

| Taxable year beginning on | , and ending on,, |
|--|-------------------------|
| ORGANIZATION'S NAME: | |
| EMPLOYER IDENTIFICATION NUMBER: | |
| Fill in the part of the return for which this Statement is comple Amended Return - Page 1 of the return | |
| REASON FOR THE | AMENDMENT OF THE RETURN |
| | AMENDMENT OF THE RETURN |
| | |



GOVERNMENT OF PUERTO RICO A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

| EMPLOYER IDENTIFICATION NUMBER: 1. Fill in the part of the return for which this Statement is completed: 1. Activities and Requirements - Part I, line 1, page 2 of the return BRIEFLY SUMMARIZE THE ORGANIZATION'S MISSION AND THE MOST SIGNIFICANT ACTIVITIES AND PROGRAMS |
|---|
| 1. Fill in the part of the return for which this Statement is completed: 1. Activities and Requirements - Part I, line 1, page 2 of the return |
| 1. Activities and Requirements - Part I, line 1, page 2 of the return |
| BRIEFLY SUMMARIZE THE ORGANIZATION'S MISSION AND THE MOST SIGNIFICANT ACTIVITIES AND PROGRAMS |
| WITH FORM 183. |
| ANDS BELLIED |



| | laxable year beginning on,, and ending on, | |
|-------------|---|-----------------------|
| ORGA | NIZATION'S NAME: | |
| EMPLO | YER IDENTIFICATION NUMBER: | |
| 1 Fill in | the part of the return for which this Statement is completed (select only one alternative): | |
| | Part I, Line 24(d), page 2 of the return - Other payments and withholdings | |
| | | |
| | Part II, Line 9, page 2 of the return - Income from Service Program carried out by the organization | |
| 3. 🤇 | Part II, Line 17, page 2 of the return - Gross income from commercial activities including the exempt income from a company or real estate investment trust | registered investment |
| 4. C | Part II, Line 18, page 2 of the return - Miscellaneous income | |
| 5. C | Part III, Line 32(b), page 3 of the return - Other benefits | |
| 6. C | Part III, Line 33, page 3 of the return - Additions to surplus and reserves | |
| 7. C | Part II, Line 18, page 2 of the return - Miscellaneous income Part III, Line 32(b), page 3 of the return - Other benefits Part III, Line 33, page 3 of the return - Additions to surplus and reserves Part III, Line 38, page 3 of the return - Other changes in the fund's balance | |
| | DESCRIPTION | AMOUNT |
| 1 | | \$ |
| 2 | | |
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| page 2 | ransfer this amount to line 24(d), Part I, page 2 of the return, to line 9, Part II, page 2 of the return, to line 17, Part II, of the return, to line 18, Part II, page 2 of the return, to line 32(b), Part III, page 3 of the return, to line 33, Part III, page 3 of the return, as applicable) | ¢ |
| 5 01 tile | retain or, to line 50, rait in, page 5 or the retain, as applicable j | Υ |



| | Taxable year beginning on, and ending on, | | | | | | | |
|------------|---|--------|--|--|--|--|--|--|
| ORGAN | NIZATION'S NAME: | | | | | | | |
| | MPLOYER IDENTIFICATION NUMBER: | | | | | | | |
| LIVII LO | TEN DENTINOATION NOMBER. | | | | | | | |
| 1. Fill in | the part of the return for which this Statement is completed (select only one alternative): | | | | | | | |
| 1 (| Schedule A, Part I, Line 6 - Miscellaneous income | | | | | | | |
| | | | | | | | | |
| 2. 🤇 | Schedule A, Part VI, Line 16 - Other direct costs | | | | | | | |
| | DESCRIPTION | AMOUNT | | | | | | |
| 1 | | \$ | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
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| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| | $Q_{\mathcal{N}}^{\mathbf{v}}$ | | | | | | | |
| Total (T | ransfer this amount to line 6, Part I of Schedule A or, to line 16, Part VI of Schedule A, as applicable) | \$ | | | | | | |



