

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

01/01/2024 - 12/31/2024**Nombre de la Organización**
*Organization Name***COMITE OLIMPICO DE PUERTO RICO INC****Número de Identificación Patronal**
*Employer Identification Number***Número de Confirmación de Planilla**
*Confirmation Number of Return***X0893967104****Fecha y Hora de Radicación**
*Date and Time of Filing***06/30/2025 2:06:19 PM****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***Balance a Reintegrar**
*Balance to be Refunded***Esta planilla requiere que se sometan evidencias** **Sí / Yes** ☒ **No** ☐
This return requires to submit evidences

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.

Liquidator:	Reviewer:	2024	GOVERNMENT OF PUERTO RICO DEPARTMENT OF THE TREASURY	2024	Control Number	
Field Audited by:		Informative Return for Income Tax Exempt Organizations <small>UNDER SECTION 1101.01 OF THE PUERTO RICO INTERNAL REVENUE CODE OF 2011, AS AMENDED TAXABLE YEAR BEGINNING ON <u>Jan/01</u> 20 <u>24</u> AND ENDING ON <u>Dec/31</u> 20 <u>24</u></small>				
Date ____/____/____						
R M N						
Organization's Name COMITE OLIMPICO DE PUERTO RICO INC		Employer's Identification Number [REDACTED]		Receipt Stamp		
Postal Address PO BOX 9020008		Department of State Registry Number 4261				
San Juan PR Zip Code 00902		Municipal Code 79				
Location of Organization - Number, Street, City EDIF 3 AVE DE LA CONSTITUCION PDA 1 PTA DE TIERRA San Juan PR 00901		Merchant's Registration Number [REDACTED]				
Type of Activities (i.e. Educational, Charitable, etc.) DESARROLLO Y FOMENTO DEL DEPORTE Y OLIMPISMO		Telephone Number (787) 723 - 3890				
NAICS Code 81399		Date Incorporated Day 24 Month 10 Year 1966				
E-mail Address of Contact Person cvazquez@copur.pr		Place Incorporated 1 <input checked="" type="checkbox"/> Domestic (PR) 2 <input type="checkbox"/> Foreign PR				
Case No. <u>96-1101(4)-640</u>		Type of organization:		Date operations began Day 24 Month 10 Year 1966		
Paragraph of Section 1101.01 under which the exemption was granted <u>4</u>		1 <input checked="" type="checkbox"/> Corporation 3 <input type="checkbox"/> Association not incorporated		Extension of Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Treasury Dept. certification granting the exemption <u>1/8/1997</u>		2 <input type="checkbox"/> Trust 4 <input type="checkbox"/> Other (indicate)		Change of Address: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Check the corresponding box, if applicable		Indicate if you are member of a group of related entities		Contracts with Governmental Entities		
1 <input type="checkbox"/> First Return 2 <input type="checkbox"/> Last return		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3 <input type="checkbox"/> Change of period (See instructions)		Group number:				
GO TO PAGE 2 TO DETERMINE YOUR REFUND OR PAYMENT.						
Refund	1. AMOUNT OVERPAID (Part I, line 26. Indicate distribution on lines A, B, C, and D)				(1)	0 00
	A) To be credited to estimated tax for 2025				(1A)	0 00
	B) Contribution to the San Juan Bay Estuary Special Fund				(1B)	0 00
	C) Contribution to the University of Puerto Rico Special Fund				(1C)	0 00
	D) TO BE REFUNDED				(1D)	0 00
Payment	2. AMOUNT OF TAX DUE (Part I, line 25)				(2)	0 00
	3. Less: Amount paid					
	(a) With Return				(3a)	0 00
	(b) Interests (See instructions)				(3b)	0 00
	(c) Surcharges 0 and Penalties 0 (See instructions)				(3c)	0 00
4. BALANCE OF TAX DUE (Subtract line 3(a) from line 2 and add lines 3(b) and 3(c))				(4)	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, is true, correct and complete, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 2011, as amended, and the Regulations thereunder.						
<div style="display: flex; justify-content: space-between;"><div>SARA ROSARIO - PRESIDENTA Authorized Officer's Name and Title</div><div>_____ Authorized Officer's Signature</div></div>						
06/30/2025 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, the facts therein are true, correct, and together constitutes an accurate 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) IVAN N SALCEDO MALDONADO			Registration number 0006514		Check if self-employed specialist <input type="checkbox"/>	
Firm's name FALCON SANCHEZ			Date 06/30/2025			
Specialist's signature Electronically Signed		Address PO BOX 366397 SAN JUAN PR		Zip code 00936-6397		
NOTE TO TAXPAYER: Indicate if you made payments for the preparation of your return: <input checked="" type="radio"/> Yes <input type="radio"/> No. If you answered "Yes", require the Specialist's signature and registration number.						
Retention Period: Ten (10) years						

