

Copy

Liquidator:	Reviewer:	<b>2019</b>	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	<b>2019</b>	Serial Number
Field Audited by:		<b>Informative Return for Income Tax Exempt Organizations</b>			
Date: ____/____/____		UNDER SECTION 1101.01 OF THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED			
R M N		TAXABLE YEAR BEGINNING ON <b>Jan/01 2019 AND ENDING ON Dec/31 2019</b>			
Organization's Name <b>FILANTROPIA PUERTO RICO INC</b>		Employer's Identification Number <b>66-0770270</b>		<input type="checkbox"/> AMENDED RETURN TAXABLE YEAR: <input checked="" type="checkbox"/> CALENDAR <input type="checkbox"/> FISCAL <input type="checkbox"/> 52-53 WEEKS Receipt Stamp <div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;">           Gobierno de Puerto Rico            DEPARTAMENTO DE HACIENDA            Oficina de Correspondencia y Conservación  <b>RECIBIDO</b>  <b>15 DIC. 2020</b>  <b>PLANILLA SIN PAGO</b>            SECRETARIA DE HACIENDA         </div>	
Postal Address <b>76 KINGS COURT APT 701</b>		Department of State Registry Number <b>56742</b>			
<b>SAN JUAN PR Zip Code 00901</b>		Municipal Code <b>79</b>			
Location of Organization - Number, Street, City <b>76 KINGS COURT APT 701</b>		Merchant's Registration Number <b>04963460008</b>			
<b>SAN JUAN PR 00901</b>		Telephone Number <b>(787) 506 0665</b>			
Type of Activities (i.e. Educational, Charitable, etc.) <b>SIN FINES DE LUCRO SERVICIOS INSTITUCIONALES</b>		NAICS Code		Date incorporated Day <b>12</b> Month <b>02</b> Year <b>2009</b>	
Case No. <b>2016.1101.01.81</b>		Type of organization: <input checked="" type="checkbox"/> 1. Corporation <input type="checkbox"/> 3. Association not incorporated		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>.01.81</b>		<input type="checkbox"/> 2. Trust <input type="checkbox"/> 4. Other (Indicate)		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**

Activities and Requirements	1. Briefly summarize the organization's mission and the most significant activities and programs: <b>Association of grant makers for the objective of creating opportunities for coordinated a collaborative grant making.</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) <b>7</b>
	4. Number of independent members with voting rights in the board of directors	(4) <b>7</b>
	5. Number of individuals employed during the current taxable year	(5) <b>0</b>
	6. Total number of volunteers during the current taxable year	(6) <b>0</b>
	7. Indicate the total unrelated business income of the exempt organization, if applicable (Submit Schedule A Exempt Organization)	(7) <b>0 00</b>
Income	8. Income, dues, contributions (Part II, line 8)	(8) <b>3,876,422 00</b>
	9. Service Program revenue (Part II, line 9(f))	(9) <b>0 00</b>
	10. Investment income (Part II, line 14)	(10) <b>0 00</b>
	11. Other income (Part II, line 19)	(11) <b>0 00</b>
	12. Total income (Add lines 8 through 11)	(12) <b>3,876,422 00</b>
Expenses	13. Total expenses related with the income (Part III, line 30)	(13) <b>514,766 00</b>
	14. Contributions, gifts and grants paid (Part III, line 31(d))	(14) <b>1,819,281 00</b>
	15. Dividends and other distributions to members, shareholders or depositors	(15) <b>0 00</b>
	16. Other expenses (Part III, line 34)	(16) <b>0 00</b>
	17. Total expenses (Add lines 13 through 16)	(17) <b>2,334,047 00</b>
	18. Income less expenses (Subtract line 17 from line 12)	(18) <b>1,542,375 00</b>
Net Assets	19. Total Assets (Part IV, line 10)	(19) <b>3,571,533 00</b>
	20. Total Liabilities (Part IV, line 14)	(20) <b>1,990,268 00</b>
	21. Net Assets (Subtract line 20 from line 19)	(21) <b>1,581,265 00</b>
Tax and Payments	22. Total special tax determined (Part VIII, line 3)	(22) <b>0 00</b>
	23. Income tax determined on the exempt organization's unrelated business income (Schedule A Exempt Organization)	(23) <b>0 00</b>
	24. Less: (a) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (See instructions)	(24a) <b>0 00</b>
	(b) Other payments, withholding and credits (Submit detail)	(24b) <b>0 00</b>
	(c) Total payments, withholding and credits (Add lines 24(a) and 24(b))	(24c) <b>0 00</b>
	25. Balance of tax to be pay by the organization (If the sum of lines 22 and 23 is higher 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) <b>0 00</b>
26. Balance to be refunded (If line 24(c) is higher than the sum of lines 22 and 23, enter the result of line 24(c) less lines 22 and 23. Otherwise, enter zero)	(26) <b>0 00</b>	

