	<u>"</u> 99	'	Return o	of Organiz	zation E	xemp	t From I	ncor	ne Ta	X	OMB No 1545-0047
Fon	ψ, J 3	. U		_							2019
(Re	v January	2020)	Under section 501(c),								
	artment of mal Revent	the Treasury. ue Service	Do not enter	er social secui ww.irs.gov/For	rity numbers m990 for ins	on this t structions	orm as it may s and the late	y be ma st infor	mation	000	Open to Public Inspection
A	For the	2019 calend	dar year, or tax year be	eginning	July 1		2019, and end		June		, 20 20
В	Check if a	applicable	C Name of organization C Doing business as	ooperativa de	Ahorro y Cr	edito de	Hatillo			D Employ	yer identification number 66-0237982
H	Name cha		Number and street (or F	O box if mail is	not delivered to	o street ad	dress)	Room/s	urte	E Telepho	one number
П	Initial retu		PO Box 95								(787) 898-3735
	Final retur	n/terminated	City or town, state or pr	ovince, country,	and ZIP or fore	ign postal (code				
	Amended	nended return Hatillo, PR 00659-0095									eceipts \$ 6,497,398
	Application	on pending	F Name and address of pr	incipal officer LU	JIS GERENA			1			subordinates? Yes No
								Н			s included? LYes No
<u> </u>	Tax-exem		501(c)(3) 2 50	1(c) () ◀	(insert no)	4947(a	a)(1) or 527				t (see instructions)
<u>J</u>			ticoop com	7	704	+-	Ti Vacantifan		(c) Group e		
K	art I	Summai	Corporation Trust	Association	_ Other ►	-\	L Year of for	mation	1736	M State o	of legal domicile PR
علا			cribe the organization	n's mission or	most signif	icant act	rivities To ob	otain sa	vinas dep	osits fror	n its members as
ø	1		deposits and financing								
ခ် ၁	-			9					'		
Governance	2	Check this	box ▶ ☐ if the organ	nization disco	ntinued its	operation	ns or dispose	ed of m	ore than	25% of i	ts net assets.
Š	3		voting members of the							3	7
∞ ∞	4		independent voting r					1b) .		4	7
ies			per of individuals emp							5	45
₹	6	Total numb	oer of volunteers (esti	mate if neces	sary)					6	18
Ą	7a '	Total unrel	ated business revenu	ie from Part V	ili, colum a ((C), I me			٦ ·	7a	
Ö	b	Net unrelat	ted business taxable	income from	Form 990 T	, line 39		D.		7b	
GANNADSActivities &					l c	ol .	以	\square	Prior Yea	r	Current Year
≨e	1		ons and grants (Part V		[5	₹ŀ MA	·Y· (2 4) 202	21 <u> </u> 9		107.000	(047.7//
四章	1	-	ervice revenue (Part V			<u> </u>	<u> </u>	S	' 	107,003	6,047,766
S S	10	Investment	t income (Part VIII, co	lumn (A), lines	s 3, 4, and 7	$^{(a)}$ Ω	DEN I			111,600 181,246	2,881 446,751
APR.	11	Other reve	nue (Part VIII, column	(A), lines 5, b	00, 80, 90, <u>[]</u>	uc, and	14e) - 17, C	<u></u>		99,849	6,497,398
			ue-add lines 8 throu				1 (A), line 12)	-	3,	777,047	0,477,370
<i>5</i> 2	1		aid to or for members				•			142,834	130,091
<u></u>	1		her compensation, em	•), lines 5–10)			762,452	1,831,460
202 2	16a		al fundraising fees (Pa				,,		•		
~ ₽	b		raising expenses (Par								
Expe	17		enses (Part IX, column						3,4	50,015	3,744,487
		•	nses. Add lines 13-17				line 25) .		5,3	355,301	5,706,038
		Revenue le	ess expenses. Subtra	ct line 18 fron	n line 12 .		<u>.</u>			544,548	791,360
5 8	ŝ							Begini	ning of Curi		End of Year
Net Assets or	20		ts (Part X, line 16) .							576,105	132,373,549
A As	21		ties (Part X, line 26)					-		707,951	81,272,737
			or fund balances Su	ibtract line 21	from line 2	0		1	52,8	368,154	51,100,812
	art II		re Block							. h . a . a . d . a .	
tri	nder penalt ie, correct,	and complete	, I declare that I have exam e Declaration of preparer (o	other than officer)	is based on all	npanying s I informatic	n of which prep	arer has	any knowle	dge	y knowledge and belief, it is
		10	1) Albert	.197						<u> </u>	
	gn	Signati	ure of officer						Date		ay-2021
H	ere				- F						
		'	r print name and title		a, Executive f			Det		r =	DTIN
Pa	aid	Print/Type	preparer's name	Prepa	rer's signature		-	Date 13-Ma	v-2021	Check _	- ,
	eparei		ne ► JESUS M. MOR	A NIEVES CD	OCE -			, U-1418		<u> </u>	01-0919159
	se Only	Firm's nar	ress ► PO BOX 367101			IN1			Phon	s EIN ►	(787) 775-1294
1/4	v the ID		this return with the pr				ctions)		L Prion	e IIO	✓ Yes
_			ion Act Notice, see the			, in loci ac		it No 11	282Y	•	Form 990 (2019)
ro.	. гарсі W	いった ひせははじし	ハン・・・ハント・オンいしせ, ろせせ じけ	, separate iliSt			0				, O (2010)