| | Taxable year beginning on, | and end | ing on | | |
|------------|---|------------------------|-------------|----------------|--------------|
| ORGAN | NIZATION'S NAME: | | | | |
| EMPLO | YER IDENTIFICATION NUMBER: | | | | |
| 1. Fill in | the part of the return for which this Statement is completed (sele | ct only one alternativ | re): | | |
| | Part III, Line 29, page 3 of the return - Miscellaneous expenses | | | | |
| | | , | | | |
| 2. 🤇 | Part III, Line 24, page 3 of the return - Taxes | | | | |
| | | (A) | (B) | (C) | (D) |
| | | | | | |
| | | | | GENERAL AND | |
| | DESCRIPTION | SERVICE PROGRAM | FUNDRAISING | ADMINISTRATIVE | TOTAL |
| 1 | | \$ | \$ | \$ | \$ |
| 2 | | | 0,3 | | |
| 3 | | | 7.0 | | |
| 4 | | | V' | | |
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| 35 | | | | | |
| | | • | • | | |
| Total (T | ransfer this amount to line 29, Part III, page 3 of the return or, to | | | | |

line 24, Part III, page 3 of the return, as applicable)......\$



| | Taxable year beginning on,, and ending on,, | | | | | |
|--------|---|--------------------------------|---------------|----------------|----------------|-------|
| ORGAN | IIZATION'S NAME: | | | | | |
| | YER IDENTIFICATION NUMBER: | | | | | |
| | | | | | | |
| | the part of the return for which this | | | | | |
| 1. 🤇 | Part III, Line 31, page 3 of the re | turn - Contributions, gifts an | d grants paid | | | |
| | | | | | | |
| | | | (| (D) | (6) | (0) |
| | | | (A) | (B) | (C) | (D) |
| | | | | | | |
| | NAME OF THE PERSON OR | | | | | |
| | INSTITUTION TO WHOM THE | | SERVICE | | GENERAL AND | |
| | PAYMENT WAS MADE | IDENTIFICATION NUMBER | PROGRAM | FUNDRAISING | ADMINISTRATIVE | TOTAL |
| 1 | | | \$ | \$ | \$ | \$ |
| 2 | | | | 1,0 | / | |
| 3 | | | | V. | | |
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| 34 | | | | | | |
| 35 | | | | | | |

Total (Transfer this amount to Line 31, Part III, page 3 of the return)..... \$



| | Taxable year beginning on | , and ending on | _ | | | | |
|----------------|---|-----------------|----------|--|--|--|--|
| ORGANIZA | ATION'S NAME: | | | | | | |
| EMPLOYER | MPLOYER IDENTIFICATION NUMBER: | | | | | | |
| 1. Fill in the | e part of the return for which this Statement is completed: | l: | | | | | |
| 1. O F | Part V, page 4 of the return - List of Officers, Directors or k | Key Employees | | | | | |

CONTRIBUTIONS TO PENSION OR

| | | | NUMBER OF WEEKLY | | DEFERRED | |
|----|----------------|-----------------|--------------------|----------------|--------------|------------------|
| | | COCIAL CECURITY | | | | ALLOWANICES OF |
| | | SOCIAL SECURITY | HOURS DEDICATED | COLADENICATION | COMPENSATION | ALLOWANCES OR |
| | NAME AND TITLE | NUMBER | TO THE INSTITUTION | COMPENSATION | PLANS | EXPENSES ACCOUNT |
| 1 | | | | \$ | \$ | \$ |
| 2 | | | | | | |
| 3 | | | | | | |
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| Та | xable year beginning on | and en | ding on | |
|-----------|--|---------------------------|---------------------------|-------------------------|
| ORGAI | NIZATION'S NAME: | | | |
| EMPLO | OYER IDENTIFICATION NUMBER: | | | |
| 1 Fill in | the part of the return for which this Statemer | nt is completed: | | |
| | | | | |
| | Part VI, page 4 of the return - Compensati | on in Excess of \$5,000 P | aid to Independent Contra | actors for Professional |
| | Services | | -0 | |
| | | | | |
| | | SOCIAL SECURITY OR | n. | |
| | | EMPLOYER | 8 | |
| | | IDENTIFICATION | | |
| | NAME AND ADDRESS | NUMBER | TYPE OF SERVICE | COMPENSATION |
| 1 | | | 0 | \$ |
| 2 | | | | |
| 3 | | | | |
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GOVERNMENT OF PUERTO RICO RECONCILIATION OF EXPENSES PER INFORMATIVE RETURNS WITH AMOUNTS CLAIMED ON FORM 480.70(OE) INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

