

**Departamento de Hacienda****Planilla Informativa de Organización Exenta  
de Contribución sobre Ingresos  
Confirmación de Radicación Electrónica**

Rev. 05.23

*Informative Return for Income  
Tax Exempt Organizations  
Confirmation of Electronic Filing*

Periodo Contributivo - Taxable Year

**07/01/2023 - 06/30/2024**

<b>Nombre de la Organización .....</b> <i>Organization Name</i>	<b>UNIVERSIDAD DEL SAGRADO CORAZON INC</b>
<b>Número de Identificación Patronal .....</b> <i>Employer Identification Number</i>	<b>66-0207156</b>
<b>Número de Confirmación de Planilla .....</b> <i>Confirmation Number of Return</i>	<b>X0062594304</b>
<b>Fecha y Hora de Radicación .....</b> <i>Date and Time of Filing</i>	<b>12/13/2024 5:34:12 PM</b>
<b>Fecha de Pago .....</b> <i>Payment Date</i>	
<b>Cantidad Pagada Electrónicamente con Planilla ..</b> <i>Amount Paid Electronically with Return</i>	
<b>Número de Ruta / Tránsito .....</b> <i>Routing Number</i>	
<b>Número de Cuenta .....</b> <i>Account Number</i>	
<b>Balance de Contribución a Pagar .....</b> <i>Balance of Tax to be Paid</i>	
<b>Balance a Reintegrar .....</b> <i>Balance to be Refunded</i>	

**Esta planilla requiere que se sometan evidencias**    **Sí / Yes**  **No**   
*This return requires to submit evidences*

**La evidencia deberá ser radicada *únicamente* de forma electrónica a través del Sistema Unificado de Rentas Internas (SURI) accediendo: <https://suri.hacienda.pr.gov>. Para la radicación de evidencia deberá ingresar el número de confirmación de planilla aquí provisto.**

*The evidence must be filed only electronically through the Internal Revenue Integrated System (SURI, for its Spanish acronym) available at: <https://suri.hacienda.pr.gov>. For the filing of evidence you must enter the return confirmation number herein provided.*





