

COPY

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Form 480.70(OE) Rev. 06.21

Liquidator:	Reviewer:	2021	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	2021	Serial Number
Field Audited by:		<b>Informative Return for Income Tax Exempt Organizations</b>			<input type="checkbox"/> AMENDED RETURN
Date: / /		UNDER SECTION 1101.01 OF THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED TAXABLE YEAR BEGINNING ON Jan/01 20 21 AND ENDING ON Dec/31 20 21			TAXABLE YEAR: <input checked="" type="checkbox"/> CALENDAR <input type="checkbox"/> FISCAL
R	M	N			<input type="checkbox"/> 53-53 WEEKS: Taxable year beginning on and ending on
Organization's Name <b>FILANTROPIA PUERTO RICO, INC.</b>		Employer's Identification Number <b>66-0770270</b>	Receipt Stamp <b>Gobierno de Puerto Rico PARTAMENTO DE HACIENDA RECIBIDO 13 DIC. 2022 SAN PAGO</b>		
Postal Address <b>76 KINGS COURT APT 701</b>		Department of State Registry Number <b>56742</b>			
San Juan PR Zip Code <b>00901</b>		Municipal Code <b>79</b>			
Location of Organization - Number, Street, City <b>76 KINGS COURT APT 701 San Juan PR 00901</b>		Merchant's Registration Number <b>04963460017</b>			
Type of Activities (i.e. Educational, Charitable, etc.) <b>PHILANTHROPY SERVICING ORGANIZATION</b>		Telephone Number <b>(787) 506 0655</b>			
NAICS Code <b>61100</b>		Date Incorporated Day <b>12</b> Month <b>02</b> Year <b>2009</b>			
Case No. <b>2016.1101.01.01</b>		Type of organization: <input checked="" type="checkbox"/> 1. Corporation <input type="checkbox"/> 3. Association not incorporated <input type="checkbox"/> 2. Trust <input type="checkbox"/> 4. Other (Indicate)	Date operations began Day <b>12</b> Month <b>02</b> Year <b>2009</b>		
Paragraph of Section 1101.01 under which the exemption was granted <b>.01.01</b>				Extension of Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Hacienda certification granting the exemption <b>10/31/2017</b>					

Part I Summary				
1. Briefly summarize the organization's mission and the most significant activities and programs: <b>GRANT MAKERS FOR JOINT LEARNING AND ACTION WITH THE OBJECTIVE OF CREATE OPPORTUNITIES FOR COORDINATED, ALIGN</b>				
2. Check here if you submitted copy of the income statement for the taxable year <input type="checkbox"/>				
3. Number of members with voting rights in the board of directors of the entity		(3)	9	
4. Number of independent members with voting rights in the board of directors		(4)	9	
5. Number of individuals employed during the current taxable year		(5)	0	
6. Total number of volunteers during the current taxable year		(6)	0	
7. Indicate the total unrelated business income of the exempt organization, if applicable (Submit Schedule A Exempt Organization)		(7)	0.00	
Income	8. Income, dues, contributions (Part II, line 8)	(8)	1,875,748.00	4,778,881.00
	9. Service Program revenue (Part II, line 9(f))	(9)	0.00	0.00
	10. Investment income (Part II, line 14)	(10)	7,277.00	7,277.00
	11. Other income (Part II, line 19)	(11)	44,220.00	49,074.00
12. Total income (Add lines 8 through 11)		(12)	1,927,245.00	4,835,232.00
Expenses	13. Total expenses related with the income (Part III, line 30)	(13)	571,416.00	484,902.00
	14. Contributions, gifts and grants paid (Part III, line 31(d))	(14)	1,699,762.00	2,221,879.00
	15. Dividends and other distributions to members, shareholders or depositors	(15)	0.00	0.00
	16. Other expenses (Part III, line 34)	(16)	2,271,178.00	0.00
	17. Total expenses (Add lines 13 through 16)	(17)	4,542,356.00	2,706,781.00
18. Income less expenses (Subtract line 17 from line 12)		(18)	-2,615,111.00	2,128,451.00
Net Assets	19. Total Assets (Part IV, line 10)	(19)	2,869,773.00	4,074,838.00
	20. Total Liabilities (Part IV, line 14)	(20)	898,312.00	1,726,981.00
	21. Net Assets (Subtract line 20 from line 19)	(21)	1,962,461.00	2,347,855.00
Tax and Payments	22. Total special tax determined (Part VIII, line 3)	(22)	0.00	0.00
	23. Income tax determined on the exempt organization's unrelated business income (Schedule A Exempt Organization)	(23)	0.00	0.00
	24. Less: (a) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (See Instructions)	(24a)	0.00	0.00
	(b) Other payments, withholding and credits (Submit detail)	(24b)	0.00	0.00
	(c) Total payments, withholding and credits (Add lines 24(a) and 24(b))	(24c)	0.00	0.00
	25. Balance of tax to be pay by the organization (If the sum of lines 22 and 23 is more than line 24(c), enter here the result of the sum of lines 22 and 23 less line 24(c). Otherwise, enter zero in this line and continue with line 26)	(25)	0.00	0.00
26. Balance to be refunded (If line 24(c) is more than the sum of lines 22 and 23, enter the result of line 24(c) less lines 22 and 23. Otherwise, enter zero)	(26)	0.00	0.00	