| | Taxable year beginning on,, | and ending on | | | |
|------------|--|---|--|---------------------------------------|--|
| ORGAI | NIZATION'S NAME: | | | | |
| EMPLO | DYER IDENTIFICATION NUMBER: | | | | |
| 1. Fill ir | the part of the return for which this Statement is completed (select only one alternative): | | | | |
| 1 (| Schedule A, Part IV-A, Regular Tax Column, page 2 of Schedule A of the return - Deductions that mus | t he reported on informati | va raturns | | |
| | Schedule A, Part IV-A, Alternative Minimum Tax Column, page 2 of Schedule A of the return - Deductions that mass | • | | | |
| 2. < | Schedule A, Fait 19-A, Aiternative William Tax Coldini, page 2 of Schedule A of the retain - Deducti | ons that must be reported | Of thiorinative returns | | |
| | | (A) | * (B) | (C) | (D) |
| LINE | DEDUCTIONS THAT MUST BE REPORTED ON INFORMATIVE RETURNS | TOTAL AMOUNT PER INFORMATIVE RETURN | *ADD (LESS): ACCRUAL BASIS OR FISCAL YEAR ADJUSTMENT | ADD (LESS): OTHER ADJUSTMENT | TOTAL DEDUCTION CLAIMED ON THIS RETURN (Column A + Column B + Column C) |
| 1 | Compensation to directors | | \$ | S S S S S S S S S S S S S S S S S S S | s Column C) |
| 2 | Compensation to directors Compensation to officers | , | ې | 7 | 7 |
| 3 | Salaries, commissions and bonuses to employees | | | | |
| 4 | Salaries paid to young university students | | | | |
| 5 | Payments for services rendered in Puerto Rico | | | | |
| 6 | Payments for services rendered outside of Puerto Rico | | | | |
| 7 | Services subcontracted | | | | |
| 8 | Lease, rent and fees paid | | | | |
| 9 | Insurance premiums (Except contributions to health or accident plans) | | | | |
| 10 | Telecommunication services | | | | |
| 11 | Internet and cable or satellite television services | | | | |
| 12 | Bundles | | | | |
| 13 | Advertising | | | | |
| 14 | Royalties | | | | |
| 15 | Payments for virtual and technological tools and other subscriptions | | | | |
| 16 | Professional associations fees and memberships paid for the benefit of employees | | | | |
| 17 | Homeowners association fees | | | | |
| 18 | Payments for judicial or extrajudicial indemnification | | | | |
| 19 | Certain other expenses | | | | |
| | | | | | |

^{*} Column (B) must be completed <u>only</u> by taxpayers who use the Accrual Method of Accounting or whose taxable year is a fiscal one, to reconcile, in accordance with the provisions of Section 1063.01(a) of the Puerto Rico Internal Revenue Code of 2011, as amended, the amounts reported on the duly filed informative returns with the expense claimed as deductions on their return.



| | Taxable year beginning on, and ending on | | |
|---------------|---|---------------|-------------------|
| ORGA | NIZATION'S NAME: | | |
| EMPLO | OYER IDENTIFICATION NUMBER: | | |
| 1. Fill ir | n the part of the return for which this Statement is completed: | | |
| 1. (| Schedule A, Part IV, Line 53, page 2 of Schedule A of the return - Other deductions | | |
| | | A | MOUNT |
| | | REGULAR | ALTERNATE MINIMUM |
| | DESCRIPTION | TAX | TAX |
| 1 | | \$ | \$ |
| 2 | | | |
| 3 | | 6 | |
| <u>4</u> 5 | | 00. | |
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| | Taxable year beginning on | , and end | ling on, | |
|--------------|---|-----------------------|-------------------------|---------------|
| ORGANI | ZATION'S NAME: | | | |
| EMPLOY | YER IDENTIFICATION NUMBER: | | | |
| L. Fill in t | he part of the return for which this Statement is compl | eted: | | |
| 1. | | | | |
| | | ,, | | |
| | NAME OF THE PERSON OR INSTITUTION TO WHOM | EMPLOYER | | CHARITABLE |
| | THE PAYMENT WAS MADE | IDENTIFICATION NUMBER | NATURE OF ORGANIZATION* | CONTRIBUTIONS |
| 1 | | | 6 | \$ |
| 2 | | | C)· | |
| 3 | | | 9 | |
| 4 | | | X | |
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| 6 | | | | |
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| * Enter in this column the | corresponding letter, | according to the following menu | u, to the category of the n | ature or purpose of the org | anization to whom the |
|----------------------------|-----------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------|
| donation was made: | | - | | | |

