

Departamento de Hacienda

Planilla Informativa de Organización Exenta
de Contribución sobre Ingresos
Confirmación de Radicación Electrónica

Rev. 05.23

Informative Return for Income
Tax Exempt Organizations
Confirmation of Electronic Filing

Período Contributivo - Taxable Year

01/01/2022 - 12/31/2022

Nombre de la Organización
Organization Name

FILANTROPIA PUERTO RICO INC

Número de Identificación Patronal
Employer Identification Number

66-0770270

Número de Confirmación de Planilla
Confirmation Number of Return

X0181283072

Fecha y Hora de Radicación
Date and Time of Filing

11/14/2023 10:10:05 AM

Fecha de Pago
*Payment Date*Cantidad Pagada Electrónicamente con Planilla ..
*Amount Paid Electronically with Return*Número de Ruta / Tránsito
*Routing Number*Número de Cuenta
*Account Number*Balance de Contribución a Pagar
Balance of Tax to be Paid

\$0

Balance a Reintegrar
Balance to be Refunded

\$0

Esta planilla requiere que se sometan evidencias
*This return requires to submit evidences*Sí / Yes ☒
No ☐

La evidencia deberá ser radicada *únicamente* de forma electrónica a través del Sistema Unificado de Rentas Internas (SURI) accediendo: <https://suri.hacienda.pr.gov>. Para la radicación de evidencia deberá ingresar el número de confirmación de planilla aquí provisto.

The evidence must be filed only electronically through the Internal Revenue Integrated System (SURI, for its Spanish acronym) available at: <https://suri.hacienda.pr.gov>. For the filing of evidence you must enter the return confirmation number herein provided.

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 12/31/2022
List of Evidences to present

Reference	Title	Description
Úl * ã aã ËÜac^Ä ËÖq ^æFJ	Òçã^} &ãã^Ä c^} &ã} Äãq Ä Ö5ãã [Äc^ã^:ã^ÄÜ^} æ Ä Internas	Ü^& ^!ã^Ä~^Äã^ÄÄ [{ ^c^!Äq] äãã^Äã^c^} &ã} Äãq Ä Ö5ãã [Äc^ã^:ã^ÄÜ^} æ ÄÜ^} æ ÄÜc^!} æ ÄÖ•cã^cã^} &ã^Ä^Ä [{ ^c^! Äããq ..•Ä^ÄÜÜÜq ^* [Ä^Äãããã^Ä ^ ^&d5) ßãq ^} c^ÄãÜãq ä æ