**OATH**

I hereby declare under penalty of perjury that this return (including the schedules and statements attached) has been examined by me, and to the best of my knowledge and belief, the facts in it are true, correct and complete, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.

*James Pagan* Official signature      *Executive Director* Title      2/07/22 Date

**SPECIALIST'S USE ONLY**

I hereby declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief, is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received and may be verified.

Specialist's name (Print) **AFS CPA GROUP LLC**      Registration number **0006449**      Check if self-employed specialist

Firm's name **AFS CPA GROUP LLC**      Date **12/07/22**

Specialist's signature *Nancy Acunedo*      Address **PO BOX 1314 GURABO PR**      Zip code **00778**

NOTE TO TAXPAYER  
Indicate if you made payments for the preparation of your return:  Yes  No. If you answered "Yes", require the Specialist's signature and registration number.  
Retention Period: Ten (10) years

<b>Part II</b>		<b>Income, Dues, Contributions, etc.</b>				
<b>Income, Dues, Contributions, Etc.</b>	1	Dues, assessments, etc. from members, excluding services and other charges properly included on line 17 (See instructions Parts II and III)			422,971.00	
	2	Dues, assessments, etc. from affiliated organizations (See instructions Parts II and III)			0.00	
	3	Legislative grants and contributions			0.00	
	4	Contributions, gifts, grants, etc. received (See instructions Parts II and III)			4,355,910.00	
	5	Patronage dividends (or patronage refund) received (See instructions Parts II and III)			0.00	
	6	Income from fundraising activities			0.00	
	7	Other non-cash contributions			0.00	
	8	<b>Total of income, dues, contributions, etc. (Add lines 1 through 7. Transfer this amount to line 8 of Part I)</b>			<b>4,778,881.00</b>	
<b>Service Program Revenues</b>	9	Income from Service Program carried out by the organization (Submit detail if you need additional lines)				
	(a)		0.00			
	(b)		0.00			
	(c)		0.00			
	(d)		0.00			
	(e)		0.00			
(f)	<b>Total income from Service Program carried out by the organization (Add lines 9(a) through 9(e). Transfer this amount to line 9 of Part I)</b>			<b>0.00</b>		
<b>Investment Income</b>	10	Interests			7,277.00	
	11	Dividends			0.00	
	12	Gains (losses) from the sale of capital assets (Submit Schedule D Corporation)			0.00	
	13	Exempt income (Submit Schedule IE Corporation)			0.00	
14	<b>Total investment income (Add lines 10 through 13. Transfer this amount to line 10 of Part I)</b>			<b>7,277.00</b>		
<b>Other Income</b>	15	(a) Gross rents	0.00			
		(b) Less: Rental expenses	0.00			
		(c) Income (loss) from real activities			0.00	
	16	Royalties			0.00	
	17	Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust (Specify which)			0.00	
18	Miscellaneous income (Submit detail)			49,074.00		
19	<b>Total other income (Add lines 15(c) through 18. Transfer this amount to line 11 of Part I)</b>			<b>49,074.00</b>		
20	<b>Total income (Add lines 8, 9(f), 14 and 19)</b>			<b>4,835,232.00</b>		
<b>Part III</b>		<b>Disposition of Income, Dues, Contributions, etc. (See inst.)</b>	<b>(A) Service Program</b>	<b>(B) Fundraising</b>	<b>(C) General and Administrative</b>	<b>(D) Total</b>
<b>Declared Income Related Expenses</b>	21	Compensation to officers, directors, trustees and key employees (Complete Part V)	0.00	0.00	0.00	0.00