Part I		Summary		
Activities and Requirements	1. Briefly summarize the organization's mission and the most significant activities and programs: <u>See Statement Attached</u>			
	2. Check here if you submitted copy of the income statement for the taxable year <input checked="" type="checkbox"/>			
	3. Number of members with voting rights in the board of directors	(3)	19	
	4. Number of independent members with voting rights in the board of directors	(4)	19	
	5. Number of individuals employed during the current taxable year	(5)	855	
	6. Total number of volunteers during the current taxable year	(6)	0	
	7. Indicate the total unrelated business income of the exempt organization, if applicable (Submit Schedule A Exempt Organization)	(7)	0 00	
Income	8. Income, dues, contributions (Part II, line 8)	(8)	13,146,568 00	6,692,581 00
	9. Service programs revenue (Part II, line 9(f))	(9)	31,276,649 00	36,467,863 00
	10. Investment income (Part II, line 14)	(10)	516,312 00	299,912 00
	11. Other income (Part II, line 19)	(11)	462,284 00	6,932,826 00
	12. Total income (Add lines 8 through 11)	(12)	45,401,803 00	50,393,182 00
Expenses	13. Total expenses related with the income (Part III, line 30)	(13)	47,782,185 00	48,099,959 00
	14. Contributions, gifts and grants paid (Part III, line 31(d))	(14)	0 00	0 00
	15. Dividends and other distributions to members, shareholders or depositors	(15)	0 00	0 00
	16. Other expenses (Part III, line 34)	(16)	0 00	0 00
	17. Total expenses (Add lines 13 through 16)	(17)	47,782,185 00	48,099,959 00
	18. Income less expenses (Subtract line 17 from line 12)	(18)	-2,380,382 00	2,293,223 00
Net Assets	19. Total Assets (Part IV, line 10)	(19)	72,829,085 00	76,990,801 00
	20. Total Liabilities (Part IV, line 14)	(20)	30,071,720 00	28,721,934 00
	21. Net Assets (Subtract line 20 from line 19)	(21)	42,757,365 00	48,268,867 00
Tax and Payments	22. Total special tax determined (Part VIII, line 3)	(22)		0 00
	23. Income tax determined on the exempt organization's unrelated business income (Schedule A Exempt Organization)	(23)		0 00
	24. Less: (a) Credit for alternative minimum tax paid in previous years (Submit Schedule A Corporation)	(24a)		0 00
	(b) Tax credits (Submit Schedule B1 Exempt Organization)	(24b)		0 00
	(c) Income tax withheld at source on payments for services rendered, interests or dividends for the taxable year (Submit detail)	(24c)		0 00
	(d) Other payments and withholdings (Submit detail) (See instructions)	(24d)		0 00
	(e) Total payments, withholdings and credits (Add lines 24(a) through 24(d))	(24e)		0 00
25. Balance of tax to be paid by the organization (If the sum of lines 22 and 23 is more than line 24(e), enter here the result of the sum of lines 22 and 23 less line 24(e). Otherwise, enter zero on this line and continue with line 26)	(25)		0 00	
26. Balance to be refunded (If line 24(e) is more than the sum of lines 22 and 23, enter the result of line 24(e) less lines 22 and 23. Otherwise, enter zero)	(26)		0 00	
<b>Part II</b>		<b>Income, Dues, Contributions, etc.</b>		
Income, Dues, Contributions, Etc.	1. Dues, assessments, etc. from members, excluding services and other charges properly included on line 17 (See instructions Parts II and III)	(1)		0 00
	2. Dues, assessments, etc. from affiliated organizations (See instructions Parts II and III)	(2)		0 00
	3. Legislative grants and contributions	(3)		0 00
	4. Contributions, gifts, grants, etc. received (See instructions Parts II and III)	(4)		6,619,935 00
	5. Patronage dividends (or patronage refund) received (See instructions Parts II and III)	(5)		0 00
	6. Income from fundraising activities	(6)		72,646 00
	7. Other non-cash contributions	(7)		0 00
	8. Total of income, dues, contributions, etc. (Add lines 1 through 7. Transfer this amount to line 8 of Part I)	(8)		6,692,581 00
Service Program Revenues	9. Income from service programs carried out by the organization (Submit detail if you need additional lines)			
	(a) TUITIONS AND FEES	(9a)	33,312,018 00	
	(b) SALES AND SERVICES OF AUXILIARY ENTERPRISES	(9b)	2,242,376 00	
	(c) SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	(9c)	913,469 00	
	(d)	(9d)	0 00	
	(e)	(9e)	0 00	
(f) Total income from service programs carried out by the organization (Add lines 9(a) through 9(e). Transfer this amount to line 9 of Part I)	(9f)		36,467,863 00	
Investment Income	10. Interests	(10)		523,602 00
	11. Dividends	(11)		0 00
	12. Gains (losses) from the sale of capital assets (Submit Schedule D Corporation)	(12)		-223,690 00
	13. Exempt income (Submit Schedule IE Corporation)	(13)		0 00
14. Total investment income (Add lines 10 through 13. Transfer this amount to line 10 of Part I)	(14)		299,912 00	
Other Income	15. (a) Gross rents	(15a)	0 00	
	(b) Less: Rental expenses	(15b)	0 00	
	(c) Income (loss) from rent activities	(15c)		0 00
	16. Royalties	(16)		0 00
	17. Gross income from commercial activities including the exempt income from a registered investment company or real estate investment trust (Submit detail)	(17)		0 00
	18. Miscellaneous income (Submit detail)	(18)		6,932,826 00
19. Total other income (Add lines 15(c) through 18. Transfer this amount to line 11 of Part I)	(19)		6,932,826 00	
20. Total Income (Add lines 8, 9(f), 14 and 19)	(20)		50,393,182 00	

UNIVERSIDAD DEL SAGRADO CORAZON INC

66-0207156

GOVERNMENT OF PUERTO RICO

STATEMENT ATTACHED TO FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 06/30/2024

