

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 com Amended Return - Page 1 of the return 	
REASON FOR TH	IE AMENDMENT OF THE RETURN
	HE 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

Taxable year beginning on,	and ending on,,
ORGANIZATION'S NAME:	
EMPLOYER IDENTIFICATION NUMBER:	
1. Fill in the part of the return for which this Statement is comple	ted:
1. Activities and Requirements - Part I, line 1, page 2 of the	ne return
DDIFFLY CUMANA DITE THE ODG ANITATIONIC MISSIS	AND THE MOST SIGNIFICANT ACTIVITIES AND DROSDAMS
MILE TO STATE OF STAT	N AND THE MOST SIGNIFICANT ACTIVITIES AND PROGRAMS
	MILITARIA



	laxable year beginning on, and ending on,	
ORGAN	IIZATION'S NAME:	
EMPLO	YER IDENTIFICATION NUMBER:	
1 Eillin	the part of the return for which this Statement is completed (coloct only one alternative):	
	the part of the return for which this Statement is completed (select only one alternative):	
1. 🤇	Part I, Line 24(d), page 2 of the return - Other payments and withholdings	
2. 🤇	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
2		\$
3		
4		
5		
6		
7		
8 9		
10		
11		
12		
13	Vi	
14		
15 16		
17		
18		
19		
20		
21 22	6	
23		
24		
25		
page 2 d	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 return or, to line 38, Part III, page 3 of the return, as applicable)	\$



	Taxable year beginning on, and ending on	<i>,</i>	
ORGAN	NIZATION'S NAME:		
EMPLO	OYER IDENTIFICATION NUMBER:		
1. C	the part of the return for which this Statement is completed (select only one alternative): Schedule A, Part I, Line 6 - Miscellaneous income Schedule A, Part VI, Line 16 - Other direct costs		
	DESCRIPTION	AMOUNT	
1	SESSION TION	\$	_
2		<u> </u>	_
3			
4	. <u></u>		_
5	. 95		_
6			
7			
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9			
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16			
17			
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20			_
21			
22			
23			
24			
25	<u> </u>	1	
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 endi	ng on		
ORGAN	IIZATION'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	e):		
1. 🤇	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			10		
4			V V		
5					
6					
7					
8		, ()		
9					
10					
11 12					
13					
14					
15		7			
16					
17					
18					
19					
20					
21					
22					
23					
24 25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
Total (T	ransfer this amount to line 29, Part III, page 3 of the return or, to				•
iine 24,	Part III, page 3 of the return, as applicable)	>	\$	\$	\$



	Taxable year be	ginning on	,an	d ending on		
ORGAN	RGANIZATION'S NAME:					
EMPLO	YER IDENTIFICATION NUMBER	.				
1 Fill in	the part of the return for which th	is Statement is completed:				
1. 🤇	Part III, Line 31, page 3 of the re	eturn - Contributions, gifts ar	nd grants paid			
			(A)	(B)	(C)	(D)
			(A)	(5)	(C)	(D)
	NAME OF THE PERSON OR					
	INSTITUTION TO WHOM THE		SERVICE		GENERAL AND	
	PAYMENT WAS MADE	IDENTIFICATION NUMBER		FUNDRAISING	ADMINISTRATIVE	TOTAL
1			\$	\$	\$	\$
3				- X	/	
4				W		
5				- (9)		
6				()-\		
7						
8				/		
9				X		
10						
11				*		
12						
13						
14			11.			
15 16						
17			\sim			
18						
19						
20						
21						
22		4				
23		05 ^V				
24						
25						
26 27		19				
28						
29						
30						
31						
32						
33						
34						
35						
Total (T	ransfer this amount to Line 31, Par	t III, page 3 of the return)	\$	\$	\$	\$



Taxable yea	ar beginning on,, and ending on,,
ORGANIZATION'S NAME:	
EMPLOYER IDENTIFICATION	NUMBER:
1. Fill in the part of the return fo	or which this Statement is completed:
1. O Part V, page 4 of the	return - List of Officers, Directors or Key Employees

CONTRIBUTIONS TO PENSION OR

			NUMBER OF WEEKLY	(DEFERRED	
		SOCIAL SECURITY	HOURS DEDICATED	0	COMPENSATION	ALLOWANCES OR
	NAME AND TITLE	NUMBER	TO THE INSTITUTION	COMPENSATION	PLANS	EXPENSES ACCOUNT
1				\$	\$	\$
2						
3						
4						
5				,()		
6						
7						
8						
9						
10						
11						
12						
13						
14			(/)			
15						
16						
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18						
19						
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21						
22						
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24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						



