Caguas PR Inc Urb Villas de Oro Solar 13 Caguas, PR 00725 | 66-0934520 | 16,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Hogar del Buen Pastor Inc PO Box 9024078 San Juan, PR 00902-4078 | 66-0488299 | 17,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

| | | | |
|--------------------------------|---|------------|--------|
| Name and address | Hogar de Ninos Regazo de Paz Inc Apartado 4721 Aguadilla, PR 00605 | 66-0521136 | 17,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | HEALTH | | |
| Name and address | Centro de Desarrollo Educativo y Deportivo Inc PO Box 1810 Moca, PR 00676 | 66-0598754 | 18,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Plenitud Iniciativas Eco-Educativas Inc PO Box 394 Las Marias, PR 00670-0394 | 66-0741766 | 19,924 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Centro Cultural Multidisciplinario de Juan Martin Inc PO Box 40 Luquillo, PR 00773 | 66-0865461 | 19,956 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Economic Community Development | | |
| Name and address | Centro de Ayuda y Terapia al Nino con Impedimentos Inc 140 Calle Monsenor Jose Torres Moca, PR 00676 | 66-0479321 | 20,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Centro de Ayuda y Terapia al Nino con Impedimentos Inc 140 Calle Monsenor Jose Torres Moca, PR 00676 | 66-0479321 | 20,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Centro de Adultos y Ninos con Impedimentos Inc 133 Calle Dr Gonzalez Isabela, PR 00662 | 66-0443137 | 21,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| Purpose of grant | EDUCATION | | |
|--------------------------------|--|------------|--------|
| Name and address | IDEBAJO Inc Villa Nevarez Calle 15 1117 San Juan, PR 00927 | 66-0758170 | 23,750 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Programa de Apoyo y Enlace Comunitario PO Box 1017 Aguada, PR 00602 | 66-0528378 | 24,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Enterprise Community Partner Inc 10 G Street NE Suite 580 11000 Broken Land Parkwa Suite 700 Columbia, MD 21044 | 52-1231931 | 25,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Nuestra Escuela Inc 352 Calle San Claudio Buzon 133 San Juan, PR 00926 | 66-0592559 | 25,000 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Colegio de Aprendizaje y Desarrollo Educativo Integrado Corp PO Box 578 Moca, PR 00676 | 66-0719172 | 27,500 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | EDUCATION | | |
| Name and address | Initiative for Independent Schooling Inc -Escuela Micael PO Box 6161 Aguadilla, PR 00604 | 66-0725543 | 29,600 |
| IRC code section | ELAPR1101 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | PUERTO RICO COMMUNITY RECOVERY FUND | | |
| Name and address | Humatas Deep Water RR 04 Box 5384 Anasco, PR 00610 | 66-0742483 | 31,200 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Acueducto Rural Comunidades Especiales Bayamoncito Inc HC 01 Box 7111 Aguas Buenas, PR 00703 | 36-4897650 | 41,432 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Asociacion de Residentes Villa Vigia Inc PO Box 1600 PMB Suite 1600 Cidra, PR 00739-1600 | 66-0618071 | 44,695 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Comunidad Juan Hernandez Inc PO Box 862 Adjuntas, PR 00601 | 66-0724278 | 45,330 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Comunidad Perichi Inc HC 03 Box 9706 San German, PR 00683 | 66-0743034 | 46,448 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Fundacion de Mujeres en Puerto Rico Inc 1863 Ave Fernandez Juncos Apt 205 San Juan, PR 00909 | 66-0931262 | 47,500 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant PUERTO RICO COMMUNITY RECOVERY FUND

| | | | |
|-------------------------|---|------------|--------|
| Name and address | Nuestra Escuela Inc 352 Calle San Claudio Buzon 133 San Juan, PR 00926 | 66-0592559 | 50,000 |
| IRC code section | ELAPR1101 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant EDUCATION

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Nuestra Escuela Inc 352 Calle San Claudio Buzon 133 | 66-0592559 | 149,296 |
|-------------------------|---|------------|---------|

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

San Juan, PR 00926

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant EDUCATION

| | | | |
|------------------|------------------|------------|---------|
| Name and address | Taller Salud Inc | 66-0494692 | 185,392 |
|------------------|------------------|------------|---------|

Apartado 524

Loiza, PR 00772-0524

IRC code section ELAPR1101

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant EDUCATION

Description of Grants and Other Assistance to Individuals in the United States

| | | Number of recipients | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|---|----------------------|--------------------|------------------------|
| Type of grant | Philanthropy - Scholarships and Grants Programs - Stimulate philanthropic giving from individuals, families, corporations, foundations and other nonprofits to provide facilitate grants and scholarship funds to the community | 575 | 598,335 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

PUERTO RICO COMMUNITY FOUNDATION INC

Employer identification number

66-0413230

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | ✓ | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p> | ✓ | |
| <p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | | ✓ |
| | ✓ | |
| | | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | | ✓ |
| | | ✓ |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | | ✓ |
| | | ✓ |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p> | | ✓ |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
|--------------------|---------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | | |
| 1 | NELSON COLON TARRATS, PRESIDENT & CEO | (i) | 142,150 | 50,000 | 0 | 71,500 | 19,040 | 282,690 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | MARY ANN GABINO, VP SENIOR | (i) | 79,635 | 32,904 | 7,200 | 7,835 | 13,008 | 140,582 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | DAVID HADDOCK, Vice-President | (i) | 75,600 | 22,500 | 4,800 | 7,563 | 13,008 | 123,471 | 0 |
| | | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 5 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 6 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 7 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 8 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 9 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 10 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 11 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 12 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 13 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 14 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 15 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| 16 | | (i) | | | | | | | |
| | | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - TRAVEL POLICY ESTABLISHES THAT TRAVEL SHOULD BE AT COACH CLASS FIRST CLASS SHALL NOT BE REIMBURSED UNLESS A VALID BACKUP DOCUMENT EXISTS

