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Form	331	,

Return of Organization Exempt From Income Tax

2018

Departn	nent	σf	the	Trea	sur
Internal	Rev	enu	ie S	ervic	æ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public \

Open to Public

Application periors Planter and address of principal officer LUIS GERENA High is the a grow into-in obsorbates Ves IN High is the a grow into-in obsorbates Ves IN High is the a grow into-in obsorbates Ves IN High is the a grow into-in obsorbates Ves Ves IN High is the a grow into-in obsorbate Ves Ves IN High is the a grow into-in obsorbate Ves Ves IN High is the a grow into-in obsorbate Ves Ve	_		ue Service Go to www.irs gov/r-armsso for instructions and the late		101								
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Application pending FName and address of principal officer LUIS GERENA Nigl is the a glob princip to subcricites Ves Nigl is the a glob		Final retu	m/terminated City or town state or province country, and ZiP or foreign postal code										
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Summary 1	<u>J</u>			H(c) Grou	noitamexe a	number 🕨							
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Brefly describe the organization's mission or most significant activities. To obtain savings deposits from its members as shares and deposits and financing sources in accordance with the cooperative movement philosophy. 2													
shares and deposits and financing sources in accordance with the cooperative movement philosophy 2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of voting members of the governing body (Part VI, line 1b) 6 Total number of voting members (estimate if negessary) 7 Total unrelated business revenue from Part VIII (Estimate VIII (Estimate VIII) 8 Contributions and grants (Part VIII, line 3) 9 Program service revenue (Part VIII, line 3) 10 Investment income (Part VIII, line 3) 11 Other revenue (Part VIII, column (A), line 3) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 4) 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16 Total fundraising expenses (Part IX, column (A), line 4) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 12) 18 Total expenses Add lines 13–11d, 111–24e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 26) 10 Total assets of fund balances Subtract line 21 from line 20 10 Separature Block 10 Date (Part X, line 26) 10 Total liabilities (Part X, line 26) 10 Total liabilities (Part X, line 26) 10 Total liabilities (Part X, line 26) 10 Total sesses (Part X, line 26) 10 Total expenses Add lines 13–11d, 111–24e) 10 Total expenses Add lines 13–11d, 111–24e) 11 Other expenses (Part X, line 26) 12 Total assets (Part X, line 26) 13 Fart X, edumn (A), line 25) 14 Fart X, edumn (A), lin	_	_		obtain savings	deposits fr	om its members as							
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Here Type or pnnt name and title Luis Gerena Executive President Preparer Use Only Firm s name JESUS M MORA NIEVES, CPA, CPE Firm s address PO BOX 367101 SAN JUAN, PR 00936-7101 May the IRS discuss this return with the preparer shown above? (see instructions) Red Value	_												
Type or print name and title Paid Preparer Use Only Firm s name POBOX 367101 SAN JUAN, PR 00936-7101 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer Signaluse Self-employed Check ☑ if Self-employed O1-0919159 Phone no (787) 775-1294 May the IRS discuss this return with the preparer shown above? (see instructions)			Signature of officer		_ /	1/2 2							
Print/Type preparer s name Preparer Use Only Firm s name Preparer signature Substitution of the complete self-employed Check ☑ if self-employed Self-employed Print/Type preparer s name Preparer signature Firm s name Firm s name Preparer signature Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Preparer signature Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Preparer signature Substitution of the complete self-employed Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Print/Type preparer s name Preparer signature Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Print/Type preparer s name Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Substitution of the complete self-employed Print/Type preparer s name Preparer signature Preparer signature Substitution of the complete self-employed Print/Type preparer signature Print/Type preparer signature Print/Type preparer signature Substitution of the complete self-employed Print/Type preparer signature Substitution of the complete self-employed Print/Type preparer signature Print/Type pre	He	re	Just la		X //	1/10/2020							
Preparer Use Only Firm s name JESUS M. MORA NIEVES, CPA, CPE	_		200 00.000										
Preparer Use Only Firm's name	Pa	id		Date	Check F	V II PTIN							
Use Only Firm's name ► JESUS M MORA NIEVES, CPA, CFE Firm's EIN ► 01-0919159 Firm's address ► PO BOX 367101 SAN JUAN, PR 00936-7101 Phone no (787) 775-1294 May the IRS discuss this return with the preparer shown above? (see instructions)			I Isus W. MOD	8273									
Firm s address ➤ PO BOX 387101 SAN JUAN, PR 00936-7101 Phone no (787) 775-1294 May the IRS discuss this return with the preparer shown above? (see instructions)		•	IFCUE M MODA NIEVEC ODA OFF	Fi	rm's EIN ▶	01-0919159							
May the IRS discuss this return with the preparer shown above? (see instructions)	U	e Oil	V		-	(787) 775-1294							
000	Ma	y the IF				☑ Yes ☐ No							
	_			at No 11282Y		Form 990 (2018)							





) (Revenue \$

(Expenses \$ including grants of \$

Total program service expenses ▶

Other program services (Describe in Schedule O.)