	22	Salaries, wages and commissions to employees. Number of employees <b>3</b>	0.00	0.00	202,946.00	202,946.00
	23	Interests	0.00	0.00	0.00	0.00
	24	Taxes (Such as property, income, social security, unemployment, etc.)	0.00	0.00	17,957.00	17,957.00
	25	Rents	0.00	0.00	0.00	0.00
	26	Professional services	83,618.00	0.00	56,805.00	140,423.00
	27	Depreciation	0.00	0.00	0.00	0.00
	28	Dues, assessments, etc. to affiliated organizations	0.00	0.00	0.00	0.00
	29	Miscellaneous expenses (Submit detail)	44,156.00	0.00	79,420.00	123,576.00
	30	<b>Total expenses related with the declared income (Add lines 21 through 29. Transfer the total of Column (D) to line 13 of Part I)</b>	<b>127,774.00</b>	<b>0.00</b>	<b>357,128.00</b>	<b>484,902.00</b>
<b>Contributions</b>	31	Contributions, gifts and grants paid (Include the name and social security number to whom they were paid) (Submit detail if you need additional lines)				
	(a)	<b>FORWARD FUND GRANTS TO ORGANIZATIONS</b>	2,221,879.00	0.00	0.00	2,221,879.00
	(b)		0.00	0.00	0.00	0.00
	(c)		0.00	0.00	0.00	0.00
(d)	<b>Total contributions, gifts and grants paid (Add lines 31(a) through 31(c). Transfer to line 14 of Part I)</b>	<b>2,221,879.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,221,879.00</b>	
<b>Other Payments</b>	32	Benefits paid to members or their dependents				
	(a)	Death, sickness, hospitalization, disability, life insurance or pensions benefits				0.00
	(b)	Other benefits				0.00
	33	Additions to surplus and reserves (Submit itemized schedule)				0.00
34	<b>Total other expenses (Add lines 32 and 33. Transfer to line 16 of Part I)</b>				<b>0.00</b>	
35	<b>Total Expenses (Add lines 30, 31(d) and 34)</b>				<b>2,706,781.00</b>	
36	Excess (deficit) for the year (Subtract line 35 from line 20)				2,128,451.00	
37	Fund's balance at the beginning of the year				1,962,461.00	
38	Other changes in the fund's balance (Submit detail)				-1,743,257.00	
39	<b>Fund's balance at the end of the year</b>				<b>2,347,655.00</b>	

FILANTROPIA PUERTO RICO, INC.  
66-0770270  
GOVERNMENT OF PUERTO RICO  
STATEMENT ATTACHED TO FORM 480.70(OE)  
INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS  
FOR THE YEAR ENDED ON 12/31/2021  
Page 2, Part II, Line 18 - Miscellaneous income

Description	Amount
EXEMPT INCOME-PPP LOAN FORGIVEN	\$49,074
Total	<u>\$49,074</u>

FILANTROPIA PUERTO RICO, INC.  
66-0770270  
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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS  
FOR THE YEAR ENDED ON 12/31/2021  
Page 2, Part III, Line 29 - Miscellaneous expenses (Service Programs)

Description	Amount
MARKETING & COMMUNICATIONS	\$8,047
CONFERENCE & MEETINGS	\$36,109
<b>Total</b>	<b>\$44,156</b>

FILANTROPIA PUERTO RICO, INC.

66-0770270

GOVERNMENT OF PUERTO RICO  
STATEMENT ATTACHED TO FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS  
FOR THE YEAR ENDED ON 12/31/2021

Page 2, Part III, Line 29 - Miscellaneous expenses (General and Administrative)

<b>Description</b>	<b>Amount</b>
MARKETING & COMMUNICATIONS	\$46,818
CONFERENCE & MEETINGS	\$15,793
SUBSCRIPTIONS	\$3,500
OTHER EXPENSES	\$9,309
HEALTH INSURANCE	\$4,000
<b>Total</b>	<b>\$79,420</b>

FILANTROPIA PUERTO RICO, INC.  
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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS  
FOR THE YEAR ENDED ON 12/31/2021  
Page 2, Part III, Line 38 - Other changes in the fund's balance