- A: Social Services
- B: Art and Culture
- C: Housing Services
- D: Educational and Research Services
- E: Recreation and Sports Services
- $\textbf{F:} \ \textbf{Economic, Social and Community Development}$

- **G:** International Activities
- H: Health Services
- I. Religious Services
- J. Environmental Services
- **K:** Organizations for the Exclusive Benefit of its Members
- L: Other Services



| | Taxable year begin | nning on | | and ending o | n | | | | | | | |
|------------|---|---------------------|--|-------------------------|---------------|--------------------|---------------------|-------------------|--|--|--|--|
| ORGAN | ORGANIZATION'S NAME: | | | | | | | | | | | |
| EMPLO | OYER IDENTIFICATION NUMBER: | | | | | | | | | | | |
| 1. Fill in | the part of the return for which this Staten | nent is complet | ed (select only one al | Iternative): | | | | | | | | |
| 1. | Schedule D, Part I, Line 1 - Net short-tern | n capital gain (d | or loss) | | 6 | | | | | | | |
| 2. 🤇 | Schedule D, Part I, Line 4 - Net short-tern | n capital gain (d | or loss) attributable to | o direct investment and | not through a | Capital Investment | Fund | | | | | |
| 3. 🤇 | Schedule D, Part V, Line 22 - Net gain (or | loss) from pro | perty other than capit | tal assets | O | | | | | | | |
| | | | (A) DATE ACQUIRED | (B) DATE | (C) | (D) | (E) | (F) | | | | |
| | DESCRIPTION AND LOCATION OF PROPERTY | ENTIDAD IGNORADA | • | (Day/Month/Year) | SALE PRICE | ADJUSTED BASIS | SELLING EXPENSES | GAIN OR (LOSS) | | | | |
| 1 | | | (20), | | | | | (2000) | | | | |
| 2 | | 0 | | | | | | | | | | |
| 3 | | 0 | | | | | | | | | | |
| 4 | | 0 | | | | | | | | | | |
| 5 | | 0 | | | | | | | | | | |
| 6 | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | | | | |
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| 8 | | 0 | \$\frac{1}{2}\$ | | | | | | | | | |
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| 12 | | 18 | | | | | | | | | | |
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| 16 | | 0 | | | | | | | | | | |
| 17 | | 0 | | | | | | | | | | |
| 18 | | 0 | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| | ransfer the total amount of Column F to lin 22, Part V of Schedule D, as applicable) | | | | \$ | \$ | \$ | \$ | | | | |