Liquidator:	Reviewer:	2022	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	2022	Serial Number
Field Audited by:		Informative Return for Income Tax Exempt Organizations UNDER SECTION 1101.01 OF THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED TAXABLE YEAR BEGINNING ON 01 Jan 20 22 AND ENDING ON 31 Dec 20 22			
Date: ____/____/____		<input type="checkbox"/> AMENDED RETURN TAXABLE YEAR: 1 <input checked="" type="checkbox"/> CALENDAR 2 <input type="checkbox"/> FISCAL 3 <input type="checkbox"/> 52-53 WEEKS: Taxable year beginning on ____/____/____ and ending on ____/____/____ 4 <input type="checkbox"/> SHORT PERIOD: Beginning on ____/____/____ and ending on month ____/____/____			
Organization's Name FILANTROPIA PUERTO RICO INC Postal Address 76 KINGS COURT APT 701 San Juan PR Zip Code 00901 Location of Organization - Number, Street, City 76 KINGS COURT APT 701 San Juan PR 00901 Type of Activities (i.e. Educational, Charitable, etc.) PHILANTROPY SERVICING ORGANIZATION Email glenisse@filantropiapr.org		Employer's Identification Number 66-0770270 Department of State Registry Number 56742 Municipal Code 79 Merchant's Registration Number 04963460017 Telephone Number (787) 506 - 0665 Date Incorporated Day 12 Month 02 Year 2009 Place Incorporated PR		Receipt Stamp	
Case No. 2016.1101.01.81 Paragraph of Section 1101.01 under which the exemption was granted 1101.01.81 Date of Treasury Dept. certification granting the exemption 10/31/2017		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 12 Month 02 Year 2009 Extension of Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part I					
Activities and Requirements	1. Briefly summarize the organization's mission and the most significant activities and programs.				
	2. Check here if you submitted copy of the income statement for the taxable year <input checked="" 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)	2		
	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)	Previous Year 4,778,881 00	Current Year 1,423,083 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	19,865 00	
	11. Other income (Part II, line 19)	(11)	49,074 00	0 00	
	12. Total income (Add lines 8 through 11)	(12)	4,835,232 00	1,442,948 00	
	Expenses	13. Total expenses related with the income (Part III, line 30)	(13)	484,902 00	400,344 00
14. Contributions, gifts and grants paid (Part III, line 31(d))		(14)	2,221,879 00	1,581,400 00	
15. Dividends and other distributions to members, shareholders or depositors		(15)	0 00	0 00	
16. Other expenses (Part III, line 34)		(16)	0 00	0 00	
17. Total expenses (Add lines 13 through 16)		(17)	2,706,781 00	1,981,744 00	
18. Income less expenses (Subtract line 17 from line 12)		(18)	2,128,451 00	-538,796 00	
Net Assets	19. Total Assets (Part IV, line 10)	(19)	At the Beginning of Current Year 4,074,636 00	At the End of the Year 4,916,805 00	
	20. Total Liabilities (Part IV, line 14)	(20)	1,726,981 00	56,194 00	
	21. Net Assets (Subtract line 20 from line 19)	(21)	2,347,655 00	4,860,611 00	
Tax and Payments	22. Total special tax determined (Part VIII, line 3)	(22)	0 00		
	23. Income tax determined on the exempt organization's unrelated business income (Schedule A Exempt Organization)	(23)	0 00		
	24. Less: (a) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (Submit detail)	(24a)	0 00		
	(b) Other payments, withholdings and credits: (i) Payments and withholdings (Submit detail) \$ 0 (ii) Credits (Submit detail) \$ 0	(24b)	0 00		
	(c) Total payments, withholdings and credits (Add lines 24(a) and 24(b))	(24c)	0 00		
	25. Balance of tax to be paid 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 on this line and continue with line 26)	(25)	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			
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's signature		_____ EXECUTIVE DIRECTOR Title		_____ 11/14/2023 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 this information may be verified.					
Specialist's name (Print) GRISSELLE M. ALVAREZ COLON		Registration number 0005161		Check if self-employed specialist <input type="checkbox"/>	
Firm's name RSM PUERTO RICO		Address PO BOX 10528 SAN JUAN PR		Date 11/14/2023	
Specialist's signature Electronically Signed		Zip code 00922-0528			
NOTE TO TAXPAYER:					
Indicate if you made payments for the preparation of your return: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If you answered "Yes", require the Specialist's signature and registration number.					
Retention Period: Ten (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 12/31/2022
Part 1, Line 1 - Activities and Requirements

Briefly summarize the mission of the organization and the most significant activities and programs

GRANT MAKERS FOR JOINT LEARNING AND ACTION WITH THE OBJECTIVE OF CREATING OPPORTUNITIES FOR COORDINATED, ALIGNED, AND COLLABORATIVE GRANT-MAKING TO IMPROVE LIVES.

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)	274,500	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)	1,148,583	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)	1,423,083	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)	19,865	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)	19,865	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)	1,442,948	00		
Part III		Disposition of Income, Dues, Contributions, etc. (See inst.)				(A) Service Program	(B) Fundraising	(C) General and Administrative	(D) Total	
Expenses Related to Declared Income	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 2				(22)	120,371	00	38,846	00
	23.	Interests				(23)	0	00	0	00
	24.	Taxes (Such as property, income, social security, unemployment, etc.)				(24)	10,528	00	3,397	00
	25.	Rents				(25)	0	00	0	00
	26.	Professional services				(26)	78,826	00	17,795	00
	27.	Depreciation				(27)	0	00	0	00
	28.	Dues, assessments, etc. to affiliated organizations				(28)	0	00	0	00
	29.	Miscellaneous expenses (Submit detail)				(29)	55,907	00	74,674	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)	265,632	00	134,712	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)	FORWARD FUND GRANTS TO ORGANIZATIONS				(31a)	1,581,400	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)	1,581,400	00	0	00
Other Expenses	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 (Submit detail)				(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)	1,981,744	00		
	36.	Excess (deficit) for the year (Subtract line 35 from line 20)				(36)	-538,796	00		
	37.	Fund's balance at the beginning of the year				(37)	2,347,655	00		
	38.	Other changes in the fund's balance (Submit detail)				(38)	3,051,752	00		
	39.	Fund's balance at the end of the year				(39)	4,860,611	00		

FILANTROPIA PUERTO RICO INC
66-0770270
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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS
FOR THE YEAR ENDED ON 12/31/2022
Part III, Line 24, page 2 of the return - Taxes