Description	Amount
PRIOR PERIOD ADJUSTMENT	(\$1,743,257)
<b>Total</b>	<b>(\$1,743,257)</b>

Part IV Balance Sheet		Beginning of the year		Ending of the year	
Assets		Total		Total	
1. Cash			2,744,966 00		4,071,985 00
2. Notes and accounts receivable	112,500 00			0 00	
Less: Reserve for bad debts	(0 00)	112,500 00		(0 00)	0 00
3. Inventories			0 00		0 00
4. Investments in governmental obligations			0 00		0 00
5. Investments in non-governmental funds			0 00		0 00
6. Investments in corporate stocks (See instructions Part IV)			0 00		0 00
7. Other investments (Submit detail)			0 00		0 00
8. Capital assets:					
(a) Depreciable or depletable assets (Submit itemized schedule)	0 00			0 00	
Less: Reserve for depreciation (or depletion)	(0 00)	0 00		(0 00)	0 00
(b) Land			0 00		0 00
9. Other assets (Itemize)		3,307 00			2,651 00
10. Total Assets		2,860,773 00			4,074,636 00
Liabilities					
11. Accounts payable	64,598 00			522,756 00	
12. Bonds, notes and mortgages payable					
(a) with original maturity date of less than 1 year	0 00			0 00	
(b) with original maturity date of 1 year or more	0 00			0 00	
13. Other liabilities (Submit detail)	833,714 00			1,204,225 00	
14. Total Liabilities		898,312 00			1,726,981 00
Stockholder's Equity					
15. Capital stock					
(a) Preferred stocks	0 00			0 00	
(b) Common stocks	0 00			0 00	
16. Membership certificates	0 00			0 00	
17. Paid-in capital or capital surplus (donated capital if a trust)	0 00			0 00	
18. Surplus reserves (Itemize)	0 00			0 00	
19. Eamed surplus and undivided profits	1,962,461 00			2,347,655 00	
20. Total Stockholder's Equity		1,962,461 00			2,347,655 00
21. Total Liabilities and Stockholder's Equity		2,860,773 00			4,074,636 00

Part V List of Officers, Directors or Key Employees		Number of weekly hours dedicated to the institution	Compensation	Contributions to pension or deferred compensation plans	Allowances or expenses account
Name and title	Social security number				
SEE STATEMENT ATTACHED		0	0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00
			0 00	0 00	0 00



## Junta de Directores Filantropía Puerto Rico

	Nombre	Apellido	Posición en junta
1	Jerry	Maldonado	Miembro
2	Sofia	Martinez Alvarez	Secretaria
3	Beatriz	Polhamus	Presidenta
4	Laura	Lopez	Miembro
5	Alexandra	Hertell	Vice Presidenta
6	Karina	Claudio Betancourt	Miembro
7	Carlos	Rodriguez	Teserero
8	Charlotte	Gossett	Miembro
9	Mary Ann	Gabino	Miembro



Part VI Compensation in Excess of \$5,000 Paid to Independent Contractors for Professional Services				
Name and address	Social Security or employer identification number	Type of service	Compensation	
See Statement Attached	Various	Various	218,861	00
				00
				00
				00
				00

**Part VII Questionnaire**

**Section A. Board of Director and Management**

	Yes	No
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year ..... (1a) <b>7</b> (If there is a significant difference in the voting rights among the members of the board of directors, or if board of directors delegates sufficient authority to an executive committee or to a committee of similar nature, submit explanation)		
(b) Provide the number of members with voting rights included in line 1(a), above, who are independent ..... (1b) <b>7</b>		
2. Indicate if any officer, director, trustee or key employee keep a familiar or commercial relation with any other officer, director or key employee ..... (2) <b>X</b>		
3. Indicate if the organization delegates the control of the entity management aspects, customarily performed by and under the direct supervision of officers, directors, trustees or key employees, to management companies or other persons outside the entity ..... (3) <b>X</b>		
4. Indicate if the organization made significant changes to the entity's constitutive documents after the filing of the informative return for income tax exempt organizations corresponding to the previous taxable year ..... (4) <b>X</b>		
5. Indicate if the organization became aware during the year of a significant deviation of the organization's assets ..... (5) <b>X</b>		
6. Does the organization have members or stockholders? ..... (6) <b>X</b>		
7. (a) Does the organization have members, stockholders or other persons with power to elect or appoint one or more members of the board of director? ..... (7a) <b>X</b>		
(b) Is any management decision reserved to (or subject to approval by) members, stockholders or persons other than the board of directors? ..... (7b) <b>X</b>		
8. Indicate if the organization contemporaneously documents the meetings or actions undertaken during the year by the following: (a) The boards of directors ..... (8a) <b>X</b> (b) Each committee with authority to act in representation of the board of directors ..... (8b) <b>X</b>		
9. Indicate if there is any director, officer, trustee or key employee that cannot be reached at the entity's electronic mail address (If the answer is "Yes", provide the name and electronic mail address) ..... (9) <b>X</b>		