	Part IV	Checklist o	f Required	Schedules
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			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		•
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		/
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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		V
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		_
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_		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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.	ES DE	SOLE SOLE	
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		v
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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		<i>V</i>
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		
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		,
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		v
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		,
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	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	21		,

Part	V 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		,
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		V
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	04-		,
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		7
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		_
С	to defease any tax-exempt bonds?	24c		<i>y</i>
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		•
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		[Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 1b	}		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		~

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Part	Statements Regarding Other IRS Fillings 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] If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .		_	
þ	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	-	-1
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	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 ▶			1
	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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
-	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 and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		•
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		•
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	<u> </u>	7
. b	Section 501(c)(7) organizations. Enter:	30		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
''a	Gross income from members or shareholders	ľ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		/
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	İ		
	the organization is licensed to issue qualified health plans	ł] :
C	Enter the amount of reserves on hand	140		·
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	140		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	''		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- <u>-</u> -
10	If "Yes," complete Form 4720, Schedule O.	- 		

Part			for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI		istruc	·lions. . □
Secti	ion A. Governing Body and Management			
			Yes	No
1a		- 3	1	
	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	· 工	4	4
	committee, explain on Schedule O	1. A. A. A.	3	1.5
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	謹	7
3	Did the organization delegate control over management duties customarily performed by or under the direct		_	
4	supervision of officers, directors, trustees, or key employees to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	1
6	Did the organization have members or stockholders?	6	-	
7a	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 the year by the following:	A	X def	
а	The governing body?	8a	-	
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 on Schedule O	9	<u> </u>	,
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	г <u> </u>	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa	<u> </u>	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
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	1	
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?	5	0 B	F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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).	75.		F.F.
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		**************************************
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	The State	黃	生物
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Puerto Rico			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O)	Γ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
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	>	

D	

Part VII	Compensation of Officers, Directors, Trus	tees, 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 employees."
- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	r any relate	d org	anız	atıc	n c	ompe	nsa	ted any current	officer, director,	or trustee	
					C)						
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)	
Name and title	Average hours per week	box,	unles	s pe d a d	rson Irect	is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)				<u> </u>							
(14)							<u> </u>				