F 00				_
Part	IV Checklist of Required Schedules			Page
Fait	offectilist of nequired scriedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	7.00	,
2	complete Schedule A	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	_	
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		"
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	-	,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
	If "Yes," complete Schedule G, Part III	19 20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . .

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	_	,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
с 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		v
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		- -
31	conservation contributions? If "Yes," complete Schedule M	30 31		<i>y</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	_	<u> </u>
	complete Schedule N, Part II	32		•
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		•
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Day 2 of Four 4000 Fator 0 of sate and last 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		}	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		[
C	reportable gaming (gambling) with backup withholding fules for reportable payments to vendors and	10		

Form **990** (2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		١.
_	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		· · · ·
L	and services provided to the payor?	7a 7b		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		٧
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	n		8
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		~
ь 13	,	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		~
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		-	
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15	ļ	~
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Ves " complete Form 4720. Schedule O			-

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	truct	ions.
Secti	on A. Governing Body and Management			T
	man in the contract of the con		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	• "		8
	If there are material differences in voting rights among members of the governing body, or	,		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b			
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1 1
_	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	_	-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	6	•	<u> </u>
6	Did the organization have members or stockholders?			
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	-	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	,	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
•	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	~	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	•	
13	Did the organization have a written whistleblower policy?	13		-
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
Scat!	organization's exempt status with respect to such arrangements?	IOD		<u> </u>
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Puerto Rico			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)	1 (060) (C)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	erest	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and re Luis Gerena - Executive President (787) 898-3735	cords	>	

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Pa	apı	•

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rom	990	(2018)	•

Part VII	Compensation of Officers, Director	s, Trustees	, Key Employees,	Highest Compensated	Employees,	and
	Independent Contractors					

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization no	or any relate	d org	anız			ompe	ensa	ated any currer	t officer, directo	r, or trustee.
					C)					
(A)	(B)	(4	-4 -1		ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles	s pe	rson Irect	than one than of the thick that the thick the thick the thick the thick the thick	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)								0	0	0
(2)								0	0	0
(3)								0	0	0
(4)								0	0	0
(5)					-			0	0	0
(6)								0	o	0
(7)								0	0	0
(8)								0	o	0
(9)								0	0	0
(10)								o	o	0
(11)			-					0	0	0
(12)					-			0	0	0
(13)	<u> </u>							0	0	0
(14)	ļ							0	0	0

	(A) Name and title	(B) Average hours per week (list any	(do n	ot ch unles	Pos eck s pe	tion more rson irect	than on the state of the state	one an tee)	(D) Reportable compensation from	(E) Reportation compensation related	ole n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-f	ons	compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)						_		_	,			
(19)					_							
(20)								_				
(21)							_				+	
(22)	,				· -					,.		
(23)												
(24)								_				
(25)											-	
	Sub-total											
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section		•								
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	list	ed a	above) w	ho received mo	ore than \$1	00,000	of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5 ———	Did any person listed on line 1a receive o for services rendered to the organization?									ation or inc	dividual	5 ~
Section 1	n B. Independent Contractors Complete this table for your five highest of	omnensate	nd ind	lana	nde	ant c			ore that receive	d more tha	n \$100	000 of
	compensation from the organization. Rep year.											
	(A) Name and business addr	ess							(B) Description of se	rvices	c	(C) ompensation
NC	NE											
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who		

