

# Return of Organization Exempt From Income Tax

# 2018

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 01/01, 2018, and ending 12/31, 20 18

**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: NELSON COLON TARRATS  
PO BOX 70362, SAN JUAN, PR 00936-8362

**G** Gross receipts \$ 9,132,268

**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	<b>1</b>	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>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 10,165,191	<b>Current Year</b> 8,508,698
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,078	569,240
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,633	54,330
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,671,902	9,132,268
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,138,742	7,728,873
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,455,864	1,513,912
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>402,514</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,177,925	1,161,076
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,772,531	10,403,861
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	5,899,371	-1,271,593	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 38,491,458	<b>End of Year</b> 37,819,101
	<b>21</b>	Total liabilities (Part X, line 26)	2,570,549	4,815,061
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	35,920,909	33,004,040

## 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 \$ 300,977 including grants of \$ 0 ) (Revenue \$ 348,280 )

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 \$ 7,448,688 including grants of \$ 6,616,558 ) (Revenue \$ 6,228,564 )

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 \$ 27,062 including grants of \$ 0 ) (Revenue \$ 44,863 )

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

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 1,557,572 including grants of \$ 1,112,315 ) (Revenue \$ 1,307,489 )

**4e** Total program service expenses **▶** 9,334,299

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> 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
<b>22</b> 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"/>	
<b>23</b> 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"/>	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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"/>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
<b>30</b> 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"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
<b>32</b> 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"/>
<b>33</b> 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"/>
<b>34</b> 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"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>37</b> 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"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> 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
<b>2a</b>	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	<b>2a</b>	22
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	✓
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

**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 in 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>15</b>	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>15</b>	
<b>2</b>	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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**NOELIA MARIN, (787)721-1037**

**PONCE DE LEON 1719, SAN JUAN, PR 00909-1905**

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

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

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

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

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

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

Check this box if neither the organization 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			
DESIREE MIESES LLAVAT ----- TRUSTEE	4.00 0.00	✓						0	0	0
BENJAMIN ROSARIO ROSARIO ----- TRUSTEE	4.00 4.00	✓						0	0	0
MARTA E FERNANDEZ PABELLON ----- TRUSTEE	4.00 0.00	✓						0	0	0
ROBERTO PAGAN ----- TRUSTEE	4.00 0.00	✓						0	0	0
JUSTO MENDEZ ----- TRUSTEE	4.00 0.00	✓						0	0	0
VICTOR GARCIA SAN INOCENCIO ----- TRUSTEE	4.00 0.00	✓						0	0	0
MARIA D FERNOS ----- TRUSTEE	4.00 0.00	✓						0	0	0
ALANA FELDMAN SOLER ----- TRUSTEE	4.00 0.00	✓						0	0	0
ANTONIO ESCUDERO VIERA ----- PRESIDENT	4.00 0.00	✓						0	0	0
ANITZA COX MARRERO ----- VICE PRESIDENT	4.00 0.00	✓						0	0	0
VIVIAN I NEPTUNE RIVERA ----- SECRETARY	4.00 0.00	✓						0	0	0
MIGUEL L VARGAS JIMENEZ ----- TREASURER	4.00 0.00	✓						0	0	0
NELSON COLON TARRATS ----- PRESIDENT & CEO	40.00 0.00	✓			✓	✓		173,100	0	0
DAVID HADDOCK ----- Vice-President	40.00 0.00				✓	✓		106,250	0	0