Part	VII Section A. Officers, Directors, 1	rustees, i	Key I	±m _i			s, an	a F	lignest Compe	nsated	Emplo	yees (continuea) -
						C)						
	(A) (B)					ition more	e than o	one	(D)	(E)		(F)
	Name and title	Average hours	box,	unles	s pe	rson	is both	n an	Reportable	Report compen		Estimated amount of other
		per week		T	_	_	or/trus		from the	from re		compensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	organization	organiza (W-2/1099		from the
		hours for related	rect a	T T	ğ	emp	loye	ē	(W-2/1099-MISC)	(00-2/1098	5-1V11SC)	organization and related organizations
		organizations	of E	nal		οίογ	e con					
		below dotted line)	ste	trus		99	pen					
		dotted in to	°	tee			Highest compensated employee					
				-	<u> </u>		٥	-				
(15)			-									
							ļ	_				
(16)			-									
				ļ			-			-		
(17)			-				ŀ					
				ļ		-		<u> </u>				
(18)			-									
			ļ		_			ļ				
(19)		ļ	ļ									
					<u> </u>	<u> </u>		-				
(20)		ļ	-									
				<u> </u>	<u> </u>	<u> </u>						
(21)		ļ										
				<u> </u>	<u> </u>	1						
(22)			ļ									
					_	ļ		ļ				
(23)			ļ									
	<u> </u>				_	_						
(24)									<u> </u>			
					_		<u> </u>	<u> </u>				
(25)												
				<u></u>				L				
1b	Subtotal			•	•			>				
C	Total from continuation sheets to Part	VII, Sectio	n A			•	•	•				
d	Total (add lines 1b and 1c)			•	•		_	<u> </u>				L <u>.</u>
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of
	reportable compensation from the organ	zation ►										1,4 1,4
												Yes No
3	Did the organization list any former of							mpl	loyee, or highes	st compe	ensated	
	employee on line 1a? If "Yes," complete											3 /
4	For any individual listed on line 1a, is the	sum of re	portal	ble	com	pei	nsatio	n a	ind other compe	nsation fr	om the	
	organization and related organizations	-								dule J fo	or such	
	ındividual										•	4 /
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	iedu	ıle J 1	or s	such person .	•	•	5 🗸
Secti	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	sation	n foi	r the	ca	<u>lenda</u>	r ye	ar ending with or	within th	e organ	iization's tax year.
	(A)								(B)			(C)
	Name and business add	ress							Description of sen	nces	1	Compensation
NONE												
										_		
												_
									<u> </u>			
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	ımit	ed to	th th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	aan	ızat	ion	>					

Form 990	12019	a) • .		•		* *	· = · · ·			. Page 9
Part V		Statement of Rev	enue	· · · · · · · · · · · · · · · · · · ·			,			. 3.
		Check if Schedule			spon	se or note to ar	ny line in this Pa	ırt VIII		🗆
•			. ,	, , , , , , , , , , , , , , , , , , ,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events Related organization Government grants All other contribution and similar amounts no	ns (contri ns, gift ot includ	ibutions) s, grants, ded above	1a 1b 1c 1d 1e					
Contrik and Ot	g h	Noncash contribution lines 1a-1f Total. Add lines 1a-	•	cluded in	1 <u>g</u>	\$ >			2 PW 10 10 10 10 10 10 10 10 10 10 10 10 10	
ervice	2a b	COMSUMER LENDIN	G	,		Business Code	5,064,141 983,625	5,064,141 983,625		
Program Service Revenue	c d e f	All other program se		revenue	·		6,047,766			
	3 4 5	Investment income other similar amoun income from investment Royalties	(incluts)	iding divi	dends	s, interest, and	2,881	2,881	,	
	C			(i) Rea	J	(ii) Personal				
	d 7a	Net rental income of Gross amount from sales of assets other than inventory	7a	(i) Securit	ties	(II) Other				
Other Revenue	b c d	Less cost or other basis and sales expenses Gain or (loss)	7b 7c	-	^ , <u>-</u>	•				
Othe		Gross income from events (not including of contributions rep 1c). See Part IV, line	\$ ported 18		8a					
.		Less direct expense		fundrasas	8b	inte ' ▶				
		Net income or (loss) Gross income f activities. See Part l' Less: direct expense Net income or (loss)	rom V, line es	gaming 19 .	9a 9b					

- 1		TOTAL TIC ALL ALL ALL ALL ALL ALL ALL ALL ALL AL			Treatment of the least the second		To the second of the second of the second of the	
ŀ	b	Less cost of goods sold	10b					
	C	Net income or (loss) from sales of in	vento	ry . 🕨				
				Business Code				
11a	1a	SERVICE COMMISSIONS			149,966	149,966		
3	b	ATM AND MASTER CARDS INCOME			130,966	130,966		
3	С	OTHERS			165,819	165,819		
•	d	All other revenue						
	е	Iotal. Add lines IIa-IId .	,		446,751			
12	2	Total revenue. See instructions		•	6,497,398	6,497,398		