Part VIII		Statement of Revenue					
		Check if Schedule O contains a resp	onse or note to	any line in this	Part VIII	<u>,</u>	<u>.</u> <u>.</u> 🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns . 1a					
Grants	b	Membership dues 1b		a province		a	
is, (С	Fundraising events 1c			1		
Giff	d	Related organizations 1d		į			
S, E	e	Government grants (contributions) 1e					
atio	f	All other contributions, gifts, grants,					,
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 11		ļ		·	
a d	9	Noncash contributions included in lines 1a–1f. \$				•	
	h	Total. Add lines 1a-1f					
Program Service Revenue	0-	CONSCIENTED LENDING	Business Code	4 CE1 42C	4 551 425		
ě,	2a	INVESTMENTS & SAVINGS		4,551,635 855,368	4,551,635 855,368		
Se F	b			833,366	855,308		
Σ̈́	c d						
N.S.	e			-			<u> </u>
grai	f	All other program service revenue .	-		 .		
ď	g	lotal. Add lines 2a–2†		5,407,003	Gr.		
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)	. ▶	111,600	111,600		
	4	Income from investment of tax-exempt bor	id proceeds ▶				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	, >				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	. <u> </u>		1		
	b	Less cost or other basis	İ				
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	· · •				
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18 a			•		ه در
돌	b	Less direct expenses b					
	С	Net income or (loss) from fundraising e	vents >				
	9a	Gross income from gaming activities	-		٥		
		See Part IV, line 19 a					
]	b	Less. direct expenses b			•		
	С	Net income or (loss) from gaming activi	ties >			******	
		Gross sales of inventory, less returns and allowances a		0			υ
		Less. cost of goods sold b					
ļ	С	Net income or (loss) from sales of inver					··· ·
			Business Code				
	11a			152,042	152,042		
	b	ATM AND MASTER CARDS INCOME		131,302	131,302		
1	C	OTHERS		197,902	197,902		
	d	All other revenue		402.144			
	- e	Total. Add lines 11a-11d	🟲 📙	481,746			
	12	Total revenue. See instructions .	▶	5,999,849	5,999,849		

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	ll other organization	s must complete colu	ımn (A)
	Check if Schedule O contains a respons	se or note to any lin			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	142,834	142,834		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	1,268,197		1,268,197	-
8	Pension plan accruals and contributions (include	"			
	section 401(k) and 403(b) employer contributions)	105,827		105,827	
9	Other employee benefits	268,801		268,801	
10	Payroll taxes [119,627		119,627	
11	Fees for services (non-employees).				
а	Management				
b	Legal	126,057		126,057	
C	Accounting				
d	Lobbying				·
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	84,536		84,536	
12	Advertising and promotion	91,343		91,343	
13	Office expenses	47,523	_	47,523	
14	Information technology				
15	Royalties	-			
16	Occupancy				
17	Travel	6,902		6,902	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	45,707		45,707	
20	Interest	385,054	385,054		
21	Payments to affiliates	270 70/		272 70/	
22	Depreciation, depletion, and amortization	273,796	369,302	273,796 92,325	
23	Insurance	461,627	309,302	72,323	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	REPAIR AND MAINTENANCE	142,905		142,905	
b	UTILITIES	231,474		231,474	
C	ALLOWANCE FOR DOUBTFUL ACCOUNTS	226,689		226,689	
d	AMORTIZATION SPECIAL INVESTMENTS	986,141		986,141	
е	All other expenses OTHERS	340,261		340,261	<u>-</u> .
25	Total functional expenses. Add lines 1 through 24e	5,355,301	897,190	4,458,111	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X <u>.</u> .		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	14,439,594	1	3,087,152
	2	Savings and temporary cash investments	12,027,559	2	9,727,559
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	396,850	4	518,518
	5	Loans and other receivables from current and former officers, directors,	Managhan and substitute the profession of	1	The state of the s
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<u>า้างเล่าเป็นเกิดเกิดเก็บเป็นเป็นเป็น</u>	<u>**:/*.3\</u> 5	1. 1. 100 0 10 100 10 10 10 10 10 10 10 10 10
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	and the second of the second o	Trille to a	and the second of the second o
Assets	7	Notes and loans receivable, net	54,463,191	<u> </u>	64,341,898
As	8	Inventories for sale or use		8	,
-	9	Prepaid expenses and deferred charges	204,100	└ ~	174,700
	10a	Land, buildings, and equipment: cost or		::5	4: 3 - 1
	,,,,	other basis. Complete Part VI of Schedule D 10a 7,540,302	مر مراول المرام والمسالة مرام المراول المرام	12.72 6	מולות או בי בי בי בי מי
	ь	Less: accumulated depreciation 10b 3,298,251	4,079,340		4,242,051
	11	Investments—publicly traded securities	,,,.	11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12	Investments—other securities. See Part IV, line 11	19,976,860		21,748,199
	13	Investments—program-related. See Part IV, line 11 .	4,813,441		4,902,447
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,859,292	15	11,833,581
	16	Total assets. Add lines 1 through 15 (must equal line 34)	123,260,227		120,576,105
	17	Accounts payable and accrued expenses .	893,091	17	885,777
	18	Grants payable	-	18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	andie de le manier en	ئۇلىرىيۇ ئىزارىي	Talaga on the tradition of the second
ap		disqualified persons. Complete Part II of Schedule L		22	
ְ כ	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	65,550,367	-	66,822,174
	26	Total liabilities. Add lines 17 through 25	66,443,458	26	67,707,951
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	The state of the s	1 m	The second secon
ğ	27	Unrestricted net assets	,	27	
魙	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	The second secon	مامتقام	
ध्र	30	Capital stock or trust principal, or current funds	45,146,248	30	40,492,191
Se	31	Paid-in or capital surplus, or land, building, or equipment fund .	11,181,524		11,532,418
As	32	Retained earnings, endowment, accumulated income, or other funds.	488,997	32	843,545
je	33	Total net assets or fund balances	56,816,769	33	52,868,154
_	34	Total liabilities and net assets/fund balances	123,260,227	34	120,576,105
					E 000 (0040