**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 the same 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.

Official signature: [Signature] Title: Executive Director Date: 12/14/2020

**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) <b>LUIS TIRADO ABREU</b>	Registration number <b>006131</b>	Check if self-employed specialist <input type="checkbox"/>
Firm's name <b>URY DEL VALLE &amp; NIEVES PSC</b>	Date: <u>12/14/2020</u>	
Specialist's signature <u>[Signature]</u>	Address <b>PO BOX 361863 SAN JUAN PR</b>	Zip code <b>00936-1863</b>

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

Part II		Income, Dues, Contributions, etc.				
Income, Dues, Contributions, etc.	1. Dues, assessments, etc. from members, excluding services and other charges properly included on line 17. (See instructions Parts II and III) .....	(1)	140,000	00		
	2. Dues, assessments, etc. from affiliated organizations (See instructions Parts II and III) .....	(2)	0	00		
	3. Legislative grants and contributions .....	(3)	0	00		
	4. Contributions, gifts, grants, etc. received (See instructions Parts II and III) .....	(4)	2,482,251	00		
	5. Patronage dividends (or patronage refund) received (See instructions Parts II and III) .....	(5)	0	00		
	6. Income from fundraising activities .....	(6)	0	00		
	7. Other non-cash contributions .....	(7)	0	00		
	8. Total of income, dues, contributions, etc. (Add lines 1 through 7. Transfer this amount to line 8 of Part I) .....	(8)	2,622,251	00		
Service Program Revenues	9. Income from Service Program carried out by the organization (Submit detail if you need additional lines)					
	(a) .....	(9a)	0	00		
	(b) .....	(9b)	0	00		
	(c) .....	(9c)	0	00		
	(d) .....	(9d)	0	00		
	(e) .....	(9e)	0	00		
(f) 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) .....	(9f)	0	00			
Investment Income	10. Interests .....	(10)	0	00		
	11. Dividends .....	(11)	0	00		
	12. Gains (losses) from the sale of capital assets (Submit Schedule D Corporation) .....	(12)	0	00		
	13. Exempt income (Submit Schedule IE Corporation) .....	(13)	0	00		
14. Total investment income (Add lines 10 through 13. Transfer this amount to line 10 of Part I) .....	(14)	0	00			
Other Income	15. (a) Gross rents .....	(15a)	0	00		
	(b) Less: Rental expenses .....	(15b)	0	00		
	(c) Income (loss) from rent activities .....	(15c)	0	00		
	16. Royalties .....	(16)	0	00		
	17. Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust (Specify which) .....	(17)	0	00		
	18. Miscellaneous income (Submit detail) .....	(18)	0	00		
	19. Total other income (Add lines 15(c) through 18. Transfer this amount to line 11 of Part I) .....	(19)	0	00		
	20. Total income (Add lines 8, 9(f), 14 and 19) .....	(20)	2,622,251	00		
Part III Disposition of Income, Dues, Contributions, etc. (See inst.)		(A) Service Program	(B) Fundraising	(C) General and Administrative	(D) Total	
Declared Income Related Expenses	21. Compensation to officers, directors, trustees and key employees (Complete Part V) .....	(21)	0	00	0	00
	22. Salaries, wages and commissions to employees. Number of employees <u>3</u> .....	(22)	164,239	00	0	00
	23. Interests .....	(23)	0	00	0	00
	24. Taxes (Such as property, income, social security, unemployment, etc.) .....	(24)	0	00	0	00
	25. Rents .....	(25)	0	00	0	00
	26. Professional services .....	(26)	23,687	00	199,906	00
	27. Depreciation .....	(27)	0	00	0	00
	28. Dues, assessments, etc. to affiliated organizations .....	(28)	2,477	00	341	00
	29. Miscellaneous expenses (Submit detail) .....	(29)	84,690	00	15,461	00
	30. Total expenses related with the declared income (Add lines 21 through 29. Transfer the total of Column (D) to line 13 of Part I) .....	(30)	275,093	00	238,301	00
Contributions	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) SEE STATEMENT ATTACHED .....	(31a)	1,383,728	00	0	00
	(b) .....	(31b)	0	00	0	00
	(c) .....	(31c)	0	00	0	00
(d) Total contributions, gifts and grants paid (Add lines 31(a) through 31(c). Transfer to line 14 of Part I) .....	(31d)	1,383,728	00	0	00	
Other Payments	32. Benefits paid to members or their dependents:					
	(a) Death, sickness, hospitalization, disability, life insurance or pensions benefits .....	(32a)	0	00	0	00
	(b) Other benefits .....	(32b)	0	00	0	00
	33. Additions to surplus and reserves (Submit itemized schedule) .....	(33)	0	00	0	00
34. Total other expenses (Add lines 32 and 33. Transfer to line 16 of Part I) .....	(34)	0	00	0	00	
35. Total Expenses (Add lines 30, 31(d) and 34) .....	(35)	1,897,122	00			
36. Excess (deficit) for the year (Subtract line 35 from line 20) .....	(36)	725,129	00			
37. Fund's balance at the beginning of the year .....	(37)	1,581,265	00			
38. Other changes in the fund's balance (Submit detail) .....	(38)	0	00			
39. Fund's balance at the end of the year .....	(39)	2,306,394	00			