| ., (| Jr. V | , | Taxable year be | ginning on | | and ending on | , | | | | |
|--------------|---|--------------------------|----------------------|-------------------|-----------------------------|------------------|----------|----------|----------|-------------------|---------|
| ORGAN | IZATION'S NAME: | | | | | | | | | | |
| MPLO | YER IDENTIFICATION NUMBER: | | | | | | | | | | |
| | | | | | | | | | | | |
| L. Fill in t | the part of the return for which this Stateme | ent is completed (sele | ect only one altern | ative): | | | | | | | |
| 1. | Schedule D, Part II, Line 6 - Net long-term | capital gain (or loss) | | | | | | | | | |
| | Schedule D, Part II, Line 9 - Net long-term | | attributable to dire | act investment an | id not through a Canital II | nvestment Fund | | | | | |
| ۷. ر | Jacinedale D, Fare II, Line 3 - Net long-term | capital gain (or 1033) t | attributable to un | et investment an | ia not tinoagna capitai n | investment i unu | | | | | |
| | | | | | (A) | (B) | (c) | (D) | (E) | (F) | (G) |
| | | | | | DATE | DATE | n. | | | GAIN OR (LOSS) | |
| | DESCRIPTION AND LOCATION | DISREGARDED | CADASTRE | FILL IN IF YOU | ACQUIRED | SOLD | SALE | ADJUSTED | SELLING | (Act 132-2010 and | GAIN OR |
| | OF PROPERTY | ENTITY | NUMBER | PREPAID | (Day/Month/Year) | (Day/Month/Year) | PRICE | BASIS | EXPENSES | Act 216-2011) | (LOSS) |
| 1 | | 0 | | 0 | | | \$ | \$ | \$ | \$ | \$ |
| 2 | | 0 | | 0 | | | | | | | |
| 3 | | 0 | | 0 | | | | | | | |
| 4 | | 0 | | 0 | | /0 | | | | | |
| 5 | | 0 | | 0 | | X | | | | | |
| 6 | | 0 | | 0 | | λ | | | | | |
| 7 | | 0 | | 0 | | | | | | | |
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| 9 | | 0 | | 0 | 1/2 | | | | | | |
| 10 | | 0 | | 0 | | | | | | + | |
| 12 | | 0 | | 0 | - /// | | | | | + | |
| 13 | | 0 | | 0 | | | | | | + | |
| 14 | | Ö | | 0 | 7,7 | | | | | - | |
| 15 | | 0 | | 0 | | | | | | | |
| 16 | | 0 | | 0 | / | | | | | | |
| 17 | | 0 | | 00 | 7 | | | | | | |
| 18 | | 0 | | 0 | | | | | | | |
| 19 | | 0 | | CO | | | | | | | |
| | | | | | | | | | | 1 | |



| | raxable year beginning on,and ending on,,, | | | | | | | | | | |
|-----------|--|---------------------------------------|--|----------------------|------------------|--|--|--|--|--|--|
| ORGAI | DRGANIZATION'S NAME: | | | | | | | | | | |
| EMPLO | MPLOYER IDENTIFICATION NUMBER: | | | | | | | | | | |
| 1 Fill in | the part of the return for | or which this Statement i | s completed: | | | | | | | | |
| | 1. Fill in the part of the return for which this Statement is completed: | | | | | | | | | | |
| 1. | 1. O Schedule D, Part VI, Line 23 - Net Capital Loss Carryover | | | | | | | | | | |
| | | (A) | (B) | (C) | | | | | | | |
| | YEAR IN WHICH THE | | | CAPITAL LOSS | | | | | | | |
| | LOSS WAS INCURRED | CAPITAL LOSS | | CARRYFORWARD (COLUMN | EXPIRATION DATE | | | | | | |
| | (DAY/MONTH/YEAR) | INCURRED | AMOUNT USED | A - COLUMN B) | (DAY/MONTH/YEAR) | | | | | | |
| 1 | | \$ | \$ | \$ | | | | | | | |
| 2 | | | | , 0 | | | | | | | |
| 3 | | | | , VX | | | | | | | |
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| Total (Transfer the total | al amount of Column C t | o line 23, Part VI of S | Schedule D) | \$ |
|---------------------------|-------------------------|-------------------------|-------------|----|
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Total (Transfer the total of Column F to line 11, Part III of Schedule D)...