Part I		Summary	
Activities and Requirements	1. Briefly summarize the organization's mission and the most significant activities and programs: <u>See Statement Attached</u>		
	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)	10
	4. Number of independent members with voting rights in the board of directors	(4)	10
	5. Number of individuals employed during the current taxable year	(5)	33
	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)	11,685,721 00
	9. Service programs revenue (Part II, line 9(f))	(9)	126,958 00
	10. Investment income (Part II, line 14)	(10)	55,245 00
	11. Other income (Part II, line 19)	(11)	742,787 00
	12. Total income (Add lines 8 through 11)	(12)	12,610,711 00
	Expenses	13. Total expenses related with the income (Part III, line 30)	(13)
14. Contributions, gifts and grants paid (Part III, line 31(d))		(14)	1,309,665 00
15. Dividends and other distributions to members, shareholders or depositors		(15)	0 00
16. Other expenses (Part III, line 34)		(16)	0 00
17. Total expenses (Add lines 13 through 16)		(17)	17,747,600 00
18. Income less expenses (Subtract line 17 from line 12)		(18)	-5,136,889 00
Net Assets	19. Total Assets (Part IV, line 10)	(19)	8,649,106 00
	20. Total Liabilities (Part IV, line 14)	(20)	768,857 00
	21. Net Assets (Subtract line 20 from line 19)	(21)	7,880,249 00
Tax, Payments, Withholdings and Credits	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) Credit for alternative minimum tax paid in previous years (Submit Schedule A Corporation)	(24a)	0 00
	(b) Tax credits (Submit Schedule B1 Exempt Organization)	(24b)	0 00
	(c) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (Submit detail)	(24c)	0 00
	(d) Other payments and withholdings (Submit detail) (See instructions)	(24d)	0 00
	(e) Total payments, withholdings and credits (Add lines 24(a) through 24(d))	(24e)	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(e), enter here the result of the sum of lines 22 and 23 less line 24(e). Otherwise, enter zero on this line and continue with line 26)	(25)	0 00	
26. Balance to be refunded (If line 24(e) is more than the sum of lines 22 and 23, enter the result of line 24(e) less lines 22 and 23. Otherwise, enter zero)	(26)	0 00	
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)	0 00
	2. Dues, assessments, etc. from affiliated organizations (See instructions Parts II and III)	(2)	0 00
	3. Legislative grants and contributions	(3)	8,000,000 00
	4. Contributions, gifts, grants, etc. received (See instructions Parts II and III)	(4)	2,419,158 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)	1,513,481 00
	8. Total of income, dues, contributions, etc. (Add lines 1 through 7. Transfer this amount to line 8 of Part I)	(8)	11,932,639 00
Service Program Revenues	9. Income from service programs carried out by the organization (Submit detail)		
	(a) DONA A TUS ATLETAS	(9a)	8,875 00
	(b) TIENDITA OLIMPICA	(9b)	227,465 00
	(c)	(9c)	0 00
	(d)	(9d)	0 00
	(e)	(9e)	0 00
	(f) Total income from service programs carried out by the organization (Add lines 9(a) through 9(e). Transfer this amount to line 9 of Part I)	(9f)	236,340 00
Investment Income	10. Interests	(10)	30,834 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)	30,834 00	
Other Income	15. (a) Gross rents	(15a)	15,300 00
	(b) Less: Rental expenses	(15b)	0 00
	(c) Income (loss) from rent activities	(15c)	15,300 00
	16. Royalties	(16)	90,000 00
	17. Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust (Submit detail)	(17)	0 00
	18. Miscellaneous income (Submit detail)	(18)	27,975 00
	19. Total other income (Add lines 15(c) through 18. Transfer this amount to line 11 of Part I)	(19)	133,275 00
20. Total Income (Add lines 8, 9(f), 14 and 19)	(20)	12,333,088 00	