**Section B. Organization's Policies**

10. (a) Indicate if the organization has local chapters, branches or affiliates ..... (10a) <b>X</b>		
(b) If "Yes", indicate if the organization has written policies and procedures that govern the activities of such chapters, affiliates and branches to ensure that its operations are consistent with the exempt organization's purposes ..... (10b) <b>N A</b>		
11. (a) Indicate if the organization provided a complete copy of this Form 480.70(OE) to all members of the board of directors before filing the form ..... (11a) <b>X</b>		
(b) Describe the process, if any, used by the organization to review Form 480.70(OE): <b>THE MEMBERS REVIEW THE FORM 480.7 (OE) BEFORE IS FILE.</b>		
12. (a) Indicate if the organization has a written conflict of interest policy ..... (12a) <b>X</b>		
(b) Indicate if the officers, directors, trustees and key employees are required to annually disclosed interests that could give rise to conflicts with the organization ..... (12b) <b>X</b>		
(c) Indicate if the organization regularly and consistently monitors and enforces the compliance of these policies. If "Yes", provide examples of how this monitoring is performed ..... (12c) <b>X</b>		
13. Indicate if the organization has a written whistleblowing policy ..... (13) <b>X</b>		
14. Indicate if the organization has a written document retention and destruction policy ..... (14) <b>X</b>		
15. Indicate if the process for determining compensation of the following persons includes the review and approval by an independent person, the review of comparative information, and contemporaneous substantiation of the deliberation: (a) The organization's Chief Executive Officer (CEO), Executive Director and top management officials ..... (15a) <b>X</b> (b) Other officers and key employees of the organization ..... (15b) <b>N A</b> (If "Yes" describe the process to determine the compensation of these officers)		
16. (a) Indicate if the organization invests in, contributes assets to, or participates in a joint venture or similar arrangement with a taxable entity during the year ..... (16a) <b>X</b>		
(b) If "Yes", indicate if the organization follows a written policy or procedure requiring the evaluation of the participation in joint venture arrangements under the applicable tax law, and takes steps to safeguard the organization's exempt status with respect to such arrangements ..... (16b) <b>N A</b>		

Retention Period: 1 year (10) years

**FILANTROPIA PUERTO RICO, INC.**  
**66-0770270**  
**GOVERNMENT OF PUERTO RICO**  
**STATEMENT ATTACHED TO FORM 480.70(OE)**  
**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**  
**FOR THE YEAR ENDED ON 12/31/2021**  
**Page 4, Part VI - Compensation in Excess of \$5,000 Paid to Independent Contractors**  
**for Professional Services**

Name and address	Social Security or employer identification number	Type of service	Compensation
CARLOS DAVILA	58-1672331	PROFESSIONAL SERVICES	\$30,009
CODED SP CORP	66-0865373	PROFESSIONAL SERVICES	\$7,850
EL ENJAMBRE LLC	66-0933076	PROFESSIONAL SERVICES	\$24,265
ESTUDIO INTERLINEA CORP	66-0674847	GRAPHIC DESIGN	\$13,691
GEORGINA VEGA	59-6072131	PROFESSIONAL SERVICES	\$9,755
IVAN GARCIA	59-8055865	PROFESSIONAL SERVICES	\$7,250
JOSE E FRANQUI	59-9108071	PROFESSIONAL SERVICES	\$17,437
KV CONSULTORA SOCIAL LLC	59-6464029	PROFESSIONAL SERVICES	\$8,848
KENIA COLON	01-7702529	PROFESSIONAL SERVICES	\$16,301
MAIA SHERWOOD	59-7101765	PROFESSIONAL SERVICES	\$20,400
WANDA PACHECO	59-8053260	PROFESSIONAL SERVICES	\$30,000
YOLANDA M CABASSA	49-7010888	PROFESSIONAL SERVICES	\$6,050
AFS CPA GROUP LLC	66-0794081	ACCOUNTING SERVICES	\$7,492
OUTSOURCING SOLUTIONS INTERNATIONAL LLC	66-0579388	ACCOUNTING SERVICES	\$6,175
BARBARA CARDENALES	59-7053212	PROFESSIONAL SERVICES	\$13,338
<b>Total</b>			<b>\$218,861</b>