| OF PO | | | | Taxable year beginning on | | and ending on | | | | | |
|---------------|---|--|---|---|---|--|---|--|--|---|---|
| NIZATION'S | NAME: | | | | | | | | | | |
| OYER IDENT | IFICATION NU | MBER: | | | | | | | | | |
| n the part of | the return for w | hich this Statemen | t is completed: | | | | | | | | |
| Schedule | D, Part III, Line | 11 - Net capital gair | n (or loss) under sp | pecial legislation | | | | | | | |
| | | | | | | (A) | (B) | (C) | (D) | (E) | (F) |
| ACT NUMBER | DECREE NUMBER | DISREGARDED | CADASTRE NUMBER | DESCRIPTION AND LOCATION OF PROPERTY | FILL IN IF YOU PREPAID | DATE ACQUIRED (Day/Month/Year) | DATE SOLD (Day/Month/Year) | SALE PRICE | ADJUSTED BASIS | SELLING FXPENSES | GAIN OR (LOSS) |
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| | NIZATION'S OYER IDENT the part of Schedule | OYER IDENTIFICATION NU I the part of the return for w Schedule D, Part III, Line | ACT DECREE DISREGARDED NUMBER | ACT DECREE DISREGARDED CADASTRE NUMBER ENTITY NUMBER O Schedule D, Part III, Line 11 - Net capital gain (or loss) under sp | NIZATION'S NAME: Over Identification number: | NIZATION'S NAME: OVER IDENTIFICATION NUMBER: In the part of the return for which this Statement is completed: Schedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation ACT DECREE DISREGARDED CADASTRE DESCRIPTION AND LOCATION IF YOU PREPAID NUMBER NUMBER ENTITY NUMBER OF PROPERTY O O O O O O O O O O O O O | NIZATION'S NAME: DYER IDENTIFICATION NUMBER: In the part of the return for which this Statement is completed: Schedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation (A) ACT DECREE NUMBER DISREGARDED CADASTRE NUMBER OF PROPERTY NUMBER NUMBER ENTITY NUMBER OF PROPERTY OF PROPERTY | NIZATION'S NAME: Ver IDENTIFICATION NUMBER: It the part of the return for which this Statement is completed: Schedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation (A) (B) (B) (B) (B) (B) (B) (A) (B) (B | NIZATION'S NAME: VIEW IDENTIFICATION NUMBER: In the part of the return for which this Statement is completed: Schedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation (A) (B) (C) ACT DECREE DISREGARDED CADASTRE DESCRIPTION AND LOCATION IF YOU ACQUIRED SOLD SOLD NUMBER NUMBER PROPERTY NUMBER OF PROPERTY PREPAID (Day/Month/Year) SALE PRICE NUMBER NUMBER OF PROPERTY OF | NIZATION'S NAME: VER IDENTIFICATION NUMBER: Is the part of the return for which this Statement is completed: Schedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation (A) (B) (C) (D) ACT DECRE NUMBER NUMBER ENTITY NUMBER NUMBER NUMBER NUMBER OF PROPERTY NUMBER NUMBER OF PROPERTY OF PROPERTY | NIZATION'S NAME: VYER IDENTIFICATION NUMBER: Uthe part of the return for which this Statement is completed: Dischedule D, Part III, Line 11 - Net capital gain (or loss) under special legislation (A) (B) (C) (D) (E) (A) (B) (C) (D) (D) (E) (A) (B) (C) (D) (D) (D) (D) (D) (D) (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D |

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GOVERNMENT OF PUERTO RICO A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE) INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

Taxable year beginning on ______, ____ and ending on _____, ____

| ORGANI | ZATION'S NAME: | | | | | |
|--------------|--|-----------------------|---|--|---|--------------------------------|
| EMPLOY | ER IDENTIFICATION NUMBER: | | | | | |
| 1. Fill in t | the part of the return for which this | Statement is comple | eted (select only one alternative): | | | |
| 1. | Schedule E No Line (a) Co | urrent Depreciation | | | | |
| | Schedule E No Line (b) Fl | | | 0 | | |
| | > Schedule E No Line (c) A | | tion | ON 1893.60 | | |
| | | | | .85 | | |
| 4. | Schedule E No Line (d) A | mortization (i.e. God | odwill) | | | |
| 5. 🤇 | Schedule E No Line (e) A | utomobiles (See inst | ructions) | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | TYPE OF PROPERTY (IN CASE OF BULDING, SPECIFY THE MATERIAL USED IN THE CONSTRUCTION) | DATE ACQUIRED | ORIGINAL COST OR OTHER BASIS (EXCLUDE COST OF LAND) BASIS FOR AUTOMOBILES MAY NOT EXCEED FROM \$30,000 PER VEHICLE | DEPRECIATION CLAIMED IN PRIOR YEARS | ESTIMATED USEFUL LIFE TO COMPUTE THE DEPRECIATION | DEPRECIATION CLAIMED THIS YEAR |
| 1 | | | \$ | \$ | | \$ |
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| Total (Tr | ansfer the total of Columns 4 and 6 | to line (a) of Schedu | le E, to line (b) of Schedule E, to line | | | |
| (c) of Sch | nedule E, to line (d) of Schedule E or | to line (e) of Schedu | ıle E, as applicable) | \$ | _ | \$ |