_	4	
Page	ı	4

Pari	XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI		. <u></u>	<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,99	9,849
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,301
3	Revenue less expenses. Subtract line 2 from line 1	3			4,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56,81	6,769
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(4,59	3,163)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		52,86	8,154
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
	Accounts with a discount to Farm 2000 Cook CA account Cook			Yes	No
1	Accounting method used to prepare the Form 990		-]	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	кріаіп іг	' '		
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?				<u> </u>
Zđ					Ť
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both	plied of	' ,		-
	Separate basis Consolidated basis Both consolidated and separate basis				٠,
h	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both.		•		3
	Separate basis Consolidated basis Both consolidated and separate basis				3
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committeed as a committee that as a committee that are committeed as a committee that a	versiaht	t		
·	of the audit, review, or compilation of its financial statements and selection of an independent according			 	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	•			9
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	١		
	the Single Audit Act and OMB Circular A-133?		3a		"
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits	3b		
			For	ո 990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Cooper	ativa de Ahorro y Credito de Hatillo		66-0237982
Pari	Organizations Maintaining Donor Ad		
	Complete if the organization answered		-
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year	and upone in wanting that the access h	hald in donor advised
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
e	Did the organization inform all grantees, donors,		
6	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Part	II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	□ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements .		2a
	Total acreage restricted by conservation easemer		. 2b
	Number of conservation easements on a certified Number of conservation easements included in		
u			- 2d
3	Number of conservation easements modified, trar		
	tax year ►	, ,	, ,
4	Number of states where property subject to conse	ervation easement is located ▶	
	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation e		· · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	ng conservation easements during the year
			
	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	►\$ Does each conservation easement reported on line	o 2(d) above caticly the requirements of	f section 170(b)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	e z(u) above satisfy the requirements o	· · · · · · · · · Yes · No
	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	· <u> </u>
	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under sworks of art, historical treasures, or other simila	SFAS 116 (ASC 958), to report in its	revenue statement and balance sneet
	public service, provide the following amounts rela		ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	-	> \$
	(ii) Assets included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of an	t. historical treasures, or other similar	r assets for financial dain, provide the
	following amounts required to be reported under		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		> \$