Description	(A) Program Services	(B) Fundraising	(C) General and Administrative	(D) Total
PAYROLL TAXES	\$10528	\$0	\$3,397	\$13925
Total	\$10528	\$0	\$3,397	\$13925

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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS
FOR THE YEAR ENDED ON 12/31/2022
Part III, Line 29, page 2 of the return - Miscellaneous expenses

Description	(A) Program Services	(B) Fundraising	(C) General and Administrative	(D) Total
CONFERENCE & MEETINGS	\$46781	\$0	\$3,453	\$50234
MARKETING & COMMUNICATIONS	\$5719	\$0	\$37,357	\$43076
OFFICE & TECHNOLOGY	\$0	\$0	\$26,982	\$26982
SUBSCRIPTIONS	\$0	\$0	\$3,684	\$3684
PROFESSIONAL DEVELOPMENT	\$0	\$0	\$2,466	\$2466
HEALTH INSURANCE	\$2268	\$0	\$732	\$3000
OTHER EXPENSES	\$1139	\$0	\$0	\$1139
Total	\$55907	\$0	\$74,674	\$130581

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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS
FOR THE YEAR ENDED ON 12/31/2022
Page 2, Part III, Line 38 - Other changes in the fund's balance

Description	Amount
RESTATEMENT OF NET ASSETS	\$3,051,752
Total	<u><u>\$3,051,752</u></u>

Part IV		Balance Sheet			
		Beginning of the year		Ending of the year	
Assets			Total		Total
1. Cash	(1)		4,071,985 00		3,856,305 00
2. Notes and accounts receivable	(2)	0 00		0 00	
Less: Reserve for bad debts		(0 00)	0 00	(0 00)	0 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	(7)		0 00		0 00
8. Capital assets:					
(a) Depreciable or depletable assets	(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	(9)		2,651 00		1,060,500 00
10. Total Assets	(10)		4,074,636 00		4,916,805 00
Liabilities					
11. Accounts payable	(11)	522,756 00		56,194 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	(13)	1,204,225 00		0 00	
14. Total Liabilities	(14)		1,726,981 00		56,194 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 reserve	(18)	0 00		0 00	
19. Surplus from operations and retained earnings	(19)	2,347,655 00		4,860,611 00	
20. Total Stockholder's Equity	(20)		2,347,655 00		4,860,611 00
21. Total Liabilities and Stockholder's Equity	(21)		4,074,636 00		4,916,805 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	999-99-9991	6	0 00	0 00	0 00
ALEXANDRA HERTELL VICE PRESIDENT	999-99-9992	6	0 00	0 00	0 00
CARLOS RODRIGUEZ TREASURER	999-99-9993	6	0 00	0 00	0 00
SOFIA MARTINEZ ALVAREZ SECRETARY	999-99-9994	6	0 00	0 00	0 00
ROCIO ARANDA ALVARADO MEMBER	999-99-9995	6	0 00	0 00	0 00
LAURA LOPEZ MEMBER	999-99-9996	6	0 00	0 00	0 00
CHARLOTTE GOSSETT MEMBER	999-99-9998	6	0 00	0 00	0 00
MARY ANN GABINO MEMBER	999-99-9919	6	0 00	0 00	0 00
GLENISSE PAGAN EXECUTIVE DIRECTOR	999-99-9920	40	102,000 00	0 00	0 00

Retention Period: Ten (10) years

FILANTROPIA PUERTO RICO INC
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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS
FOR THE YEAR ENDED ON 12/31/2022
Page 3, Part IV, Line 9 - Other assets (Beginning of the year)

Description	Amount
OTHER ASSETS	\$2,651
Total	<u><u>\$2,651</u></u>

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FOR THE YEAR ENDED ON 12/31/2022
Page 3, Part IV, Line 9 - Other assets (Ending of the year)

Description	Amount
OTHER ASSETS	\$1,060,500
Total	<u><u>\$1,060,500</u></u>

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FOR THE YEAR ENDED ON 12/31/2022
Page 3, Part IV, Line 13 - Other liabilities (Beginning of the year)

Description	Amount
OTHER LIABILITIES	\$1,204,225
Total	<u><u>\$1,204,225</u></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	128,308 00
			00
			00
			00
			00
			00