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,508,698				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		54,501				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		8,508,698				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		569,240	569,240	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0	
	<b>6a</b>			(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses						
	<b>c</b>	Rental income or (loss)		0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>			(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .						
	<b>c</b>	Gain or (loss) . . . . .		0	0			
	<b>d</b>	Net gain or (loss) . . . . . ▶						
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
	<b>c</b>	Net income or (loss) from fundraising events . ▶						
<b>9a</b>								
	See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less: direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . ▶							
<b>10a</b>								
	See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	<u>OTHER SUPPORT</u>		813211	54,330	54,330	0	0	
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .			0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			54,330				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			9,132,268	623,570	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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,118,347	6,118,347		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,610,526	1,610,526		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	395,841	234,105	39,584	122,152
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	771,506	486,437	183,107	101,962
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	346,565	151,379	110,487	84,699
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	348,563	192,062	119,650	36,851
<b>12</b> Advertising and promotion . . . . .	105,085	99,161		5,924
<b>13</b> Office expenses . . . . .	26,550	8,374	10,008	8,168
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	58,616	48,395	1,320	8,901
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	85,728	52,362	16,683	16,683
<b>23</b> Insurance . . . . .	19,464	1,559	17,905	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SECURITY	30,816	0	30,816	0
<b>b</b> UTILITIES	39,756	8,289	23,526	7,941
<b>c</b> REPAIR & MAINTENANCE	58,975	0	58,958	17
<b>d</b> PROGRAM ACTIVITIES AND TECHNICAL ASSIST	276,066	264,960	8,356	2,750
<b>e</b> All other expenses	111,457	58,343	46,648	6,466
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,403,861	9,334,299	667,048	402,514
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,184,204	<b>1</b>	10,087,061
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	511,060	<b>3</b>	486,196
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	398,118	<b>7</b>	1,427,649
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	36,988	<b>9</b>	43,524
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,727,728		
	<b>b</b> Less: accumulated depreciation . . . . .	1,089,535		
	<b>11</b> Investments—publicly traded securities . . . . .	24,641,680	<b>11</b>	24,136,478
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	38,491,458	<b>16</b>	37,819,101	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,256,657	<b>17</b>	1,226,804
	<b>18</b> Grants payable . . . . .	637,274	<b>18</b>	2,379,374
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	676,618	<b>23</b>	1,208,883
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,570,549	<b>26</b>	4,815,061
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,839,647	<b>27</b>	4,236,396
	<b>28</b> Temporarily restricted net assets . . . . .	7,133,493	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	21,947,769	<b>29</b>	28,767,644
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	35,920,909	<b>33</b>	33,004,040
<b>34</b> Total liabilities and net assets/fund balances . . . . .	38,491,458	<b>34</b>	37,819,101	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	9,132,268
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	10,403,861
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-1,271,593
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	35,920,909
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-1,645,276
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	33,004,040

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>b</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	✓	
<b>c</b>	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 in Schedule O.	✓	
<b>3a</b>	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>b</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 in 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization <b>PUERTO RICO COMMUNITY FOUNDATION INC</b>	Employer identification number <b>66-0413230</b>
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**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 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,434,558	6,635,896	5,087,814	5,972,939	6,173,424	29,304,631
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	5,434,558	6,635,896	5,087,814	5,972,939	6,173,424	29,304,631
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						29,304,631

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	5,434,558	6,635,896	5,087,814	5,972,939	6,173,424	29,304,631
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	724,058	655,485	605,012	632,827	779,715	3,397,097
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0		0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	12,278	7,241	9,531	34,633	54,330	118,013
<b>11 Total support.</b> Add lines 7 through 10						32,819,741
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	89.29 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86.51 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>	<b>2a</b>	
<b>b</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>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>	<b>3a</b>	
<b>b</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>	<b>3b</b>	

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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).			





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and 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 with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

**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 are a 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 programs
- 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance	26,804,905	21,971,970	22,062,215	23,458,597	24,120,323
<b>b</b> Contributions	520,000	1,035,500	344,154	264,728	56,100
<b>c</b> Net investment earnings, gains, and losses	-1,083,321	3,284,939	1,253,318	-308,295	815,570
<b>d</b> Grants or scholarships	474,752	418,611	413,494	403,499	345,439
<b>e</b> Other expenditures for facilities and programs	229,359	684,254	502,151	236,107	98,030
<b>f</b> Administrative expenses	557,518	547,863	772,072	713,209	710,040
<b>g</b> End of year balance	24,979,955	24,641,681	21,971,970	22,062,215	23,838,484