COMITE OLIMPICO DE PUERTO RICO INC



GOVERNMENT OF PUERTO RICO

STATEMENT ATTACHED TO FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 12/31/2024

Part 1, Line 1 - Activities and Requirements

F Ygi a Y Vfyj Ya Ybhy`Ua jg]Ob XY`Ucf[Ub]nUW]Ob m`Ug UW]j jXUXYg mdfc[fUa Ug a Ug g] b]ZWHj cg

EL COMITE OLIMPICO DE PUERTO RICO TIENE EL DEBER DE DESARROLLAR, PROMOVER Y VELAR POR EL DESARROLLO Y POR LA PROTECCION DEL MOVIMIENTO OLIMPICO Y DEL DEPORTE EN GENERAL. EN VIRTUD DE ESTE DEBER INDELEGABLE, ES EL RESPONSABLE UNICO DE LA PARTICIPACION DE LA DELEGACION DEPORTIVA DEL PUEBLO DE PUERTO RICO EN JUEGOS OLIMPICOS, JUEGOS PANAMERICANOS, JUEGOS DEPORTIVOS CENTROAMERICANOS Y DEL CARIBE Y EN CUALQUIER OTRA COMPETENCIA MULTIDEPORTIVA REGIONAL, CONTINENTAL Y MUNDIAL ORGANIZADA POR EL COPUR.

COMITE OLIMPICO DE PUERTO RICO INC



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FOR THE YEAR ENDED ON 12/31/2024

Page 2, Part II, Line 7 - Other non-cash contributions

Description	Amount
DONATIVOS EN ESPECIE ALBERGUE OLIMPICO	\$350,405
DONATIVO DE ESPECIE AUSPICIADORES	\$304,460
DONATIVO DE ESPECIE ALQUILER	\$858,616
Total	<u>\$1,513,481</u>

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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 12/31/2024

Page 2, Part II, Line 18 - Miscellaneous income

Description	Amount
OTROS INGRESOS MISCELANEOS	\$27,975
Total	<u>\$27,975</u>

Part III		Disposition of Income, Dues, Contributions, etc. (See inst.)		(A) Service Programs	(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)	67,337	00	0	00	33,262	100,599 00
	22. Salaries, wages and commissions to employees. Number of employees 33 (22)	619,946	00	0	00	306,229	926,175 00
	23. Interests (23)	0	00	0	00	0	0 00
	24. Taxes (Such as property, income, social security, unemployment, etc.) (24)	0	00	0	00	0	0 00
	25. Rents (25)	163,069	00	0	00	119,085	282,154 00
	26. Professional services (26)	1,915,235	00	0	00	370,065	2,285,300 00
	27. Depreciation (27)	60,757	00	0	00	95,640	156,397 00
	28. Dues, assessments, etc. to affiliated organizations (28)	249,334	00	0	00	0	249,334 00
	29. Miscellaneous expenses (Submit detail) (29)	8,672,138	00	0	00	1,130,904	9,803,042 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)	11,747,816	00	0	00	2,055,185	13,803,001 00
Contributions	31. Contributions, gifts and grants paid (Include the name and social security number to whom they were paid). Submit detail.						
	(a) FIDEICOMISO OLIMPICO DE PUERTO RICO (31a)	636,610	00	0	00	572,411	1,209,021 00
	(b) (31b)	0	00	0	00	0	0 00
	(c) (31c)	0	00	0	00	0	0 00
	(d) Total contributions, gifts and grants paid (Add lines 31(a) through 31(c). Transfer the total of Column (D) to line 14 of Part I) (31d)	636,610	00	0	00	572,411	1,209,021 00
Other Expenses	32. Benefits paid to members or their dependents:						
	(a) Death, sickness, hospitalization, disability, life insurance or pensions benefits (32a)						0 00
	(b) Other benefits (Submit detail) (32b)						0 00
	33. Additions to surplus and reserves (Submit schedule) (33)						0 00
	34. Total Other Expenses (Add lines 32 and 33. Transfer to line 16 of Part I) (34)						0 00
35. Total Expenses (Add lines 30, 31(d) and 34) (35)							15,012,022 00
36. Excess (deficit) for the year (Subtract line 35 from line 20) (36)							-2,678,934 00
37. Fund's balance at the beginning of the year (37)							7,880,249 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)							5,179,230 00