Part VII Questionnaire		Yes	No
Section A. Board of Director and Management			
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year (1a)	9		
(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 on line 1(a) who are independent (1b)	9		
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)	X	
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)	X	
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)	X	
5. Indicate if the organization became aware during the year of a significant deviation of the organization's assets	(5)	X	
6. Does the organization have members or stockholders?	(6)	X	
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)	X	
(b) Is any management decision reserved to (or subject to approval by) members, stockholders or persons other than the board directors?	(7b)	X	
8. Indicate if the organization contemporaneously documents the meetings or actions undertaken during the year by the following:			
(a) The board of directors	(8a)	X	
(b) Each committee with authority to act in representation of the board of directors	(8b)	X	
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)	X	
Section B. Organization's Policies			
10. (a) Indicate if the organization has local chapters, branches or affiliates	(10a)	X	
(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)	N	A
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)	X	
(b) Describe the process, if any, used by the organization to review Form 480.70(OE):			
THE MEMBERS REVIEWED THE RETURN BEFORE FILING.			
12. (a) Indicate if the organization has a written conflict of interest policy	(12a)	X	
(b) Indicate if the officers, directors, trustees and key employees are required to annually disclose interests that could give rise to conflicts with the organization	(12b)	X	
(c) Indicate if the organization regularly monitors and enforces the compliance of these policies. If "Yes", provide examples of how this monitoring is performed	(12c)	X	
13. Indicate if the organization has a written whistleblowing policy	(13)	X	
14. Indicate if the organization has a written document retention and destruction policy	(14)	X	
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)	X	
(b) Other officers and key employees of the organization	(15b)	X	
(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)	X	
(b) If "Yes" indicate if the organization follows a written policy or procedure requiring the evaluation of the arrangements under the applicable tax law, and takes steps to safeguard the organization's exempt status with respect to such arrangements	(16b)	N	A

Retention Period: Ten (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 12/31/2022

**Page 4, Part VI - Compensation in Excess of \$5,000 Paid to Independent Contractors
for Professional Services**

Bca Vfy mXf YWYOB	Social Security or employer identification number	Type of service	Compensation
JOEL E FRANQUI GIL DE MADRID 190 AVE HOSTOS 1133 San Juan PR 00918	59-9108071	PROFESSIONAL SERVICES	\$11,775
ESTUDIOS TECNICOS INC PO BOX 12144 San Juan PR 00914	66-0419374	PROFESSIONAL SERVICES	\$20,800
GABRIEL RIVERA CALLE 1 D6 RINCON ESPANOL Trujillo Alto PR 00976	59-6246669	PROFESSIONAL SERVICES	\$9,000
YOP BANQUET SERVICES CALLE CESAR GONZALEZ 512 San Juan PR 00918	58-4992855	PROFESSIONAL SERVICES	\$13,085
RICHARD CORDOVA 80 VILLA ALEGRIA Vega Alta PF 00692	59-9569416	PROFESSIONAL SERVICES	\$11,668
OUTSOURCING SOLUTIONS INTERNATIONAL PO BOX 1343 APT 1704 Gurabo PR 00778	66-0579388	PROFESSIONAL SERVICES	\$7,311
EL ENJAMBRE LLC 304 AVE MUNOZ RIVERA APT 10 COND CRESCENT BEACH San Juan PR 00936	66-0933076	PROFESSIONAL SERVICES	\$6,550
BRIAN DIAZ ROSA 377 CALMA URB VICTORIA San Juan PR 00923	59-7481011	PROFESSIONAL SERVICES	\$7,500
KV CONSULTORA SOCIAL LLC URB JARDINES DE CAPARRA CC8 CALLE 41 Bayamon PR 00960	66-0964331	PROFESSIONAL SERVICES	\$40,619
Total			\$128,308

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: _____ (17) **N A**
- 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 OUTSOURCING SOLUTIONS INTERNATIONAL, LLC

Address: PO BOX 1343 Gurabo PR

22. Accounting method used:

☐ Cash ☒ Accrual ☐ Other(s)

If you checked other(s) explain: _____

23. (a) During this year, did the organization derive income from unrelated activities? (23a) **X**
- (b) If "Yes", did you include the duly completed Schedule A Exempt Organization with this return? (23b) **N A**
- 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) **N A**
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 9
31. Indicate if the organization is in good standing with the filing of the Department of State's Annual Reports (31) **X**
32. (a) Indicate if during the taxable year the organization established or discontinued any service program (32a) **X**
- (b) If "Yes", did you notify the same to the Department of the Treasury? Indicate the notification date: _____ (32b) **N A**
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 (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)	(3)	0	00

Retention Period: Ten (10) years