34 35

Та	xable year beginning on	and en	ding on	
ORGAI	NIZATION'S NAME:			
EMPLO	OYER IDENTIFICATION NUMBER:			
	the part of the return for which this Statemer			
	Part VI, page 4 of the return - Compensation		aid to Indonandant Contra	ctors for Professional
1. (Services	OII III EXCESS OI \$5,000 F	ald to independent contra	ctors for Froressional
			60	
		SOCIAL SECURITY OR	0:	
		EMPLOYER	8	
		IDENTIFICATION	X	
	NAME AND ADDRESS	NUMBER	TYPE OF SERVICE	COMPENSATION
1			2	\$
3		. (
4			,	
5				
6				
7				
8				
9				
10 11				
12		<u> </u>		
13				
14	4.			
15	0			
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25 26				
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31				
32				
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SOLVE AND SOLVE OF SO

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			
ORGA	NIZATION'S NAME:				
EMPLO	OYER IDENTIFICATION NUMBER:				
			60		
1. Fill ii	n 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	at be reported on informat	ive returns		
2. (Schedule A, Part IV-A, Alternative Minimum Tax Column, page 2 of Schedule A of the return - Deduct	ons that must be reported	on informative returns		
			X		
		(A)	(B)	(C)	(D)
			*ADD (LESS):		TOTAL DEDUCTION
		TOTAL AMOUNT PER INFORMATIVE	ACCRUAL BASIS OR FISCAL YEAR	ADD (LESS):	(Column A + Column B +
LINE	DEDUCTIONS THAT MUST BE REPORTED ON INFORMATIVE RETURNS	RETURN	ADJUSTMENT	OTHER ADJUSTMENT	Column C)
\$	Compensation to directors	I,LIOIIII	, ABJOSTINIENT	O MERCAL SOSTIVIERS	Column c,
2	Compensation to officers				
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		
ORGAI	NIZATION'S NAME:		
EMPLC	OYER IDENTIFICATION NUMBER:		
1. Fill in	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		
			MOUNT
	DESCRIPTION	REGULAR	ALTERNATE MINIMUM
1	DESCRIPTION	TAX	TAX
2		,	7
3			
4		- 0	
5		-02·	
6		92	
7		1	
8		Y	
9			
10			
11			
12	, () ·		
13	7,0		
14			
15 16			
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28	O2 ^V		
29	, V		
30 31			
32	.6		
33			
34			
25		+	

35		
Total (ransfer this amount to the corresponding column of line 53, Part IV of page 2 of Schedule A of the	
return)		\$ \$



	laxable year beginning on	,and end	ling on,	
ORGAN	IZATION'S NAME:			
EMPLO	YER IDENTIFICATION NUMBER:			
1. Fill in	the part of the return for which this Statement is compl	eted:		
1. (Schedule CC, Part I, Line 1 - Contributions made dir	rectly by the taxpayer		
	NAME OF THE DEDGOM OF INSTITUTION TO MILLON	ENADL OVED		CUADITADIS
	NAME OF THE PERSON OR INSTITUTION TO WHOM THE PAYMENT WAS MADE	EMPLOYER IDENTIFICATION NUMBER	NATURE OF ORGANIZATION*	CHARITABLE CONTRIBUTIONS
1	THE PATIMENT WAS MADE	DENTIFICATION NOWIBER	NATURE OF ORGANIZATION	CONTRIBUTIONS
2			G:	
3			0,0	
4			70	
<u>.</u> 5				
6				
7			\	
8		,(
9				
10				
11		XX		
12				
13		N.		
14				
15				
16	4			
17				
18	(/\)	*		
19				
20				
Total (Tr	ansfer this amount to Line 1 Part I Schedule CC)			¢