**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 12/31/2019**  
**Page 2, Part III, Line 29 - Miscellaneous expenses (Service Programs)**

Description	Amount
MARKETING & COMMUNICATION	\$42,590
CONFERENCE & MEETINGS	\$19,749
FACILITIES & EQUIPMENT	\$4,949
OTHER EXPENSES	\$7,656
ACCOUNTING	\$9,746
Total	<u>\$84,690</u>

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**FOR THE YEAR ENDED ON 12/31/2019**  
**Page 2, Part III, Line 29 - Miscellaneous expenses (General and Administrative)**

Description	Amount
MARKETING & COMMUNICATION	\$5,859
CONFERENCE & MEETINGS	\$2,717
FACILITIES & EQUIPMENT	\$681
OTHER EXPENSES	\$1,053
LEGAL	\$3,810
ACCOUNTING	\$1,341
Total	<u>\$15,461</u>

Part IV		Balance Sheet					
		Beginning of the year			Ending of the year		
Assets			Total		Total		
1. Cash .....	(1)		1,996,136 00		3,972,411 00		
2. Notes and accounts receivable .....	(2)	1,570,397 00		806,666 00			
Less: Reserve for bad debts .....		( 0 00)	1,570,397 00	( 0 00)	806,666 00		
3. Inventories .....	(3)		0 00		0 00		
4. Investments in governmental obligations .....	(4)		0 00		0 00		
5. Investments in non-governmental funds .....	(5)		0 00		0 00		
6. Investments in corporate stocks (See instructions Part IV) .....	(6)		0 00		0 00		
7. Other investments (Submit detail) .....	(7)		0 00		0 00		
8. Capital assets:							
(a) Depreciable or depletable assets (Submit itemized schedule) .....	(8a)	0 00		0 00			
Less: Reserve for depreciation (or depletion) .....		( 0 00)	0 00	( 0 00)	0 00		
(b) Land .....	(8b)		0 00		0 00		
9. Other assets (Itemize) .....	(9)		5,000 00		5,000 00		
10. Total Assets .....	(10)		3,571,533 00		4,784,077 00		
Liabilities							
11. Accounts payable .....	(11)	20,468 00		230,456 00			
12. Bonds, notes and mortgages payable							
(a) with original maturity date of less than 1 year .....	(12a)	0 00		0 00			
(b) with original maturity date of 1 year or more .....	(12b)	0 00		0 00			
13. Other liabilities (Submit detail) .....	(13)	1,969,800 00		2,247,227 00			
14. Total Liabilities .....	(14)		1,990,268 00		2,477,683 00		
Stockholder's Equity							
15. Capital stock							
(a) Preferred stocks .....	(15a)	0 00		0 00			
(b) Common stocks .....	(15b)	0 00		0 00			
16. Membership certificates .....	(16)	0 00		0 00			
17. Paid-in capital or capital surplus (donated capital if a trust) .....	(17)	0 00		0 00			
18. Surplus reserves (Itemize) .....	(18)	0 00		0 00			
19. Earned surplus and undivided profits .....	(19)	1,581,265 00		2,306,394 00			
20. Total Stockholder's Equity .....	(20)		1,581,265 00		2,306,394 00		
21. Total Liabilities and Stockholder's Equity .....	(21)		3,571,533 00		4,784,077 00		