Part IV		Balance Sheet		Beginning of the year		Ending of the year	
				Total		Total	
Assets							
1. Cash (1)		577,181	00	7,406,723	00	457,952	00
2. Notes and accounts receivable (2)		0	00	577,181	00	0	00
Less: Reserve for bad debts							
3. Inventories (3)				111,515	00		
4. Investments in governmental obligations (4)				0	00		
5. Investments in non-governmental funds (5)				0	00		
6. Investments in corporate stocks (See instructions Part IV) (6)				0	00		
7. Other investments (7)				0	00		
8. Capital assets							
(a) Depreciable or depletable assets (8a)		1,885,484	00			2,018,310	00
Less: Reserve for depreciation (or depletion)		1,436,476	00	449,008	00	1,592,875	00
(b) Land (8b)				0	00		
9. Other assets (9)				104,679	00		
10. Total Assets (10)				8,649,106	00		5,864,539 00
Liabilities							
11. Accounts payable (11)		673,925	00			607,768	00
12. Bonds, notes and mortgages payable							
(a) With original maturity date of less than 1 year (12a)		11,769	00			0	00
(b) With original maturity date of 1 year or more (12b)		0	00			0	00
13. Other liabilities (13)		83,163	00			55,456	00
14. Total Liabilities (14)				768,857	00		663,224 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)		7,880,249	00			5,201,315	00
20. Total Stockholder's Equity (20)				7,880,249	00		5,201,315 00
21. Total Liabilities and Stockholder's Equity (21)				8,649,106	00		5,864,539 00

Retention Period: Ten (10) years

COMITE OLIMPICO DE PUERTO RICO INC

GOVERNMENT OF PUERTO RICO

STATEMENT ATTACHED TO FORM 480.70(OE)
 INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS
 FOR THE YEAR ENDED ON 12/31/2024

Part III, Line 29, page 3 of the return - Miscellaneous expenses

Description	Sevices Programs	Fundraising	General Administrative	Total
TRANSPORTACION	\$3,357,154	\$0	\$196,158	\$3,553,312
COMPETENCIA Y OTRAS ACTIVIDADES EN EL EXTERIOR	\$372,287	\$0	\$167,102	\$539,389
ESTADIAS	\$1,386,679	\$0	\$63,427	\$1,450,106
MANTENIMIENTO	\$62,463	\$0	\$124,927	\$187,390
MATERIALES Y EQUIPO	\$217,651	\$0	\$47,702	\$265,353
CARGOS BANCARIOS	\$11,220	\$0	\$22,440	\$33,660
SELLOS, FLETES Y ARBITRIOS	\$18,309	\$0	\$0	\$18,309
UTILIDADES	\$40,557	\$0	\$81,113	\$121,670
ASISTENCIA ECONOMICA DIRECTA A ATLETAS	\$2,228,730	\$0	\$58,052	\$2,286,782
SEGUROS	\$138,572	\$0	\$75,364	\$213,936
UNIFORMES	\$226,484	\$0	\$0	\$226,484
DERECHOS DE TRANSMISION Y OTROS	\$51,550	\$0	\$0	\$51,550
PUBLICIDAD	\$0	\$0	\$19,950	\$19,950
GASTOS DE NOMINA	\$174,511	\$0	\$86,202	\$260,713
OTROS	\$32,706	\$0	\$68,224	\$100,930
APORTACIONES AL CENTRO DE SALUD DEPORTIVA	\$220,943	\$0	\$0	\$220,943
PROYECTO TENOLOGICO FINANCIERO	\$100,882	\$0	\$0	\$100,882
ACTIVIDADES ESPECIALES	\$31,440	\$0	\$120,243	\$151,683
Total	\$8,672,138	\$0	\$1,130,904	\$9,803,042

COMITE OLIMPICO DE PUERTO RICO INC



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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 12/31/2024