* Enter in this column the column	orresponding letter, a	according to the following menu,	, to the category of the	e nature or purpose of t	he organization to wh	iom 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 beg	inning on		and ending o	n							
ORGAN	ORGANIZATION'S NAME:											
EMPLO	OYER IDENTIFICATION NUMBER:					2						
1. Fill in	the part of the return for which this State	ment is complet	ed (select only one a	lternative):	°	,						
1.	1. O Schedule D, Part I, Line 1 - Net short-term capital gain (or loss)											
2. (Schedule D, Part I, Line 4 - Net short-ter	m capital gain (d	or loss) attributable to	o direct investment and	not through a	Capital Investment	Fund					
	Schedule D, Part V, Line 22 - Net gain (o											
э. С	Scriedule D, Part V, Line 22 - Net gain (O	r ioss) iroini prop	berty other than capi	tal assets								
			(A)	(B)	(C)	(D)	(E)	(F)				
	DESCRIPTION AND LOCATION	DICRECARR	DATE	DATE	CALE	ADUICTED	CELLING	CAINIOD				
	DESCRIPTION AND LOCATION OF PROPERTY	DISREGARD ED ENTITY	ACQUIRED	SOLD (Day/Month/Year)	SALE PRICE	ADJUSTED BASIS	SELLING EXPENSES	GAIN OR (LOSS)				
1	OF FROI ENT		(Buy) Monthly Teary	(Say) Monthly Teary	TRICE	BASIS	EXI ENSES	(2033)				
2		 										
3												
4		0										
5		0	(/)									
6		0										
7		0										
8		0										
9												
10) `									
11		9										
12		0										
13		0										
14												
15												
16												
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18												
19 20												
	rougher the total amount of Column 5 to 15		bodulo D. to line 4. F) ort Laf Cabadula D ==								
	ransfer the total amount of Column F to li 22, Part V of Schedule D, as applicable)				\$	\$	\$	\$				



	OF Y		Taxable year be	ginning on		and ending on					
ORGAN	IIZATION'S NAME:										
EMPLOY	YER IDENTIFICATION NUMBER: _										
	_										
L. Fill in t	the part of the return for which this	Statement is completed (se	lect only one alterr	native):							
1.	Schedule D, Part II, Line 6 - Net lo	ng-term capital gain (or loss)					6	\mathcal{O}			
_	Schedule D, Part II, Line 9 - Net lo			ect investment an	id not through a Canital II	nvestment Fund)			
۷. ر	Jacinedule D, Fare II, Line 3 - Net Iol	ing term capital gain (or 1033)	attributable to un	eet investment an	ia not tinoagn a capitai n	investment i unu	(b).				
					(A)	(B)	6	(D)	(E)	(F)	(G)
	DESCRIPTION AND LOCATION	N DISREGARDED ENTITY	CADASTRE NUMBER	FILL IN IF YOU PREPAID	DATE ACQUIRED (Day/Month/Year)	DATE SOLD (Day/Month/Year)	SALE PRICE	ADJUSTED BASIS	SELLING EXPENSES	GAIN OR (LOSS) (Act 132-2010 and Act 216-2011)	GAIN OR (LOSS)
1	\$ \$		\$		(Day) Worth, Tear)	(Day/Month) reary	TRICE	DASIS	EXI ENSES	Act 210-2011)	(2033)
2	·	0	,	Ö							
3				0							
4		0		0							
5		0		0							
6		0		0							
7		0		0		· ·					
8		0		0							
9		0		0	1/3						
10		0		0	~						
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12					- () 						
14								+			
15				0							
16		0		0							
17				0							
18		0	1	0							
19		0	1	Ö				1			
20		0		0							



	Taxable year beginn	ning on	,and ending on,,								
ORGAI	DRGANIZATION'S NAME:										
EMPLO	MPLOYER IDENTIFICATION NUMBER:										
		or which this Statement is									
1.	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											
3				X							
4											
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10 11											
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15											
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21		$\langle b^* \rangle$									
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24											
25											
		~ //									

Total (Transfer the total amount of Column C to line 23, Part VI of Schedule 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

W.	OF PUT				Taxable year beginning on		and ending on					
ORGAN	IIZATION'S	S NAME:										
Fill in	the part of	the return for w	hich this Statement	t is completed:								
1. 🤇	→ Schedule	D, Part III, Line	11 - Net capital gair	n (or loss) under sp	pecial legislation			(0)				
							(A)	(B)	(C)	(D)	(E)	(F)
						FILL IN	DATE	DATE				
	ACT	DECREE	DISREGARDED	CADASTRE	DESCRIPTION AND LOCATION	IF YOU	ACQUIRED	SOLD		ADJUSTED	SELLING	GAIN OR
	NUMBER	NUMBER	ENTITY	NUMBER	OF PROPERTY	PREPAID	(Day/Month/Year)	(Day/Month/Year)	SALE PRICE	BASIS	EXPENSES	(LOSS)
1		\$	Q	\$	\$	0						
2							4	17/				
3						0						
4												
5						0	.()					
6												
7			0			0						
8			0			0						
9			0			0						
10			0			0						
11			0			0						
12			0			0						
13			0			0						
14			0			0						
15					4	0						
16			0			0						
17			0			0						
18			0			0						
19						0						