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

- a** Board designated or quasi-endowment ▶ 49.3 %
- b** Permanent endowment ▶ 48.3 %
- c** Temporarily restricted endowment ▶ 2.4 %

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
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**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
<b>1a</b> Land	867,078	0		867,078
<b>b</b> Buildings	968,102	0	282,760	685,342
<b>c</b> Leasehold improvements	138,722	0	128,074	10,648
<b>d</b> Equipment	706,413	0	650,385	56,028
<b>e</b> Other	47,413	0	28,316	19,097
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,638,193

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>OTHER LIABILITIES</b>	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**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](http://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)					
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					



**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	21	21,000	SCHOLARSHIP	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**



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9
- 3** Enter total number of other organizations listed in the line 1 table ▶ 99



## 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.
<b>Name and address</b>	Acueducto Comunal R1o Chiquito Inc Carr 588 KM 15 PONCE, PR 00731	66-0607145	75,600	
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria			
<b>Name and address</b>	Agricultura con Conciencia Sustentable ACRES Inc PO Box 712 SAN GERMAN, PR 00683	66-0765706	11,520	
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	ENVIROMENTAL			
<b>Name and address</b>	Asociacion ACirc Corp PO Box 9022573 SAN JUAN, PR 00902	66-0804198	20,000	
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	ECONOMIC DEVELOPMENT			
<b>Name and address</b>	Asociacion de Vecinos del Sector Los Oquendo Bo Hato Bo Hato Arriba Sector Los Carr 181 R788 Km 3 0 SAN LORENZO, PR 00754	66-0504540		44,900
<b>IRC code section</b>				
<b>Method of valuation</b>	FMV			
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT			
<b>Name and address</b>	Boys & Girls Clubs of Puerto Rico PO Box 79526 CAROLINA, PR 00984	66-0327584	30,000	
<b>IRC code section</b>	ELAPR 11			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	EDUCATIONAL DEVELOPMENT			
<b>Name and address</b>	Boys & Girls Clubs of Puerto Rico PO Box 79526 CAROLINA, PR 00984	66-0327584	10,000	
<b>IRC code section</b>	ELAPR 11			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				



## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

Purpose of grant		EDUCATIONAL DEVELOPMENT	
<b>Name and address</b>	Casa de la Bondad Inc PO Box 8999 HUMACAO, PR 00792	66-0502690	14,960
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant		Puerto Rico Recovery Post Huracan Maria	
<b>Name and address</b>	Casa de Ninos Manuel Fernandez Juncos Inc PO Box 9020163 SAN JUAN, PR 00902	66-0191935	18,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant		MENTAL HEALTH, COMMUNITY DEVELOPMENT	
<b>Name and address</b>	Casa sin Fronteras Inc PO Box 90 SABANA HOYOS, PR 00688	66-0655154	30,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant		ECONOMIC DEVELOPMENT	
<b>Name and address</b>	Centro de Adiestramiento para Personas con Impedimentos P O Box 119 AIBONITO, PR 00705	66-0516000	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant		ENVIROMENTAL	
<b>Name and address</b>	Centro de Adiestramiento para Personas con Impedimentos P O Box 119 AIBONITO, PR 00705	66-0516000	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant		COMMUNITY DEVELOPMENT	
<b>Name and address</b>	Centro de Ayuda y Terapia al Nino con Impedimentos 140 Calle Monsenor Jose MOCA, PR 00676	66-0479321	23,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant		COMMUNITY DEVELOPMENT	
<b>Name and address</b>	Centro de Desarrollo Educativo y Deportivo Inc PO Box 1810 MOCA, PR 00676	66-0598754	5,500
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Centro de Desarrollo Educativo y Deportivo Inc PO Box 1810 MOCA, PR 00676	66-0598754	17,600
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	EDUCATIONAL DEVELOPMENT		
<b>Name and address</b>	Centro de Microempresas y Tecnolog1as Agr1colas PO BOX 475 YAUCO, PR 00698	66-0759255	20,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ECONOMIC DEVELOPMENT		
<b>Name and address</b>	Centro de Salud de Lares Carr 111 km 19 Bo PUEBLO LARES, PR 00699	66-0426506	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Centro de Servicios Comunitarios Vida Plena 200 Ave Cupey Gardens Suite 6W Plaza Cupey SAN JUAN, PR 00926	66-0559045	21,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Centro del Triunfo Inc Box 20197 SAN JUAN, PR 00928	66-0516904	7,100
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Centro Educativo Integral Formando Vidas Inc HC Box 68554 AGUADILLA, PR 00603	66-0826601	23,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Centros Sor Isolina Ferre PO Box 7313 PONCE, PR 00732	66-0277396	21,000

## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Comite Comunal de Corcovada Inc RR 04 Buzon 16013 Anasco, PR 00610	66-0619195	22,713
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Comite Pro Caminata de Reyes Magos de Moca Inc 472 Calle Jose C Barbosa MOCA, PR 00676	66-0630550	7,597
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Comunidad Toro Negro Inc HC01 Box 4376 CIALES, PR 00638	66-0626122	248,866
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Comunidad Toro Negro Inc HC01 Box 4376 CIALES, PR 00638	66-0626122	19,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Concilio de Salud Integral de Lo1za Apartado 509 LOIZA, PR 00772	66-0314649	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Concilio de Salud Integral de Lo1za Apartado 509 LOIZA, PR 00772	66-0314649	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Corporacion de Servicios de Salud Primaria y Desarrollo PO Box 2113	66-0812599	54,702

	UTUADO, PR 00641		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ENVIROMENTAL Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	124,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	50,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	7,984
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

<b>Name and address</b>	Corporacion de Servicios de Salud y Medicina Avanzada PO Box 1330 CIDRA, PR 00739	66-0434923	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Corporacion Desarrollo Economico de Ceiba Inc PO Box 203 CEIBA, PR 00735	66-0429983	150,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	HOUSING DEVELOPMENT		
<b>Name and address</b>	Corporacion para el Desarrollo Economico de PO Box 1685 TRUJULLO ALTO, PR 00977	66-0429762	9,500
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Costa Salud Community Health Centers Calle Munoz Rivera 28 RINCON, PR 00677	66-0428488	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Costa Salud Community Health Centers Calle Munoz Rivera 28 RINCON, PR 00677	66-0428488	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Cuyon Water Services Inc HC01 Box 6315 AIBONITO, PR 00707	66-0835228	25,255
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Eco Recursos Comunitarios PO Box 686 CAGUAS, PR 00726	66-0643387	20,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

Purpose of grant	ECONOMIC DEVELOPMENT		
<b>Name and address</b>	EcoExploratorio Inc PO Box 2803 GUAYNABO, PR 00969	66-0762579	20,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Fideicomiso de la Tierra del Cano Mart1n Pena PMB1838 243 Calle Paris SAN JUAN, PR 00917	32-6092938	190,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Foundation for a Better Puerto Rico PO Box 938 CULEBRA, PR 00775	66-0817772	250,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Fowlers Language Services PO Box 921 GUAYNANO, PR 00970	66-0440721	11,900
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Fundacion AMar para Ninos Quemados Inc PO Box 193652 SAN JUAN, PR 00919	66-0729493	13,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	MENTAL HEALTH		
<b>Name and address</b>	Fundacion de Desarrollo Comunal Inc FUNDESCO PO Box 6300 CAGUAS, PR 00726	66-0264286	34,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Fundacion de Esclerosis Multiple de Puerto Rico Centro Internacional de Mercadeo Torre 1 suite 401 GUAYNABO, PR 00968	66-0586712	5,373
<b>IRC code section</b>	ELAPR 11		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Puerto Rico Recovery Post Huracan Maria

<b>Name and address</b>	Fundacion Infantil Ronald McDonald	66-0468226	9,659
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250 Calle Convento  
SAN JUAN, PR 00912