<b>Part VIII</b>		<b>Computation of Special Taxes</b>	
1.	Special tax to the compensation received by officers, directors and highly paid employees:		
(a)	Compensations paid in excess of \$250,000 (See instructions) .....	(1a)	0 00
(b)	Compensations paid in excess of \$500,000 (See instructions) .....	(1b)	0 00
(c)	Compensations paid in excess of \$750,000 (See instructions) .....	(1c)	0 00
(d)	Compensations paid in excess of \$1,000,000 (See instructions) .....	(1d)	0 00
(e)	Total compensations paid (Add lines 1(a) through 1(d)) .....	(1e)	0 00
(f)	Tax (Multiply line 1(e) by 37.5%) .....	(1f)	0 00
2.	Special tax for indemnification payments for harassment and related expenses:		
(a)	Total compensations paid (See instructions) .....	(2a)	0 00
(b)	Tax (Multiply line 2(a) by 37.5%) .....	(2b)	0 00
3.	Total special tax determined (Add lines 1(f) and 2(b). Transfer the result to line 22 of Part I of the return) .....	(3)	0 00

Retention Period: Ten (10) years



R
Liquidador
Revisor

GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO  
Departamento de Hacienda - Department of the Treasury

SOLICITUD DE PRÓRROGA PARA RENDIR LA PLANILLA DE CONTRIBUCIÓN SOBRE INGRESOS  
Request for Extension of Time to File the Income Tax Return

Año comienza 01-ene-2021 y termina 31-dic-2021  
Year beginning on 01-ene-2021 and ending on 31-dic-2021

Año Contributivo - Taxable Year

Natural Calendar  Económico Fiscal  52-53 Semanas 52-53 Weeks

Sello de Pago

Parte - Part I Información del Contribuyente - Taxpayer Information

Número de Seguro Social  
Social Security Number

Número de Identificación Patronal  
Employer Identification Number

66-0770270

Nombre del Individuo  
Individual's First Name

Inicial  
Initial

Apellido Paterno  
Last Name

Apellido Materno  
Second Last Name

Nombre de la Corporación, Sociedad, Sucesión o Fideicomiso - Name of the Corporation, Partnership, Estate or Trust

FILANTROPIA PUERTO RICO INC

Dirección Postal - Postal Address

76 KINGS COURT APT 701 SAN JUAN PR 00901

Código Municipal

Número de recibo

Importe

Teléfono Residencia - Residential Telephone

(787) 506-0665

Teléfono Oficina - Office Telephone

Ocupación / Negocio  
Occupation / Business

PHILANTHROPY SERVICING ORG

Dirección de correo electrónico - E-mail address glenisse@filantropiapr.org

Contribuyentes que no sean individuos - Taxpayers who are not individuals:

Marque aquí si rendirá planilla por un periodo corto debido a un cambio en periodo de contabilidad.  
Check here if you will file a return for a short period due to a change in accounting period.

Parte - Part II Importe Incluido con esta Solicitud - Amount Included with this Request

1. Cantidad aplicable al total no pagado de la contribución (responsabilidad contributiva total)  
Amount applicable to the total of tax due (total tax liability)

\$0

a. Cantidad pagada con esta solicitud - Amount paid with this request

\$0

b. Balance pendiente de pago (Reste la línea 1a de la línea 1) - Balance of tax due (Subtract line 1a from line 1)

\$0

2. Cantidad pagada con esta solicitud aplicable a la Contribución Adicional Especial (Anejo N Incentivos)  
Amount paid with this request applicable to the Special Surtax (Schedule N Incentives) ... (CIFRA DE INGRESO 0215)

\$0

3. Cantidad pagada con esta solicitud aplicable al Prepago del Impuesto sobre Repatriación (Formulario 480.3(II)DI, Anejo N Incentivos, Parte V) - Amount paid with this request applicable to the Prepayment of Tollgate Tax (Form 480.3(II)DI, Schedule N Incentives, Part V) ... (CIFRA DE INGRESO 0242)

\$0

Juramento - Oath

Declaro bajo penalidad de perjurio que he examinado la información aquí suministrada y que según mi mejor información y creencia la misma es cierta, correcta y completa.