Par	t III Organizations Maintaining Co	ollections of Art, H	storical	Treasures, or	Other Similar As	sets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other rec	ords, ched	ck any of the fo	lowing that are a s	ignificant use of its
а	☐ Public exhibition	d	☐ Loan	or exchange pr	ograms	
b	☐ Scholarly research	е			•••••	
С	☐ Preservation for future generations				•••••	
4	Provide a description of the organization XIII.	's collections and exp	olain how t	they further the	organization's exen	npt purpose in Par
5	During the year, did the organization sol assets to be sold to raise funds rather that					
Par	t IV Escrow and Custodial Arrang	ements.	•			
	Complete if the organization an 990, Part X, line 21.					
1a					or other assets no	
b	If "Yes," explain the arrangement in Part	XIII and complete the	following t	able:	Ar	mount
С	Beginning balance			. [1c	<u>.</u>
d	Additions during the year			<u> </u>	1d	
e	Distributions during the year			<u> </u>	1e	
f	Ending balance			. ·	1f	
2a	Did the organization include an amount o		e 21. for e	escrow or custor		? Yes No
	If "Yes," explain the arrangement in Part					
	t V Endowment Funds.	All. Oncok here if the	охрішницю	ii ii do been prov	idea erri are zur :	· · <u> </u>
	Complete if the organization an	swered "Yes" on Fo	rm 990. I	Part IV line 10		
			rior year	(c) Two years bac		(e) Four years back
1a	Beginning of year balance	, , , ,			- ` 	 `
b	Contributions				-	-
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses				 	· · · · · · · · · · · · · · · · · · ·
g	End of year balance					
2	Provide the estimated percentage of the	current vear end balar	ce (line 10	. column (a)) hel	d as.	
a	Board designated or quasi-endowment	•	(5	,,		
b	·	%				
c	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c s					
За	Are there endowment funds not in the po		nization tha	at are held and	administered for the	Э
-	organization by	occorrent of the organ				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" on line 3a(II), are the related organ	 Dizatione lietad ae ragi	urad an Sc	shedule P2		3b
4	Describe in Part XIII the intended uses of					<u> </u>
Part		_ ~	OWITIETIC	1103	· · · · · · · · · · · · · · · · · · ·	
r al l	Complete if the organization and		rm 000 [Part IV line 11	Soo Form 000	Part V line 10
			1			
	Description of property	(a) Cost or other basis (investment)	, ,	or other basis (c	depreciation	(d) Book value
1a	Land	1,032,22	_			1,032,220
b	Buildings	4,058,57			1,277,975	2,780,602
С	Leasehold improvements					
d	Equipment	2,378,05	9		1,948,830	429,229
_ е	Other	71,44	6		71,446	-0-
Total	Add lines 1a through 1e. (Column (d) must	oqual Form 990 Part	Y column	(B) line 10c)		4.242.051

	Complete if the organization ans	wered "Yes" on Form!	990, Part IV, Iir	ne 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	,	(b) Book value	(c) Method (Cost or end-of-y	
(1) Financia	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)				ļ <u> </u>	
(D)					
(E)					
(F) (G)	•••••••			-	
(H)					
	(h) must a surf form 2000 Part V and (D) line 10.) h		-		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related	4	· · · · · · · · · · · · · · · · · · ·		
r ait VIII	Complete if the organization answer		000 Part IV Jun	e 11c See Form 99	0 Part Y line 13
	(a) Description of investment	wered res on rolling	(b) Book value	(c) Method	
	(a) Description of livestment		(b) Book value	Cost or end-of-ye	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			. 		
(8)					
(9)	(1) 100 D 1 V 1 (D) (10 D 1 U 1 (D) (10 D) (10 D) (10 D 1 U 1 (D) (10 D) (10 D) (10 D) (10 D) (10 D 1 U 1 (D) (10 D)				
Part IX	(b) must equal Form 990, Part X, col (B) line 13.) Other Assets.				<u> </u>
raitix	Complete if the organization answ	worod "Voe" on Form (000 Part IV lin	e 11d See Form 00	0 Part V line 15
		Description	990, 1 arc 14, III	le Tra. Gee Form 95	(b) Book value
(1)		,	•		
(2)					
(3)					
(4)					
(5)					
(6)			 -		
(7)					
(8)					
_(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u>, , , , , ▶ </u>	
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" on Form S	990, Part IV, lin	e 11e or 11f. See Fo	rm 990, Part X,
1.	line 25.	(b) Dealeralus			
(1) Federal in	(a) Description of liability	(b) Book value	_		
	TS ON SAVINGS ACCOUNTS	43,747,87	2		
	CATE OF DEPOSITS	13,020,23			
(3) CEDTIER	CATE OF BEFOSITS				
	MAS & SUMMER CLUB SAVINGS DI AN	4AN 23			
(4) CHRISTA	MAS & SUMMER CLUB SAVINGS PLAN	460,23 9.593,83			
(4) CHRISTA (5) SHARED	MAS & SUMMER CLUB SAVINGS PLAN PRAFT ACCONTS	9,593,83			
(4) CHRISTN (5) SHARED (6)					
(4) CHRISTA (5) SHARED (6) (7)					
(4) CHRISTN (5) SHARED (6)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Complete if the organization answered "Yes" on Form 990, Part IV	-	n.
1	Total revenue, gains, and other support per audited financial statements	, iiio 12a.	5,999,849
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	· · · · · · · · · · · · · · · · · · ·	3,777,047
	Net unrealized gains (losses) on investments	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a b	Donated services and use of facilities		
-	 		
۲ C	, , , , , , , , , , , , , , , , , , , ,		
d	Other (Describe in Part XIII.)	2e	
e	Add lines 2a through 2d		5,999,849
3		STATE OF THE STATE	3,777,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		
b	A 111.	100	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	5,999,849
Part			
Fart	Complete if the organization answered "Yes" on Form 990, Part IV		arti.
1	Total expenses and losses per audited financial statements	1	5,355,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	(
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	# . T.Y	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,355,301
	Amounts included on Form 990, Part IX, line 25, but not on line 1.	J. 1997	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .	<u> </u>	5,355,301
	XIII Supplemental Information.		
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information	on.
	······································		
	i		d.