| | OF PO | raxable yea | ir beginning on | | and ending on | | _ | | | |
|-----------|--------------------------------------|----------------|------------------|---------------------------------|--|-----------------------|-----------------------------------|--|--|--|
| ORGAN | RGANIZATION'S NAME: | | | | | | | | | |
| MPLC | YER IDENTIFICATIO | N NUMBER: | | | | | | | | |
| . Fill in | the part of the return | for which this | Statement is con | npleted (select only one alterr | native): | | | | | |
| | • | | | s (Section 1033.07(a)(1)(G)) | | | | | | |
| | | | | | 1:1 (5 1: 102927)(4)(1) | | | | | |
| | | | | | mobiles (Section 1033.07(a)(1)(H)) | | | | | |
| 3. 🤇 | Schedule E1 No (Section 1033.07(a | | Machinery and e | quipment, furniture and fixtur | es, and any other fixed asset to be us | ed In the industi | ry or business | | | |
| | 1 | | 2 | 3 | 4 | 5 | 6 | | | |
| | TYPE OF PROF | PERTY | DATE ACQUIRED | ORIGINAL COST OR OTHER BASIS | DEPRECIATION CLAIMED IN PRIOR YEARS | ESTIMATED USEFUL LIFE | DEPRECIATION CLAIMED THIS YEAR | | | |
| 1 | | | | \$ | \$ | | \$ | | | |
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| | | | | hedule E1, to line (b) of Sched | | | Ś | | | |



| | Taxable year beginning on, and ending on | |
|----------|---|------------------------|
| ORGAI | NIZATION'S NAME: | |
| EMPLO | OYER IDENTIFICATION NUMBER: | |
| 1 Cillin | n the part of the return for which this Statement is completed (select only one alternative): | |
| | | |
| 1. (| Schedule IE, Part I, Line 4 - Amount received through any grant or stimulus paid by the Fede | eral Government |
| 2. (| Schedule IE, Part I, Line 5 - Amount received through any grant or stimulus paid by the Gov | ernment of Puerto Rico |
| 3. (| Schedule IE, Part I, Line 8 - Other exclusions | -0 |
| 4. (| Schedule IE, Part II, Line 1(0) - Other interests not reported in a Form 480.6D | 6 |
| 5. (| Schedule IE, Part II, Line 2(F) - Other dividends not reported in a Form 480.6D | 2,D. |
| 6. (| Schedule IE, Part II, Line 17 - Other payments not reported in a Form 480.6D | O |
| 7. (| Schedule IE, Part II, Line 19 - Other exemptions | |
| | DESCRIPTION | AMOUNT |
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| Total (T | Transfer this amount to line 4, Part I of Schedule IE, to line 5, Part I of Schedule IE, to line 7, Par | t I of Schedule IE, to |
| line 1(C | O), Part II of Schedule IE, to line 2(F), Part II of Schedule IE, to line 17, Part II of Schedule IE or | to line 19, Part II of |



| Taxable year beginning on | , and ending on,, | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| ORGANIZATION'S NAME: | | | | | | | | |
| EMPLOYER IDENTIFICATION NUMBER: | | | | | | | | |
| ndicate the part or parts of the return for which this Statement is completed: | | | | | | | | |
| | | | | | | | | |
| | COMMENTS | | | | | | | |
| | COMMENTS REPORT A SECONOMIC AND A SECONOMIC A | | | | | | | |



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Total (Transfer the total of Column B to line 24(c), Part I of page 2 of the return)