Page 3, Part IV, Line 9 - Other assets

Description	At the beginning of the year	At the end of the year
GASTOS PREPAGADOS	\$69,079	\$29,637
DEPOSITOS Y FIANZAS	\$2,470	\$2,470
SEGUROS PREPAGADOS	\$33,130	\$55,747
IVU COMPRAS EN PUERTO RICO	\$0	\$79
Total	\$104,679	\$87,933

COMITE OLIMPICO DE PUERTO RICO INC



GOVERNMENT OF PUERTO RICO

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INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 12/31/2024

Page 3, Part IV, Line 13 - Other liabilities

Description	At the beginning of the year	At the end of the year
INGRESOS DIFERIDOS	\$50,207	\$50,207
GASTOS ACUMULADOS	\$4,800	\$4,800
RETENCION DE SERVICIOS PRESTADOS	\$25,078	\$7
IVU CASA OLIMPICA	\$3,078	\$442
Total	\$83,163	\$55,456

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
See Statement Attached	Various	Various	100,599 00	0 00	0 00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00

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	1,814,109 00
			00
			00
			00
			00
			00

Part VII

Questionnaire

Section A. Board of Director and Management

	Yes	No	N/A
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year (1a)	10		
(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)			
(b) Provide the number of members with voting rights included on line 1(a) who are independent (1b)	10		
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 of 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 following information: Name _____ Address _____ E-mail _____) (9)	X		

Retention Period: Ten (10) years

Section B. Organization's Policies

- | | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 10. (a) Indicate if the organization has local chapters, branches or affiliates (10a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. (a) Indicate if the organization provided a complete copy of Form 480.70(OE) to all members of the board of directors before filing the form (11a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Describe the process, if any, used by the organization to review Form 480.70(OE):
LA PLANILLA ES REVISADA Y APROBADA ADMINISTRATIVAMENTE. SE LE PRESENTA AL COMITE EJECUTIVO PARA SU REVISION Y APROBACION. FINALMENTE ES PRESENTADA A LA ASAMBLEA GENERAL PARA SU DEBIDA APROBACION. | | | |
| 12. (a) Indicate if the organization has a written conflict of interest policy (12a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) 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 (12c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Indicate if the organization has a written whistleblowing policy (13) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Indicate if the organization has a written document retention and destruction policy (14) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Other officers and key employees of the organization (15b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (If "Yes", submit detail with the description of 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 (18) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Indicate if the organization have exemption under the Federal Internal Revenue Code. If "Yes", indicate the date it was granted:
01/01/2000 (19) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the organization been audited or is currently under investigation by the Department of the Treasury? (20) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. The books are in care of THE ENTITY
Address: PO BOX 9020008 San Juan PR 00902 | | | |
| 22. Accounting method used:
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other(s)
If you checked "Other(s)", submit detail with explanation | | | |
| 23. (a) During this year, did the organization derive income from unrelated activities? (23a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) If "Yes", did you include the duly completed Schedule A Exempt Organization with this return? (23b) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) If "Yes", did you file the Withholding Statements (Forms 499R-2/W-2PR or 499R-2c/W-2cPR)? (24b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. (a) Indicate if the organization have contracted professional services (25a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) If "Yes", did you file the Informative Returns (Forms 480.5, 480.6SP, 480.6C)? (25b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have you made any withholding at source? (25c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) If "Yes", did you make the withholding at source? (26b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Retention Period: Ten (10) years

COMITE OLIMPICO DE PUERTO RICO INC



GOVERNMENT OF PUERTO RICO

STATEMENT ATTACHED TO FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 12/31/2024

Part 7, Line 15B - Other officials and key employees of the organization (If **Yes** please provide a detailed description of the process for determining the compensation of these officials.)

89G7F-D7-6B

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5. Cantidad a pagarse y forma de pago

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7. Beneficios marginales, si alguno

Section C. Other Information (Continued)