10a

10a Gross sales of inventory, less returns and allowances

Form 990 (2019) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (B) Program service Do not include amounts reported on lines 6b, 7b, (C) (D) Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. 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 Benefits paid to or for members . . 130.091 130.091 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,344,847 1.344.847 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 106,659 106,659 9 Other employee benefits . 266.806 266.806 113,148 113,148 10 Payroll taxes . . . 11 Fees for services (nonemployees). Management а 47,355 47,355 b Legal Accounting . d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 193,321 193,321 122,500 122,500 12 Advertising and promotion . 13 Office expenses 52,271 52.271 14 Information technology 15 Royalties 16 Occupancy 5,709 5,709 Travel . . . 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 30,202 30.202 20 Interest 410,436 410,436 21 Payments to affiliates . . . 316,881 22 316,881 Depreciation, depletion, and amortization 23 422,068 337,654 84,414 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 129,679 129,679 REPAIR AND MAINTENANCE 256,971 256,971 h **c** ALLOWANCE FOR DOUBTFUL ACCOUNTS 446,532 446,532 AMORTIZATION SPECIAL INVESTMENTS 998.929 998.929 All other expenses OTHERS 311,633 311,633 5,706,038 878.181 4,827,857 Total functional expenses. Add lines 1 through 24e 25 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)

:

P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pai	rt Y		П
		Check it schedule o contains a response or note to any line in this rai	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,087,152	1	17,715,412
	2	Savings and temporary cash investments	9,727,559	2	8,075,000
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net	518,518	4	710,165
	5	Loans and other receivables from any current or former officer, director,	, ,		,
		trustee, key employee, creator or founder, substantial coulubulor, or 35% controlled entity or family member of any of these persons		5	
	_	Loans and other receivables from other disqualified persons (as defined		-	
	6	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	n 100 10 1 1 1 2 1	6	
ţ	7	Notes and loans receivable, net	64,341,898	7	64,531,595
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	174,700	9	187,473
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			, , ,
	b	Less: accumulated depreciation 10b	4,242,051	10c	4,208,150
	11	Investments—publicly traded securities		11	,
	12	Investments—other securities See Part IV, line 11	21,748,199	12	20,960,353
	13	Investments—program-related. See Part IV, line 11	4,902,447	13	4,939,548
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,833,581	15	11,045,853
	16	Total assets. Add lines 1 through 15 (must equal line 33)	120,576,105	16	132,373,549
	17	Accounts payable and accrued expenses	885,777	17	918,616
	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	
Š	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1	22	
2	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			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	66,822,174	25	80,354,121
	26		67,707,951		81,272,737
es-	20	Organizations that follow FASB ASC 958, check here ▶ □	,		2
2	1	and complete lines 27, 28, 32, and 33.			
ä	27	Net assets without donor restrictions	.,,,,	27	
ф В	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Örganizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ō	29	Capital stock or trust principal, or current funds .	40,492,191	29	38,268,381
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	12,057,418	30	12,482,431
SS	31	Retained earnings, endowment, accumulated income, or other funds	318,545	31	350,000
χĄ	32	Total net assets or fund balances	52,868,154	32	51,100,812
ž	33	Total liabilities and net assets/fund balances	120,576,105	33	132,373,549

Page	12
raye	14

. . . .