I hereby declare under penalty of perjury that I have examined the information herein and to the best of my knowledge and belief it is true, correct and complete.

Título (Aplica si el contribuyente no es un individuo)  
Title (Applies if the taxpayer is not an individual)

02-jun-2022

Fecha - Date

AFS CPA GROUP LLC

Nombre del contribuyente o representante autorizado  
Taxpayer's or duly authorized agent's name

Firmada Electrónicamente

Firma  
Signature

Dirección del representante autorizado PO BOX 1314 GURABO PR 00778-1314  
Duty authorized agent's address

(939) 992-2311

Teléfono - Telephone

**Parte - Part III** Solicitud de Prórroga Automática - Request for Automatic Extension of Time

Clase de contribuyente - Type of taxpayer

<input type="checkbox"/> 1. Individuo - Individual	<input type="checkbox"/> 2. Sucesión - Estate	<input type="checkbox"/> 3. Fideicomiso - Trust	
<input type="checkbox"/> 4. Corporación - Corporation	<input type="checkbox"/> 9. Sociedad Especial - Special Partnership		
<input type="checkbox"/> 5. Corporación bajo el Programa de Incentivos Contributivos de Puerto Rico - Corporation under the Puerto Rico Tax Incentives Program	<input checked="" type="checkbox"/> 10. Organización Sin Fines de Lucro - Not for Profit Organization		6 meses months
<input type="checkbox"/> 6. Corporación Especial Propiedad de Trabajadores Employee-Owned Special Corporation	<input type="checkbox"/> 11. Compañía Inscrita de Inversión - Registered Investment Company		
<input type="checkbox"/> 7. Corporación de Individuos - Corporation of individuals	<input type="checkbox"/> 12. Fideicomiso para Beneficio del Fideicomitente - Grantor Trust		
<input type="checkbox"/> 8. Sociedad - Partnership	<input type="checkbox"/> 13. Corporación extranjera que no tiene oficina en Puerto Rico - Foreign corporation that does not have an office in Puerto Rico		
<input type="checkbox"/> 14. Marque aquí si es socio en una sociedad sujeta a tributación bajo el Código de Rentas Internas Federal (Véanse instrucciones) Check here if you are a partner of a partnership subject to tax under the Federal Internal Revenue Code (See instructions)			6 meses months
<input type="checkbox"/> 15. Fideicomiso de Empleados - Employee Trust	Decimoquinto (15) día del décimo mes siguiente al cierre del año contributivo Fifteenth (15) day of the tenth month following the close of the taxable year		
<input type="checkbox"/> 16. Persona sujeta a Ley 154-2010 - Person subject to Act 154-2010			6 meses months
a. Corporación - Corporation    b. Individuo - Individual    c. Sociedad - Partnership    d. Sociedad a nombre de sus socios - Partnership on behalf of partners			
<input type="checkbox"/> 17. Otros Contribuyentes - Other Taxpayers			6 meses months
a. Formulario 482(C) - Form 482(C)    b. Formulario 480.1(SC) - Form 480.1(SC)    c. Formulario 480.2(AI) - Form 480.2(AI)			
<input type="checkbox"/> 18. Individuo extranjero no residente - Nonresident alien			6 meses months

**ESTA PRÓRROGA NO EXTIENDE EL PAGO DE LA CONTRIBUCIÓN O CUALQUIER PLAZO DE LA MISMA, POR LO QUE CUALQUIER BALANCE PENDIENTE DE PAGO GENERARÁ INTERESES Y RECARGOS DESDE LA FECHA DE VENCIMIENTO DE LA PLANILLA. ES IMPORTANTE QUE COMPLETE TODOS LOS ENCASILLADOS.**  
**THIS EXTENSION DOES NOT EXTEND THE TIME FOR THE TAX PAYMENT OR ANY INSTALLMENT THEREOF, THEREFORE, ANY BALANCE DUE WILL GENERATE INTERESTS AND SURCHARGES FROM THE DUE DATE OF THE RETURN. IT IS IMPORTANT THAT YOU COMPLETE ALL BOXES.**

Conservación: Diez (10) años - Retention: Ten (10) years