IRC code section 501(c)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant HEALTH

<b>Name and address</b>	Fundacion Luis Munoz Marin	66-0385902	18,000
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Ruta Rural 2 Buzon 5  
SAN JUAN, PR 00926

IRC code section ELAPR 11

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Puerto Rico Recovery Post Huracan Maria

<b>Name and address</b>	Fundacion Santa Mar1a de los Angeles	66-0558775	15,000
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352 Ave San Claudio Suite  
304  
SAN JUAN, PR 00926

IRC code section ELAPR 11

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant COMMUNITY DEVELOPMENT

<b>Name and address</b>	Hogar de Ninos Regazo de Paz Inc	66-0521136	7,500
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Apartado 4721  
AGUADILLA, PR 00605

IRC code section ELAPR 11

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Puerto Rico Recovery Post Huracan Maria

<b>Name and address</b>	Hogar de Ninos Regazo de Paz Inc	66-0521136	28,600
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Apartado 4721  
AGUADILLA, PR 00605

IRC code section ELAPR 11

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Puerto Rico Recovery Post Huracan Maria

<b>Name and address</b>	Hogar del Buen Pastor Inc	66-0488299	18,000
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PO Box 9024078  
SAN JUAN, PR 00902

IRC code section ELAPR 11

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant HEALTH

<b>Name and address</b>	Hogar del Buen Pastor Inc	66-0488299	8,771
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PO Box 9024078  
SAN JUAN, PR 00902

## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ECONOMIC DEVELOPMENT		
<b>Name and address</b>	Hogar Forjadores de Esperanza Inc PO Box 4181 Bayamon Gardens Station BAYAMON, PR 00958	66-0481158	8,980
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Hogar Forjadores de Esperanza Inc PO Box 4181 Bayamon Gardens Station BAYAMON, PR 00958	66-0481158	21,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Hogar Infantil Divino Nino Jesus PO Box 1413 LUQUILLO, PR 00773	66-0554512	9,095
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Hogar Infantil Jesus Nazareno Inc PO Box 1671 ISABELA, PR 00662	66-0440089	6,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Hogar Infantil Jesus Nazareno Inc PO Box 1671 ISABELA, PR 00662	66-0440089	24,650
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	HPM Foundation Healthpromed Calle Morera AB 20 Urb Valle Arriba Heights CAROLINA, PR 00984	66-0437924	25,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	FMV		



## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	HPM Foundation Healthpromed Calle Morera AB 20 Urb Valle Arriba Heights CAROLINA, PR 00984	66-0437924	44,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	HPM Foundation Healthpromed Calle Morera AB 20 Urb Valle Arriba Heights CAROLINA, PR 00984	66-0437924	44,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Initiative for Independent Schooling Inc Escuela Micael PO Box 6161 AGUADILLA, PR 00604	66-0725543	23,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Institute for Individual Group and Organizational Development PO Box 1348 GURABO, PR 00778	66-0481394	21,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Instituto para el Desarrollo Socioeconomico y de Vivienda PO Box 7154 MAYAGUEZ, PR 00681	66-0658219	800,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	HOUSING DEVELOPMENT		
<b>Name and address</b>	Instituto para el Desarrollo Socioeconomico y de Vivienda PO Box 7154 MAYAGUEZ, PR 00681	66-0658219	200,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	HOUSING DEVELOPMENT		
<b>Name and address</b>	Instituto para el Desarrollo	66-0658219	10,000

	Socioeconomico y de Vivienda PO Box 7154 MAYAGUEZ, PR 00681		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Mesa Multisectorial del Bosque Modelo PR PO Box 396 OROCOVIS, PR 00720	66-0891441	44,394
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		

## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Migrant Health Center Western Region Inc PO Box 190 MAYAGUEZ, PR 00681	66-0427801	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Morovis Community Health Center PO BOX 518 MOROVIS, PR 00687	66-0480948	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Morovis Community Health Center PO BOX 518 MOROVIS, PR 00687	66-0480948	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Mujeres de Islas Inc PO Box 358 CULEBRA, PR 00775	66-0768054	18,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Needs Educational Foundation Corp PO Box 6350 BAYAMON, PR 00959	66-0821665	240,000

## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Ninos de Nueva Esperanza Inc PO Box 89 SABANA SECA, PR 00952	66-0607020	10,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Ninos de Nueva Esperanza Inc PO Box 89 SABANA SECA, PR 00952	66-0607020	15,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Oficina para la Promocion y el Desarrollo Humano Inc PO Box 353 ARECIBO, PR 00613	66-0508486	8,982
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Oficina para la Promocion y el Desarrollo Humano Inc PO Box 353 ARECIBO, PR 00613	66-0508486	20,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	One Stop Career Center of Puerto Rico Condominio Plaza Universidad Calle Anasco 839 Suite 5 SAN JUAN, PR 00928	66-0593598	350,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	HOUSING DEVELOPMENT		
<b>Name and address</b>	PathStone Community Development Corporation of pr Urb Las Monjitas 1235 Paseo Las Monjitas PONCE, PR 00730	13-4215024	350,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

Purpose of grant	HOUSING DEVELOPMENT		
<b>Name and address</b>	Plenitud Iniciativas EcoEducativas Inc PO Box 394 LAS MARIAS, PR 00670	66-0741766	8,983
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Ponce Neighborhood Housing Services Inc Calle Mendez Vigo 57 PO Box 330223 PONCE, PR 00733	66-0501718	300,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	HOUSING DEVELOPMENT		
<b>Name and address</b>	Pozo de Agua Inc HC08 Buzon 38797 Comunidad Padre Padre cAGUAS, PR 00725	66-0639040	43,605
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Programa de Apoyo y Enlace Comunitario PO Box 1017 AGUADA, PR 00602	66-0528378	7,779
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Programa de Apoyo y Enlace Comunitario PO Box 1017 AGUADA, PR 00602	66-0528378	8,983
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Programa de Apoyo y Enlace Comunitario PO Box 1017 AGUADA, PR 00602	66-0528378	14,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Programa de Educacion Comunal de Entrega y Servicio PO Box 647	66-0444454	50,000

<b>IRC code section</b>	PUNTA SANTIAGO, PR 00741 501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Programa de Educacion Comunal de Entrega y Servicio PO Box 647 PUNTA SANTIAGO, PR 00741	66-0444454	18,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Programa de Educacion Comunal de Entrega y Servicio PO Box 647 PUNTA SANTIAGO, PR 00741	66-0444454	21,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Protectores de Cuencas Box 1563 YAUCO, PR 00698	66-0778121	16,435
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Proyecto Matria Inc 31 Jimenez Sicardo CAGUAS, PR 00725	66-0641575	30,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ECONOMIC DEVELOPMENT		
<b>Name and address</b>	PryMed Medical Care Inc PO Box 1427 CIALES, PR 00683	66-0428120	25,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Rico Inc 556 Calle Guayama SAN JUAN, PR 00918	66-0831665	9,000
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	COMMUNITY DEVELOPMENT		
<b>Name and address</b>	Salud Integral en La Montana Ave Luis Munoz Marin Carr 155 Sector El Desvio	66-0329532	25,000