					-9
Part	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,49	7,398
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,70	6,038
3	Revenue less expenses. Subtract line 2 from line 1	3		79	1,360
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		52,86	8,154
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 on Schedule O)	9	(2,55	8,702)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		51,10	0,812
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· <u>· ·</u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		/
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		
	reviewed on a separate basis, consolidated basis, or both		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 audite	ed on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain c	on		۰
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in th			
	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 undergo the required audit or audits?				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	3b	L	L
			For	n 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization Em				Employer identification	number		
Coope	Cooperativa de Ahorro y Credito de Hatillo			66-0237982			
Pai	rt I Organizations Maint	aining Donor Advi	ised Funds or O	ther Similar Fund	s or Accounts.		
	Complete if the organ	zation answered "	Yes" on Form 99	0, Part IV, line 6.			
			(a) Donor a	dvised funds	(b) Funds and oth	ner accounts	
1	Total number at end of year		·				
2	Aggregate value of contribution	ns to (during year) .					
3	Aggregate value of grants from						
4	Aggregate value at end of year						
5	Did the organization inform all		advisors in writing	that the assets he	ld in donor advised		
•	funds are the organization's pr					☐ Yes ☐ No	
6	Did the organization inform all						
•	only for charitable purposes a						
	conferring impermissible privat					☐ Yes ☐ No	
Par	t II Conservation Easem	ents.		·			
	Complete if the organ		Yes" on Form 99	0. Part IV. line 7.			
1	Purpose(s) of conservation eas						
•	☐ Preservation of land for public	-	•		f a historically importa	ant land area	
	☐ Protection of natural habitat		anon or oddodnon,		f a certified historic st		
	☐ Preservation of open space			i recorvation o	r a continua motorio et		
2	Complete lines 2a through 2d i		ld a qualified conse	envation contribution	n the form of a cons	servation	
-	easement on the last day of the		ia a quamica conoc			End of the Tax Year	
а	Total number of conservation e	-			2a		
b	Total acreage restricted by cor		· · · · · · · · · · · · · · · · · · ·		. 2b		
C	Number of conservation easen			· · · · · · · · · · · · · · · · · · ·	. 2c		
d	Number of conservation ease			• •			
u	historic structure listed in the N		c) acquired after		2d		
•		_				zation during the	
3	Number of conservation easen tax year ▶	ients modified, trans	sierrea, releasea, e	xunguisned, or tern	imated by the organia	zation during the	
4	Number of states where proper	rty subject to consen	vation easement is	located >			
5	Does the organization have	•			ection bandling of		
3	violations, and enforcement of	the conservation eas	sements it holds?			☐ Yes ☐ No	
6	Staff and volunteer hours devoted	d to monitoring, inspec	ting, handling of viol	lations, and enforcing	conservation easemer	nts during the year	
7	Amount of expenses incurred in \$	monitoring, inspecting	g, handling of violat	ions, and enforcing o	conservation easement	ts during the year	
8	Does each conservation easem	ent reported on line 2	2(d) above satisfy th	ne requirements of s	section 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)? .					☐ Yes ☐ No	
9	In Part XIII, describe how the o						
•	balance sheet, and include, if a	•			· ·		
	organization's accounting for c			3			
Part				al Treasures, or 0	Other Similar Asse	ts.	
	Complete if the organi	_	•				
1a	If the organization elected, as a				e statement and hala	nce sheet works	
	of art, historical treasures, or						
	service, provide in Part XIII the						
b	If the organization elected, as					e sheet works of	
J	art, historical treasures, or othe provide the following amounts	r sımılar assets held	for public exhibitio				
	(i) Revenue included on Form	-			. ▶ \$		
	(ii) Assets included in Form 990				. • \$		
2	If the organization received or			s, or other similar :			
-	following amounts required to b				and the initiality	,, provide the	
а	Revenue included on Form 990				▶ \$		
	Assets included in Form 990, P				• •		