Part V		List of Officers, Directors or Key Employees					
Name and title	Social security number	Number of weekly hours dedicated to the institution	Compensation	Contributions to pension or deferred compensation plans	Allowances or expenses account		
BEATRIZ POLHAMUS, PRESIDENT	597-14-9944	6	0 00	0 00	0 00		
CARLOS RODRIGUEZ, TREASURER		6	0 00	0 00	0 00		
NELSON COLON TARRATS, MEMBER	584-05-5900	6	0 00	0 00	0 00		
ALEXANDRA HARTELL, VICEPRESIDENT	597-16-9555	6	0 00	0 00	0 00		
LOURDES MIRANDA, MEMBER	569-50-9333	6	0 00	0 00	0 00		
SOFIA MARTINEZ ALVAREZ, SECRETARY	597-26-3185	6	0 00	0 00	0 00		
LAURA LOPEZ, MEMBER		6	0 00	0 00	0 00		
			0 00	0 00	0 00		
			0 00	0 00	0 00		

Retention Period: Ten (10) years

**FILANTROPIA PUERTO RICO INC**  
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**GOVERNMENT OF PUERTO RICO**  
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**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**  
**FOR THE YEAR ENDED ON 12/31/2019**  
**Page 3, Part IV, Line 9 - Other assets (Ending of the year)**

Description	Amount
PREPAID EXPENSES	\$5,000
Total	<u>\$5,000</u>



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	246,138 00
			00
			00
			00
			00

Part VII Questionnaire		Yes	No
<b>Section A. Board of Director and Management</b>			
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year ..... (1a)	7		
(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)	7		
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)	<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	
5. Indicate if the organization became aware during the year of a significant deviation of the organization's assets .....	(5)	<input checked="" type="checkbox"/>	
6. Does the organization have members or stockholders? .....	(6)	<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	
(b) Is any management decision reserved to (or subject to approval by) members, stockholders or persons other than the board of directors? .....	(7b)	<input checked="" type="checkbox"/>	
8. Indicate if the organization contemporaneously documents the meetings or actions undertaken during the year by the following:			
(a) The boards of directors .....	(8a)	<input checked="" type="checkbox"/>	
(b) Each committee with authority to act in representation of the board of directors .....	(8b)	<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	
<b>Section B. Organization's Policies</b>			
10. (a) Indicate if the organization has local chapters, branches or affiliates .....	(10a)	<input checked="" type="checkbox"/>	
(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)	<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	
(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. THE MEANS OF DELIVERY</b>			
<b>FOR REVIEW PROCESS IS VIA EMAIL TO EACH MEMBER OF THE BOARD.</b>			
12. (a) Indicate if the organization has a written conflict of interest policy .....	(12a)	<input checked="" type="checkbox"/>	
(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)	<input checked="" type="checkbox"/>	
(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)	<input checked="" type="checkbox"/>	
13. Indicate if the organization has a written whistleblowing policy .....	(13)	<input checked="" type="checkbox"/>	
14. Indicate if the organization has a written document retention and destruction policy .....	(14)	<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	
(b) Other officers and key employees of the organization .....	(15b)	<input checked="" type="checkbox"/>	
(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)	<input checked="" type="checkbox"/>	
(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)	<input checked="" type="checkbox"/>	

Retention Period: Ten (10) years

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**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**  
**FOR THE YEAR ENDED ON 12/31/2019**

**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
JANICE PETROVICH	58-4387701	PROF. SERVICES	\$44,925
MARIA C MORENO VILLAREAL	58-1533813	PROF. SERVICES	\$26,715
MARINA MOSCOSO	58-2758628	PROF. SERVICES	\$8,862
WANDA PACHECO	59-8053260	PROF. SERVICES	\$13,990
ANJANETTE PAONESSA	59-9226792	PROF. SERVICES	\$11,025
GLENISSE PAGAN ORTIZ	58-1799728	PROF. SERVICES	\$12,000
REBECA VICENS SANCHEZ	59-3360168	PROF. SERVICES	\$21,904
CAREER INC	66-0292950	PROF. SERVICES	\$5,200
MT BUSINESS STRATEGY ADVISORS LLC	66-0874224	PROF. SERVICES	\$42,000
MUAAAA DESIGN STUDIO LLC	66-0834021	PROF. SERVICES	\$11,244
UHY DEL VALLE & NIEVES, PSC	66-0575454	PROF. SERVICES	\$10,958
BURSON COHN & WOLFE	66-0564495	PROF. SERVICES	\$5,975
ESTUDIOS TECNICOS INC	66-0419374	PROF. SERVICES	\$26,000
MIO DIGITAL AGENCY	66-0841908	PROF. SERVICES	\$5,340
<b>Total</b>			<b>\$246,138</b>



**Section C. Other Information**

17. If you do not have the case number, did you request the exemption under Section 1101.01 of the Code? If "Yes", indicate the date requested and the paragraph of Section 1101.01 under which you requested it: \_\_\_\_\_

Yes No

(17) X

If you have not requested tax exemption, do not complete this form. You must file Form 480.20 (Corporation Income Tax Return).