## Schedule I, Part IV, Statement 1

## PUERTO RICO COMMUNITY FOUNDATION INC

<b>IRC code section</b>	OROCOVIS, PR 00720		
<b>Method of valuation</b>	ELAPR 11		
<b>Desc. of Non-Cash Asst.</b>	FMV		
<b>Purpose of grant</b>	EQUIPMENT		
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Salud Integral en La Montana	66-0329532	25,000
	Ave Luis Munoz Marin		
	Carr 155 Sector El Desvio		
	OROCOVIS, PR 00720		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Salud Integral en La Montana	66-0329532	25,000
	Ave Luis Munoz Marin		
	Carr 155 Sector El Desvio		
	OROCOVIS, PR 00720		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Salud Integral en La Montana	66-0329532	25,000
	Ave Luis Munoz Marin		
	Carr 155 Sector El Desvio		
	OROCOVIS, PR 00720		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Salud Integral en La Montana	66-0329532	25,000
	Ave Luis Munoz Marin		
	Carr 155 Sector El Desvio		
	OROCOVIS, PR 00720		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>	FMV		
<b>Desc. of Non-Cash Asst.</b>	EQUIPMENT		
<b>Purpose of grant</b>	Puerto Rico Recovery Post Huracan Maria		
<b>Name and address</b>	Sistema de Agua Potable	66-0827477	22,868
	Bo Jacaboa Sec Higuero		
	PO Box 1299		
	PATILLAS, PR 00723		
<b>IRC code section</b>	ELAPR 11		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ENVIROMENTAL		
<b>Name and address</b>	Solo por Hoy Inc	66-0723251	14,000
	Urb Altamesa		
	1716 Calle Santa Ines		
	SAN JUAN, PR 00921		

Schedule I, Part IV, Statement 1

PUERTO RICO COMMUNITY FOUNDATION INC

IRC code section ELAPR 11

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant HOUSING DEVELOPMENT

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<b>Name and address</b>	Solo por Hoy Inc Urb Altamesa 1716 Calle Santa Ines SAN JUAN, PR 00921	66-0723251	63,438
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IRC code section ELAPR 11

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Puerto Rico Recovery Post Huracan Maria

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<b>Name and address</b>	Young Men's Christian Association YMCA PO Box 360590 SAN JUAN, PR 00936	66-0190784	49,609
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Puerto Rico Recovery Post Huracan Maria

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

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
<b>Type of grant</b>	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 they are giving to Puerto Rico and to provide immediate relief and recovery grants to non-profit organizations. After the immediate relief, the Fund continues 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.	63	480,340	0
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Type of grant</b>	Philanthropy - Scholarships and Grants Programs - Stimulate philanthropic giving from individuals, families, corporations, foundations and other non-profits to provide facilitate grants and scholarship funds to the community	11	77,600	0
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**PUERTO RICO COMMUNITY FOUNDATION INC**

Employer identification number

**66-0413230**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <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) |

**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 . . . . .

**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? . . . . .

**3** Indicate which, if any, of the following the filing 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.

- |   |   |
|---|---|
| <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 |

**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:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**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 . . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>	✓	
<b>2</b>	✓	
<b>3</b>		
<b>4a</b>		✓
<b>4b</b>	✓	
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

**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	(i)	135,000	38,100	0	71,500	19,050	263,650	0
	(ii)	0	0	0	0	0	0	0
2	(i)	75,000	31,250	4,800	10,625	13,008	134,683	0
	(ii)	0	0	0	0	0	0	0
3	(i)	79,035	31,456	7,200	8,112	13,008	138,811	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

**2018**

**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](http://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>ADVERTISING &amp; PUBLI</u> )	3	54,501	FMV
26	Other ▶ ( _____ )			
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** 0

	Yes	No
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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 OD 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 EMPLOYEE OF THE ORGANIZATION ARE DISCUSSED AND APPROVED BY THE EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS AND THE INSTITUTION.

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

**Reasonable Cause Explanations**

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**Explanation**

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An extension of filing had been filled.

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## 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	42,714	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	1,482,968	1,112,315	1,307,489
	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.	31,890	0	0
<b>Total:</b>		<b>1,557,572</b>	<b>1,112,315</b>	<b>1,307,489</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PUERTO RICO COMMUNITY FOUNDATION INC**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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) <b>PUERTO RICO COMMUNITY FOUNDATION PROGRAM CORP (66-0413230) PO BOX 70362, SAN JUAN, PR 00936</b>	<b>COMMUNITY FOUNDATION</b>	<b>PR</b>	<b>ELAPR 1101</b>	<b>N/A</b>	<b>N/A</b>		<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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> 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) .....													
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(13) .....													
(14) .....													
(15) .....													
(16) .....													