Schedule	n	(Form	aan)	2019	

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rage	4

Par	Organizations Maintaining	Collections of	Art, Historic	cal Treasures	, or Other	Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and oth	ner records,	check any of th	e following	that make sig	inificant us	se of its
а	☐ Public exhibition		d⊟L	oan or exchang	je program			
b	☐ Scholarly research		e 🗆 🤇	Other				
c	☐ Preservation for future generations							
4	Provide a description of the organizat	tion's collections a	nd explain h	ow they further	the organiz	ation's exemp	ot purpose	ın Part
5	During the year, did the organization							
	assets to be sold to raise funds rather	than to be mainta	ined as part	of the organizat	ion's collect	tion?	☐ Yes	□ No
	Complete if the organization 990, Part X, line 21.	answered "Yes"						orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other				er assets not		□ No
b	If "Yes," explain the arrangement in Pa							_
		·		-		Am	ount	-
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year .				1e			
f	Ending balance				1f			
2a	Did the organization include an amour	nt on Form 990, Pa	rt X, line 21,	for escrow or c	ustodial acc	ount liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	of the explan	nation has been	provided or	n Part XIII	• • • • • • • • • • • • • • • • • • • •	
Par	t V Endowment Funds.	·					- -	
	Complete if the organization	answered "Yes"	on Form 9	90, Part IV, line	e 10			
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back (d) T	hree years back	(e) Four yea	ars back
1a	Beginning of year balance							
b	Contributions						. <u></u>	
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses	-						
g	End of year balance		- .					
2	Provide the estimated percentage of t	he current vear en	d balance (lin	ne 1g. column (a)) held as			
a	Board designated or quasi-endowmer		%	(2)	,,			
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%					
3a	Are there endowment funds not in the	•		n that are held	and admini	stered for the	(34	
	organization by.	•					Ye	s No
	(i) Unrelated organizations .						3a(i)	
	(ii) Related organizations		•		•		3a(ii)	
b	If "Yes" on line 3a(II), are the related or	•					3b	
4	Describe in Part XIII the intended uses		n's endowme	ent funds.				
Part			- 0		44 0			
	Complete if the organization	answered "Yes"		****				
	Description of property	(a) Cost or oth (investme	1 , ,	Cost or other basis (other)	(c) Accur depreci	I	(d) Book va	alue
1a	Land		,032,220					,032,220
b	Buildings	4,	188,208			1,420,412)	2,	767,796
С	Leasehold improvements							
d	Equipment	2	,465,355			2,114,656		350,699
е_	Other Vehicules		82,118			24,683		57,435
Total.	Add lines 1a through 1e (Column (d) m	nust equal Form 99	0, Part X, co	lumn (B), line 10	Oc) .	. ▶	\$4,2	208,150

Part VII	Investments—Other Securities.	rm 000 Port IV line	11h Can Form 00	O Port V Iron 10
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		of valuation year market value
	I derivatives			
	neld equity interests			
(3) Other				
(A)				
				
				<u> </u>
(D)				
				_
(H)	ma (h) must asual Form 2000 Part V and (P) line 10.)			
Part VIII	mn (b) must equal Form 990, Part X, col (B) line 12.) Investments—Program Related.	<u> </u>		
Part VIII	-	rm 000 Part IV line	11a Saa Form 90	In Part V line 12
	Complete if the organization answered "Yes" on For	T - T		
	(a) Description of investment	(b) Book value	* * * * * * * * * * * * * * * * * * * *	of valuation ear market value
(4)				
(1)			<u> </u>	
(3)				
(4)		-		
(5)		 - 		<u> </u>
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·	·····	····
(8)		 		
(9)				
Part IX	mn (b) must equal Form 990, Part X, col (B) line 13) . ▶ Other Assets. Complete if the organization answered "Yes" on For (a) Description	rm 990, Part IV, line	11d. See Form 99	00, Part X, line 15.
<u>(1)</u>	(a) Description	·,	_ - _	(b) BOOK VAIDE
(2)				
(3)				
(4)				
(5)				
(6)		· <u>-</u>	·	· <u></u>
(7)				-
(8)				
(9)		<u></u>		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on For		11e or 11f. See Fo	orm 990, Part X,
	line 25.	·	<u> </u>	
1.	(a) Description of liability			(b) Book value
(1) Federal ır				
	TS ON SAVINGS ACCOUNTS			49,768,170
	CATE OF DEPOSITS	·		10,135,73
	MAS & SUMMER CLUB SAVINGS PLAN			10,135,73
(5) SHARED	DRAFT ACCONTS			19,913,55
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶ </u>	80,354,12
2 Liability for	runcertain tax positions. In Part XIII, provide the text of the footni	nto to the organization's	financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,		1	6,497,398
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12			0,477,370
2	Net unrealized gains (losses) on investments	2a	į	
a		2b		
b	Recoveries of prior year grants	2c		
c d	Other (Describe in Part XIII.)	2d		
u e	Add lines 2a through 2d	2.0	. 2e	
3	Subtract line 2e from line 1		3	6,497,398
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	4a		
b	Other (Describe in Part XIII)	4b		
c	A del topo a dia post de		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	6,497,398
Part	XII Reconciliation of Expenses per Audited Financial Staten		per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		. 1	5,706,038
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	5,706,038
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	. 4c	
С 5	Add lines 4a and 4b		-	5,706,038
	XIII Supplemental Information.		. 0	
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	al information.	
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Schedule D (For	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Cooperativa de Ahorro y Credito de Hatillo