	Yes	No	NA
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: COMITE OLIMPICO DE PUERTO RICO			
28. Indicate if the organization is a successor from another organization that previously existed (28)	<input checked="" type="checkbox"/>		
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)	<input checked="" type="checkbox"/>		
30. Indicate the number of members or participants 41			
31. Indicate if the organization is in good standing with the filing of the Department of State's Annual Reports (31)	<input checked="" type="checkbox"/>		
32. (a) Indicate if during the taxable year the organization established or discontinued any service program (32a)	<input checked="" type="checkbox"/>		
(b) If "Yes", did you notify the same to the Department of the Treasury? Indicate the notification date: (32b)		<input checked="" type="checkbox"/>	
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)	<input checked="" type="checkbox"/>		
34. Indicate if during the year the organization was liquidated, dissolved or finished (34)	<input checked="" type="checkbox"/>		
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)	<input checked="" type="checkbox"/>		
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 on line 24(c) of Part I (36)	<input checked="" type="checkbox"/>		
37. Is the volume of business of the entity or aggregated volume of business of the group of related entities, if the entity is a member of said group, \$10,000,000 or more? (See instructions) (37)	<input checked="" type="checkbox"/>		
(a) Do you include audited financial statements, as established in Section 1061.15 of the Code? (See instructions) (37a)		<input checked="" type="checkbox"/>	
CPA Association Stamp Number _____			
(b) Do you include Schedule PCI - Uncertain Tax Positions? (37b)		<input checked="" type="checkbox"/>	
(c) If the entity is a member of a group of related entities and the volume of business is less than \$3,000,000, do you include audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico, as established in Section 1061.15(a)(5)(A)(ii) of the Code? (37c)		<input checked="" type="checkbox"/>	
CPA Association Stamp Number _____			
(d) If the entity is a member of a group of related entities and the entity business volume is equal to or more than \$3,000,000, do you include audited financial statements signed by a CPA licensed in Puerto Rico, as provided in Section 1061.15(a)(A)(i) of the Code? (37d)		<input checked="" type="checkbox"/>	
CPA Association Stamp Number _____			
38. If the entity is not a member of a group of related entities, is the volume of business of the entity equal to or more than \$3,000,000 but less than \$10,000,000? (See instructions) (38)		<input checked="" type="checkbox"/>	
(a) Do you include audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico, as established in Section 1061.15(a)(3) of the Code? (38a)		<input checked="" type="checkbox"/>	
CPA Association Stamp Number _____			
39. Did you request to change the accounting period? (39)	<input checked="" type="checkbox"/>		
Date of request: _____			
Date of approval: _____			
40. At any time during the year, (a) did you buy, receive, or otherwise acquire (as a reward, award, or compensation); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (40)		<input checked="" type="checkbox"/>	

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

Schedule E Rev. 05/24		DEPRECIATION				2024	
Taxable year beginning on Jan/01 , 2024 and ending on Dec/31 , 2024						Schedule E No.	
Taxpayer's name COMITE OLIMPICO DE PUERTO RICO INC						Social Security or Employer Identification Number 66-██████	
1. Type of property (in case of a building, specify the material used in the construction).		2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated use (life to compute the depreciation)	6. Depreciation claimed this year.	
(a) Current Depreciation							
See Statement Attached		Various	2,018,310	00	1,592,787	00	
				00		00	
				00		00	
Total				1,592,787	00	156,397	
						00	
(b) Flexible Depreciation							
				00		00	
				00		00	
				00		00	
Total				0	00	0	
						00	
(c) Accelerated Depreciation							
				00		00	
				00		00	
				00		00	
Total				0	00	0	
						00	
(d) Amortization (i.e. Goodwill)							
				00		00	
				00		00	
				00		00	
Total				0	00	0	
						00	
(e) Automobiles (See instructions)							
				00		00	
				00		00	
				00		00	
Total				0	00	0	
						00	
(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles <u>0</u>)							
						0	
						00	
TOTAL: (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns)						156,397	
						00	

Retention Period: Ten (10) years

COMITE OLIMPICO DE PUERTO RICO INC

GOVERNMENT OF PUERTO RICO

STATEMENT ATTACHED TO FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 12/31/2024