18. Indicate if the organization have an administrative opinion under which the tax exemption was granted with special conditions (Submit copy) ..

(18) X

19. Indicate if the organization have exemption under the Federal Internal Revenue Code. If "Yes", indicate the date it was granted (Submit copy): 02/06/2018

(19) X

20. Has the organization been audited or is currently under investigation by the Department of the Treasury? .....

(20) X

21. The books are in care of THE ORGANIZATION

Address: SEE PAGE 1

22. Accounting method used:

☐ Cash☒ Accrual☐ Other(s)

If you checked other(s) explain: \_\_\_\_\_

23. (a) During this year, did the organization derived income from unrelated activities? .....

(23a) X

(b) If "Yes", did you include the duly completed Schedule A Exempt Organization with this return? .....

(23b) X

Indicate the unrelated business activities, the NAICS code and the merchant's registration number, if applicable, of such activities. In addition, indicate the purpose of such activities in the organization. Submit detail, if you need additional space.

24. (a) Indicate if the organization have employees .....

(24a) X

(b) If "Yes", did you file the Withholding Statements (Forms 499R-2/W-2PR or 499R-2c/W-2cPR)? .....

(24b) X

25. (a) Indicate if the organization have contracted professional services .....

(25a) X

(b) If "Yes", did you file the Informative Returns (Forms 480.5, 480.6SP, 480.6C)? .....

(25b) X

(c) Have you made any withholding at source? .....

(25c) X

(d) If "Yes", indicate the tax rate applied: 10

26. (a) Indicate if you made payments to entities not engaged in trade or business in Puerto Rico .....

(26a) X

(b) If "Yes", have you made the withholding at source? .....

(26b) X

27. If the organization is exempt under Section 1101.01(10) of the Code, indicate the name of the organization that holds the title of the property: \_\_\_\_\_

28. Indicate if the organization is a successor from another organization that previously existed .....

(28) X

Name of the previous organization: \_\_\_\_\_

Address: \_\_\_\_\_

29. Indicate if the organization leased real property to (or) from other person or groups of persons related to the organization .....

(29) X

30. Indicate the number of members or participants 0

(31) X

31. Indicate if the organization is in good standing with the filing of the Department of State's Annual Reports .....

(32a) X

32. (a) Indicate if during the taxable year the organization established or discontinued any Service Program .....

(32b) X

(b) If "Yes", did you notify the same to the Department of the Treasury? Indicate the notification date: \_\_\_\_\_

33. Indicate whether the organization had any changes in the type of income, character, purpose for which it was organized or form of operating, that has not been previously informed to the Secretary of the Department of the Treasury (Submit detail of the changes) .....

(33) X

34. Indicate if during the year the organization was liquidated, dissolved or finished .....

(34) X

If "Yes", submit detail and a copy of the Department of the State's dissolution.

35. Indicate whether the organization is controlled, or if it controls another institution .....

(35) X

If "Yes", indicate the name and the employer identification number of said institution: \_\_\_\_\_

36. Indicate if any entity withheld income tax at source to the organization on any payment for services rendered during the taxable year. If "Yes", include such amount in line 24(a) of Part I and include the corresponding Informative Return with this return .....

(36) X

Retention Period: Ten (10) years

**Part VIII****Computation of Special Taxes**

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

## INDEPENDENT AUDITORS' REPORT

The Board of Directors of  
Filantropia Puerto Rico, Inc. (A non-profit organization)  
San Juan, Puerto Rico

We have audited the accompanying balance sheets of Filantropia Puerto Rico, Inc. (A non-profit organization) as of December 31, 2019 and 2018 and the related statements of activities and change in net assets and cash flows for the years then ended, and the related notes to financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audits' opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Filantropia Puerto Rico, Inc. (A non-profit organization) as of December 31, 2019 and 2018, and the results of its operations and its cash flows for the years ended in accordance with accounting principles generally accepted in the United States of America.



UHY DEL VALLE & NIEVES PSC  
License # PSC-55  
San Juan, Puerto Rico  
August 31, 2020

*UHY Del Valle & Nieves PSC*