Employer identification number 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 COMMON ECONOMIC AND SOCIAL NEEDS.
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 FOR DIFFERENT TERMS AS PROVIDED
BY THE LAW 255 DURING THE ANNUAL MEETING OF THE MEMBERS WHICH IS HELD DURING THE FOUR MONTHS FOLLOWING THE
CLOSING OF THE FISCAL YEAR OF THE ORGANIZATION OTHER COMMITTESS ARE ALSO ELECTED 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 THE PRESENT AND ABSENT
MEMBERS AS LONG AS IT IS IN ACCORDANCE WITH THE GENERAL REGULATIONS OF THE INSTITUTION 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 FILED, 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 DIRECTORS
FORM 990, PART VI, LINE 12c - ENFORCEMENT OF CONFLICT POLICY
THE COMPLIANCE DEPARTMENT AND THE LEGAL AFFAIRS OFFICE OF THE INSTITUTION ARE IN CHARGE OF THE MONITORING OF THE
PROCESS, TRANSACTIONS, ACCOUNT DETAILS, AMONG OTHER ASPECT RELATED TO MATTER INVOLVING THE CONFLICT OF
INTEREST IN ACCORDANCE WITH ETHIC CODE ALL EMPLOYEES ARE REQUIRED TO REPORT ANY VIOLATION.

Cooperativa de Ahorro y Credito de Hatillo	66-0237982
FORM 990, PART VI, LINE 15a - COMPENSATION PROCESS FOR TOP OFFICERS	
THE HUMAN RESOURCES DEPARTMENT USES AN EXTERNAL COMPANY WHICH IS CONTRA	CTED WITH THE APPROVAL OF THE BOARD
OF DIRECTORS TO PERFORM AN EVALUATION OF ALL POSITIONS AND SALARIES RANGES	IN THE INSTITUTION. THIS EVALUATION
INCLUDES AN ANALYSIS OF CURRENT JOB DESCRIPTIONS, SALARY RANGES BETWEEN C	ATEGORIES IN COMPARISON WITH THE
MARKET. BASED ON THIS ANALYSIS, THE CONTRACTED COMPANY PROVIDES RECOMMNE	DATIONS IN A REPORT TO MAKE ANY
NECESSARY ADJUSTMENT. WHEN A MANAGERIAL POSITION IS HIRED, THE COMPENSATION	N IS DETERMINED USING THIS REPORT
ONLY THE BOARD OF DIRECTORS DETERMINED THE COMPENSATION OF THE EXECUTIVE	PRESIDENT USING THE BEFORE MENTIONED
REPORT OR ANY OTHER INDEPENDENT ANALYSIS THAT THEY UNDERSTAND IS NECESSAF	<u>Υ</u>
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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
THE COOPERATIVE HAS AVAILABLE IN ITS WEB SITE I'HE FINANCIAL STATEMENTS, MEMB	ERS MANUAL, BROCHURE, AND PRIVACY
POLICY TO PUBLIC INSPECTION	•
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATIONS	
ADDITIONAL INVESTMENT OF SHARES BY MEMBERS \$ 2,917,699	
LESS: WITHDRAWAL OF SHARES BY MEMBERS (5,453,513)	
ADD: TRANSFER FROM ACCOUNTS PAYABLE 45,442	
LESS: CHANGE IN VALUE OF MARKETABLE SECURITIES (68,330)	
TOTAL OTHER CHANGES (\$ 2,558,702)	•••••
TAXABLE INTEREST INCOME ON INVESTMENT	·
DESCRIPTION AMOUNT	POSTAL CODE
NTEREST INCOME ON SAVINGS ACCOUNTS AND CERTIFICATE OF DEPOSITS \$ 142,997	PUERTO RICO
NVESTMENT INCOME \$ 840,628	
TOTAL \$ 983,625	