Total (Transfer the total of Column F to line 11, Part III of Schedule D).......\$ \$ \$

SOVERNIANT OF PURE

	OF PUT	axable year beginn	ing on,	and ending on	,	
ORGANI	ZATION'S NAME:					
EMPLOY	/ER IDENTIFICATION NUMBER:					
1. Fill in	the part of the return for which this	Statement is comple	eted (select only one alternative):		9	
1.	Schedule E No Line (a) (Current Depreciation		00.		
	Schedule E No Line (b) F			.%		
			ian.			
	Schedule E No Line (c) A					
4. C	Schedule E No Line (d) A	Amortization (i.e. God	odwill)	0-		
5. 🤇	Schedule E No Line (e) A	Automobiles (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			\$	\$		\$
2						
3			4,7			
4						
5						
6 7						
8			0			
9			X			
10			C			
11						
12			7			
13		6.				
14		*				
15						
-			le E, to line (b) of Schedule E, to line lle E, as applicable)			\$



	CAT OF PUL	Taxable yea	ir beginning on _	,,	and ending on			
ORGAI	NIZATION'S NAME:							
EMPLC	OYER IDENTIFICATION	N NUMBER: _						
1. Fill in	the part of the return	n for which this	Statement is com	pleted (select only one alternation	ative):			
1.	Schedule E1 No.	- Line (a) C	Computer systems	(Section 1033.07(a)(1)(G))	0,0			
					mobiles (Section 1033.07(a)(1)(H))			
	 Schedule E1 No Line (b) Ground transportation equipment, except automobiles (Section 1033.07(a)(1)(H)) Schedule E1 No Line (c) Machinery and equipment, furniture and fixtures, and any other fixed asset to be used In the industry or business (Section 1033.07(a)(1)(K)) 							
	1		2	3	4	5	6	
	TYPE OF PRO	PERTY	DATE ACQUIRED	ORIGINAL COST OR OTHER BASIS	DEPRECIATION CLAIMED IN PRIOR YEARS	ESTIMATED USEFUL LIFE	DEPRECIATION CLAIMED THIS YEAR	
1				\$	\$		\$	
2								
3								
4								
5								
6								
7								
8								
9				02				
10				· V				
11			Ċ					
12				,				
13								
14								
15								
				edule E1, to line (b) of Sched			\$	



	Taxable year beginning on, and ending on									
ORGA	PRGANIZATION'S NAME:									
EMPL	OYER IDENTIFICATION NUMBER:									
1. Fill i	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 Federal Governme	nt								
	Schedule IE, Part I, Line 5 - Amount received through any grant or stimulus paid by the Government of Puerto Rico									
3.	Schedule IE, Part I, Line 8 - Other exclusions									
4.	Schedule IE, Part II, Line 1(0) - Other interests not reported in a Form 480.6D									
5.										
	Schedule IE, Part II, Line 17 - Other payments not reported in a Form 480.6D									
7.	Schedule IE, Part II, Line 19 - Other exemptions									
	DESCRIPTION	AMOUNT								
1										
2										
3 4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14	, V									
15 16										
17	9									
18										
19										
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21										
22										
23										
24										
25										
	Transfer this amount to line 4, Part I of Schedule IE, to line 5, Part I of Schedule IE, to line 7, Part I of Schedule 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 II of Schedule IE or to line 19, Part II of II o									



Taxable year beginning on	,and ending on,,
ORGANIZATION'S NAME:	
EMPLOYER IDENTIFICATION NUMBER:	
Indicate the part or parts of the return for which this St	tatement is completed:
	COMMENTS
	COMMENTS REPORT RESERVE AND ADDRESS OF THE PROPERTY OF THE PR