Schedule D (For	chedule D (Form 990) 2018 Page 5				
Part XIII	Supplemental Information (continued)				
	,				
		•••••			
•					
	•••••••••••••••••••••••••••••••••••••••				
		_			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
Cooperativa de Ahorro y Credito de Hatillo	66-0237982
FORM 990, PART VI LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	
THE ORGANIZATION IS COMPOSED OF MEMBERS WHO JOIN VOLUNTARILY TO MEET THEIR COMM	ON ECONOMIC AND SOCIAL NEEDS
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FORM 990, PART VI, LINE 7a - ELECTION OF MEMBERS AND THEIR RIGTHS	
THE MEMBERS OF THE ORGANIZATION HAD THE POWER TO ELECT THE BOARD OF DIRECTORS FO	OR DIFFERENT TERMS AS PROVIDED
BY THE LAW 255 DURING THE ANNUAL MEETING OF THE MEMBERS WHICH IS HELD DURING THE F	OUR MONTHS FOLLOWING THE
CLOSING OF THE FISCAL YEAR OF THE ORGANIZATION OTHER COMMITTESS ARE ALSO ELECTED	O IN THIS ANNUAL MEETING SUCH AS
THE SUPERVISORY COMMITTEE THE BOARD OF DIRECTORS IS IN CHARGE OF THE GOVERNANCE	DECISION OF THE ORGANIZATION.
FORM 990, PART VI LINE 7b - DECISIONS SUBJECT TO APPROVAL OF MEMBERS	
ANY ADMINISTRATIVE MATTER PRESENTED BY A MEMBER IN THE ANNUAL MEETING OF MEMBERS	BY MEANS OF A FORMAL
PROPOSAL WHICH IS APPROVED BY THE MAJORITY OF THE VOTES WILL BE MANDATORY FOR THI	PRESENT AND ABSENT
MEMBERS AS LONG AS IT IS IN ACCORDANCE WITH THE GENERAL REGULATIONS OF THE INSTITU	TION AND THE APPLICABLE LAWS.
FORM 990, PART VI LINE 11b - ORGANIZATION'S PROCESS TO REVIEW FORM 990	
THE RETURN IS REVISED BY THE COMPTROLLER OF THE INSTITUTION, BEFORE THE RETURN IS FI	LED, THE EXECUTIVE PRESIDENT
AND THE BOARD OF DIRECTORS ARE NOTIFIED THAT THE RETURN WAS PREPARED WITH ALL THE	REQUISITES REQUIRED BY THE IRS
AND THAT IS AVAILABLE FOR THE REVISION OF THEM OR ANY MEMBERS OF THE BOARD OF DIRECT.	CTORS
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FORM 990, PART VI, LINE 12c - ENFORCEMENT OF CONFLICT POLICY	
THE COMPLIANCE DEPARTMENT AND THE LEGAL AFFAIRS OFFICE OF THE INSTITUTION ARE IN CH	IARGE OF THE MONITORING OF THE
PROCESS, TRANSACTIONS, ACCOUNT DETAILS, AMONG OTHER ASPECT RELATED TO MATTER INV	OLVING THE CONFLICT OF
INTEREST IN ACCORDANCE WITH ETHIC CODE ALL EMPLOYEES ARE REQUIRED TO REPORT ANY	VIOLATION.
	
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