Schedule E - Line (a) Current Depreciation

Type of property (in case of buildings, indicate the type of material used in construction)	Date acquired	Cost or other basis (exclude land cost). In the case of automobiles, the basis must not exceed \$30,000 per vehicle	Depreciation claimed in prior years	Life estimate used to compute depreciation	Depreciation claimed this year
Equipo Digital	VARIOUS	\$130,700	\$33,351	Various	\$17,480
Mobiliario y Equipo	VARIOUS	\$223,857	\$182,341	Various	\$14,506
Equipo y Materiales Deportivos	VARIOUS	\$131,642	\$66,735	Various	\$16,337
Mobiliario y Equipo Oficinas	VARIOUS	\$289,693	\$254,963	Various	\$25,320
Equipo Deportivo de Federaciones	VARIOUS	\$549,779	\$431,905	Various	\$36,109
Mobiliario y Equipo de Federaciones	VARIOUS	\$225,481	\$225,229	Various	\$216
Equipo del Gimnasio	VARIOUS	\$65,715	\$49,077	Various	\$7,869
Equipo Medico	VARIOUS	\$10,725	\$10,215	Various	\$227
Mejoras a Edificio	VARIOUS	\$2,575	\$2,017	Various	\$515
Mobiliario y Equipo Casa Olimpica	VARIOUS	\$39,952	\$11,018	Various	\$7,387
Vehiculos bajo Contrato de Arrendamiento	VARIOUS	\$237,306	\$215,936	Various	\$30,343
Automoviles	VARIOUS	\$110,000	\$110,000	Various	\$0
Equipo Fundacion Olimpica	VARIOUS	\$885	\$0	Various	\$88
Total					\$156,397

Form AS 2778.1

Rev. May 9 23

Government of Puerto Rico
DEPARTMENT OF THE TREASURY
Internal Revenue Area**POWER AND DECLARATION OF REPRESENTATION FOR DIGITAL SIGNATURE BY
RETURNS, DECLARATIONS AND REFUND CLAIMS SPECIALISTS**

Section 6051.12 of the Puerto Rico Internal Revenue Code of 2011, as amended (Code), establishes that the Secretary of the Treasury may require the electronic filing of any return, declaration or form required by any Subtitle of the Code, in which cases the taxpayer's digital signature will be accepted as valid. The taxpayer who wants to appoint a Returns, Declarations and Refund Claims Specialist (Specialist) to sign in digital form on his/her behalf those returns or forms that may or shall be filed by electronic means, shall complete this form and provide it to the Specialist. You shall include with this document copy of the driver's license or passport of the person that signs the Authorization.

1. Taxpayer's Information (In the case of individuals, include name, initial and last names. If married filing jointly, you must complete the spouse's information)

Taxpayer's Name COMITE OLIMPICO DE PUERTO RICO INC	Social Security Number
Spouse's Name (In the case of juridical entities, include in this space the name of the contact person) N/A	Employer's Identification Number [REDACTED]
Postal Address PO BOX 9020008	Social Security Number
San Juan PR 00902	Telephone Number (787) 723 - 3890

2. Specialist's Information

IVAN N SALCEDO MALDONADO	Social Security or Employer Identification Number [REDACTED]	
Name of the Firm or Business FALCON SANCHEZ	Registration Number 0006514	
Postal Address PO BOX 366397	Electronic Mail isalcedo@falcon-sanchez.com	Telephone Number (787) 425 - 0500
SAN JUAN PR 00936-6397		

3. Tax Matter

Type of Tax	Return or Form	Taxable Year, Quarter or Period
Income Tax	Form 480.7(OE)	2024

4. Income Tax Return Information

(a) Net income (or loss)	-2,678,934	00
(b) Amount to be Refunded	0	00
(c) Balance of Tax Due	0	00

5. Authorized Acts – The Specialist is authorized to sign using the digital signature for the Return(s) or Form(s) detailed in the "Tax Matter" Section of this document for the indicated taxable year(s) or period(s).**6. Taxpayer's Signature** (If this document is signed by a corporate officer, partner, guardian, executor, administrator or trustee on behalf of the taxpayer, such representative certifies that he/she has the authority to sign this form on behalf of the taxpayer).

I hereby declare under penalty of perjury that I have examined the electronic copy of the Return or Form indicated on line 3 (Return or Form), and the schedules and documents attached, and that it is true, correct, and complete. I hereby declare that the amounts reported on line 4, as shown above, are the same as the ones included in the electronic copy of the Return or Form. I authorize the Specialist to file, by electronic means and sign using the digital signature, the Return or Form indicated in this Authorization.

Taxpayer's or Authorized Official's Signature	Authorized Official's Title PRESIDENTA	Date
Name (Print) SARA ROSARIO		Date
Spouse's Signature		Date

This power and declaration of representation will not be valid if it is not signed and dated.