Schedule J, Part I, Line 4 - EXECUTIVE DIRECTOR NELSON COLON TARRATS PARTICIPATES IN AN SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

PUERTO RICO COMMUNITY FOUNDATION INC

66-0413230

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|----|---|---|--|---|
| 1 | Art—Works of art | | | |
| 2 | Art—Historical treasures | | | |
| 3 | Art—Fractional interests | | | |
| 4 | Books and publications | | | |
| 5 | Clothing and household goods | | | |
| 6 | Cars and other vehicles | | | |
| 7 | Boats and planes | | | |
| 8 | Intellectual property | | | |
| 9 | Securities—Publicly traded | | | |
| 10 | Securities—Closely held stock | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | |
| 12 | Securities—Miscellaneous | | | |
| 13 | Qualified conservation contribution—Historic structures | | | |
| 14 | Qualified conservation contribution—Other | | | |
| 15 | Real estate—Residential | | | |
| 16 | Real estate—Commercial | | | |
| 17 | Real estate—Other | | | |
| 18 | Collectibles | | | |
| 19 | Food inventory | | | |
| 20 | Drugs and medical supplies | | | |
| 21 | Taxidermy | | | |
| 22 | Historical artifacts | | | |
| 23 | Scientific specimens | | | |
| 24 | Archeological artifacts | | | |
| 25 | Other ▶ (<u>SOLAR EQUIPMENT</u>) | 1 | 24,000 | FMV |
| 26 | Other ▶ (<u>ADVERTISING & PUBLI</u>) | 14 | 865,900 | FMV |
| 27 | Other ▶ () | | | |
| 28 | Other ▶ () | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

| | | |
|-----------|--|--|
| 29 | | |
|-----------|--|--|

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | ✓ |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PUERTO RICO COMMUNITY FOUNDATION INC

Employer identification number

66-0413230

Form 990, Part VI, Section B, Line 11b - THIS FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND ITS REVISED BY THE FINANCE DIRECTOR OF THE INSTITUTION. A COPY OF THE REVISED 990 RETURN ARE SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS BY EMAIL.

Form 990, Part VI, Section B, Line 12c - ALL MEMBER OF THE BOARD OF DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY IF ANY EMPLOYEE OR BOARD MEMBER INVOLVED IN A DECISION BECAME AWARE OF THE POSSIBLE CONFLICT OF INTEREST, HE OR SHE SHOULD IMMEDIATELY REPORT IT AND ABSTAIN FROM ANY OPINION, COUNSEL, OR ACTION THAT MAY INFLUENCE THE DECISION.

Form 990, Part VI, Section B, Line 15 - THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES OF THE ORGANIZATION ARE DISCUSSED AND APPROVED BY THE EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS OF THE INSTITUTION.

Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS AND 990 ARE POSTED ON THE ORGANIZATION WEB PAGE.

Reasonable Cause Explanations

Explanation

An extension for filing has been filed.

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|---------------|---|------------------|------------------|------------------|
| | Housing Development: Support the development of moderate and low-income housing through the enhancement of the leadership and administrative capabilities of not-for-profit community-based organizations by providing grants, capacity building and technical assistance | 0 | 0 | 0 |
| | Philanthropy -Scholarship and Grants Program: Stimulate philanthropic giving from individuals, families, corporations, foundations and other non-profits to provide facilitate grants and scholarship funds to the community | 1,627,662 | 1,220,561 | 2,415,813 |
| | Community Investment Fund: Social impact investment fund that provides social and economic returns to the investors. The fund provides financing support to not-for-profit organizations. The eligible users are community financing programs, acquisition and housing rehabilitation, operational capital and social entrepreneurship initiatives. | 59,556 | 59,556 | 0 |
| Total: | | 1,687,218 | 1,280,117 | 2,415,813 |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PUERTO RICO COMMUNITY FOUNDATION INC

Employer identification number

66-0413230

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-----------------------------|--|----------------------------|---|----------------------------------|--|-------------------------------------|
| | | | | | | Yes | No |
| (1) PUERTO RICO COMMUNITY FOUNDATION PROGRAM CORP (66-0413230) PO BOX 70362, SAN JUAN, PR 00936 | COMMUNITY FOUNDATION | PR | ELAPR 1101 | N/A | N/A | | <input checked="" type="checkbox"/> |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ----- | | | | | | | | | |
| (2) ----- | | | | | | | | | |
| (3) ----- | | | | | | | | | |
| (4) ----- | | | | | | | | | |
| (5) ----- | | | | | | | | | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | ✓ |
| b Gift, grant, or capital contribution to related organization(s) | | ✓ |
| c Gift, grant, or capital contribution from related organization(s) | | ✓ |
| d Loans or loan guarantees to or for related organization(s) | | ✓ |
| e Loans or loan guarantees by related organization(s) | | ✓ |
| f Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | ✓ |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | ✓ |
| o Sharing of paid employees with related organization(s) | | ✓ |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | | ✓ |
| r Other transfer of cash or property to related organization(s) | | ✓ |
| s Other transfer of cash or property from related organization(s) | | ✓ |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