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

			i axable y	year beginning on,	and ending on					
ORGAN	IIZATION'S NAME: _									
EMPLO	OYER IDENTIFICATION NUMBER:									
1 [:]]:	the next of the veture	for which this Statement is	an marked (solost only o	ano alkamakiya).						
1. 🤇	Part I, Line 24(c), p	age 2 of the return - Tax wi	thheld at source on paym	nents for services rendered, interets or divid	dends for the taxable year	0				
						On:	(A)	(B)		
						9.0	TOTAL AMOUNT WITHHELD			
		*TAXABLE YEAR	PAYER'S EMPLOYER			ELECTRONIC FILING	ACCORDING	AMOUNT WITHHELD		
	TV05 05 50014	OF THE	IDENTIFICATION		CONTROL	CONFIRMATION	TO INFORMATIVE	CLAIMED ON		
. 1	TYPE OF FORM	INFORMATIVE RETURN	NUMBER	NAME OF THE PAYER	NUMBER	NUMBER	RETURN	THIS RETURN		
1		\$	\$			61.				
2										
3										
4					\longrightarrow					
5										
6										
7 8										
9										
10										
11					-					
12					4					
13										
14										
15										
16										
17										
18										
19				V ,						
		 	 				 			

* 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:									
1. 🔾	1. O Schedule B1, Part I, Line 19 - Other Pre Tax Credits Manager credits not included on the preceding lines										
		(A)	(B)	(C)							
	DESCRIPTION	PRE TAX CREDITS MANAGER (BALANCE AVAILABLE)	PRE TAX CREDITS MANAGER (AMOUNT TO BE CLAIMED))	PRE TAX CREDITS MANAGER (CARRYOVER FOR SUBSEQUENT YEARS) (COL. A - COL. B)							
1				\$							
2			0	0							
3			0-3) `							
4			1.0								
5			, IX								
6											
7 8											
9											
10			,() ·								
11											
12											
13		/\									
14											
15											
16											
17											
18											
19		V.									
20											
Total (T	ransfer to line 19, Part I of Schedule B1)	\$	\$	\$							



1	Taxable year beginning on,, and ending or	n	
ORGAN	IZATION'S NAME:		
EMPLO'	YER IDENTIFICATION NUMBER:		
1. Fill in	the part of the return for which this Statement is completed:		
1. 🔾	Schedule B1, Part II, Line 21 - Other Post Tax Credits Manager credits	not	: included on the preceding lines
			60
			0:
			9
	DESCRIPTION	0	POST TAX CREDITS MANAGER
	DESCRIPTION		(AMOUNT TO BE CLAIMED)
2	<u> </u>		5
3		+	+
4		+	+
5		+	_
6		\top	_
7		\top	
8			
9			
10			
11			
12			
13			
14		\perp	
15		\perp	
16		\perp	
17		\perp	
18	7	\perp	
19		\perp	
20			
Total (T	ransfer to line 21, Part II of Schedule B1)		Ś



	Taxab	le year beginning on	, and end	ing on			
ENTITY	'S NAME:						
EMPLOYER IDENTIFICATION NUMBER:							
1. Fill ir	the part of the return	for which this Statement is co	ompleted:				
1. 🤇	Schedule CC, Part II	, Line 1 - Charitable Contributi	ons made through Pass-Throu	igh Entities			
	TAXABLE YEAR OF THE INFORMATIVE RETURN	PASS-THROUGH ENTITY'S NAME	PASS-THROUGH ENTITY'S IDENTIFICATION NUMBER	CONTROL NUMBER	ELECTRONIC FILING CONFIRMATION NUMBER	CONTRIBUTION	
1						\$	
2					3		
3							
4					(2)		
5					0		
6				· · ·	•		
7							
8				0.5			
9							
10							
11			X				
12							
13							
14							
15							
16							
17							
18			V				

Total (Transfer to line 1, Part II, Schedule CC)	\$
Total (Transfer to line 1, Fart II, Schedule CC)	······································



Taxable year beginning on, and ending on,
:NTITY'S NAME:
MPLOYER IDENTIFICATION NUMBER:
L. Fill in the part of the return for which this Statement is completed:
1. O Part VII, Section A, Line 1(a), page 4 of the return - Indicate the number of members with voting rights in the board of directors at the end of the taxable year (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 detail with explanation)
2. OPart VII, Section B, Line 12(c), page 5 of the return - Indicate if the organization regularly monitors and enforces the compliance of these policies. If "Yes", submit detail with examples of how this monitoring is performed
3. OPart VII, Section B, Line 15(b), page 5 of the return - Other officers and key employees of the organization (If "Yes"
submit detail with the description of the process to determine the compensation of these officers)
4. OPart VII, Section C, Line 22, page 5 of the return - If you checked "Other(s)", submit detail with explanation
DESCRIPTION
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