GOVERNMENT OF PUERTO RICO A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE) INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

| | | | Taxable y | year beginning on, | and ending on | | | |
|-------|-----------------------|---|--|---|----------------------------|---|---|--|
| ORGAN | NIZATION'S NAME: _ | | | | | | | |
| EMPLO | YER IDENTIFICATION | NUMBER: | | | | | | |
| | | for which this Statement is | | on all amount in N | | | | |
| | · | | | • | | | | |
| 1. 🤇 | Part I, Line 24(c), p | age 2 of the return - Tax wi | thneid at source on paym | nents for services rendered, interets or divi | dends for the taxable year | | (.) | (-) |
| | | | | | | | (A) | (B) |
| | TYPE OF FORM | *TAXABLE YEAR OF THE INFORMATIVE RETURN | PAYER'S EMPLOYER IDENTIFICATION NUMBER | NAME OF THE PAYER | CONTROL NUMBER | ELECTRONIC FILING CONFIRMATION NUMBER | TOTAL AMOUNT WITHHELD ACCORDING TO INFORMATIVE RETURN | AMOUNT WITHHELD CLAIMED ON THIS RETURN |
| 1 | | | | | | . 6 | \$ | |
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* IMPORTANT NOTE: The taxable year to be included in this column corresponds to the taxable year indicated in the Informative Return (Forms 480.6SP or 480.6B, as applicable) issued to the organization and for which the organization claims the portion of the amount withheld corresponding to the payments that were made during the period included within its economic year. The taxable year entered in this column could be different to the taxable year of the return only when the organization has a taxable year that is not a calendar year.



| | Taxable year beginning on | and e | nding on | <i></i> | |
|------------|--|--|--|-----------|--|
| ENTITY' | S NAME: | | | | |
| EMPLO | YER IDENTIFICATION NUMBER: | | | | |
| 1. Fill in | the part of the return for which this Statement is complet | ted: | | | |
| | Schedule B1, Part I, Line 19 - Other Pre Tax Credits Man | | he preceding lines | | |
| | | (A) | (B) | | (C) |
| | DESCRIPTION | PRE TAX CREDITS MANAGER (BALANCE AVAILABLE) | PRE TAX CREDITS MANAGER (AMOUNT TO BE CLAIMED)) | (CARRYOVE | AX CREDITS MANAGER R FOR SUBSEQUENT YEARS) (COL. A - COL. B) |
| 1 | | (BALAITEL ATAILABLE) | (AMOUNT TO BE CERMINED)) | \$ | (COLIA COLIB) |
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| Total (T | ransfer to line 19, Part I of Schedule B1) | \$ | \$ | \$ | |



| ٦ | Taxable year beginning on,, and ending on | | |
|------------|---|-----|---|
| ORGAN | IZATION'S NAME: | | |
| EMPLO | YER IDENTIFICATION NUMBER: | | |
| 1. Fill in | the part of the return for which this Statement is completed: Schedule B1, Part II, Line 21 - Other Post Tax Credits Manager credits | not | included on the preceding lines |
| | DESCRIPTION | 0 | POST TAX CREDITS MANAGER (AMOUNT TO BE CLAIMED) |
| 1 | | | \$ |
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| Total (T | ransfer to line 21, Part II of Schedule B1) | | \$ |



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GOVERNMENT OF PUERTO RICO A STATEMENT ATTACHED TO AND MADE A PART OF FORM 480.70(OE) INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

| Taxable year beginning on, and ending on,, | | | | | | | | |
|--|-------------------------|----------------------------------|-----------------------------|--------------|-------------------|--------------|--|--|
| ENTITY | 'S NAME: | | | | | | | |
| EMPLO | YER IDENTIFICATION N | IUMBER: | | | | | | |
| 1 Fillin | the part of the return | for which this Statement is co | mnleted: | | | | | |
| | | , Line 1 - Charitable Contributi | | .ab Fatition | | | | |
| 1. | 2 Scriedule CC, Part II | , Line 1 - Charitable Contributi | ons made through Pass-Throu | ign chuites | | | | |
| | TAXABLE YEAR OF | | | | ELECTRONIC FILING | | | |
| | THE INFORMATIVE | PASS-THROUGH ENTITY'S | PASS-THROUGH ENTITY'S | CONTROL | CONFIRMATION | | | |
| | RETURN | NAME | IDENTIFICATION NUMBER | NUMBER | NUMBER | CONTRIBUTION | | |
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