Part 1, Line 1 - Activities and Requirements

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**UNIVERSIDAD DEL SAGRADO CORAZON INC**  
**66-0207156**  
**GOVERNMENT OF PUERTO RICO**  
**STATEMENT ATTACHED TO FORM 480.70(OE)**  
**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**  
**FOR THE YEAR ENDED ON 06/30/2024**  
**Page 2, Part II, Line 18 - Miscellaneous income**

<b>Description</b>	<b>Amount</b>
OTHER SOURCES	\$6,932,826
<b>Total</b>	<b>\$6,932,826</b>

Part III		Disposition of Income, Dues, Contributions, etc. (See inst.)	(A) Service Programs	(B) Fundraising	(C) General and Administrative	(D) Total
Expenses Related to Declared Income	21.	Compensation to officers, directors, trustees and key employees (Complete Part V) ..... (21)	0 00	0 00	2,644,886 00	2,644,886 00
	22.	Salaries, wages and commissions to employees. Number of employees <input type="text" value="855"/> ..... (22)	18,903,708 00	0 00	2,750,243 00	21,653,951 00
	23.	Interests ..... (23)	0 00	0 00	660,100 00	660,100 00
	24.	Taxes (Such as property, income, social security, unemployment, etc.) ..... (24)	0 00	0 00	0 00	0 00
	25.	Rents ..... (25)	0 00	0 00	0 00	0 00
	26.	Professional services ..... (26)	1,987,251 00	0 00	3,608,406 00	5,595,657 00
	27.	Depreciation ..... (27)	2,814,917 00	0 00	1,712,125 00	4,527,042 00
	28.	Dues, assessments, etc. to affiliated organizations ..... (28)	0 00	0 00	0 00	0 00
	29.	Miscellaneous expenses (Submit detail) ..... (29)	7,558,582 00	0 00	5,459,741 00	13,018,323 00
	30.	<b>Total expenses related with the declared income (Add lines 21 through 29. Transfer the total of Column (D) to line 13 of Part I)..... (30)</b>	<b>31,264,458 00</b>	<b>0 00</b>	<b>16,835,501 00</b>	<b>48,099,959 00</b>
Contributions	31.	Contributions, gifts and grants paid (Include the name and social security number to whom they were paid). Submit detail if you need additional lines.				
	(a)	..... (31a)	0 00	0 00	0 00	0 00
	(b)	..... (31b)	0 00	0 00	0 00	0 00
	(c)	..... (31c)	0 00	0 00	0 00	0 00
(d)	<b>Total contributions, gifts and grants paid (Add lines 31(a) through 31(c). Transfer to line 14 of Part I)..... (31d)</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	
Other Expenses	32.	Benefits paid to members or their dependents:				
	(a)	Death, sickness, hospitalization, disability, life insurance or pensions benefits ..... (32a)				0 00
	(b)	Other benefits (Submit detail) ..... (32b)				0 00
	33.	Additions to surplus and reserves (Submit itemized schedule) ..... (33)				0 00
34.	<b>Total Other Expenses (Add lines 32 and 33. Transfer to line 16 of Part I)..... (34)</b>				<b>0 00</b>	
35.	<b>Total Expenses (Add lines 30, 31(d) and 34)..... (35)</b>				<b>48,099,959 00</b>	
36.	Excess (deficit) for the year (Subtract line 35 from line 20) ..... (36)				<b>2,293,223 00</b>	
37.	Fund's balance at the beginning of the year ..... (37)				<b>42,757,365 00</b>	
38.	Other changes in the fund's balance (Submit detail) ..... (38)				<b>3,218,279 00</b>	
39.	Fund's balance at the end of the year ..... (39)				<b>48,268,867 00</b>	

Part IV		Balance Sheet			
		Beginning of the year		Ending of the year	
Assets		Total		Total	
1.	Cash ..... (1)		1,325,893 00		4,979,416 00
2.	Notes and accounts receivable ..... (2)	2,842,503 00		3,115,614 00	
	Less: Reserve for bad debts.....	271,226 00		222,209 00	
3.	Inventories ..... (3)		605,985 00		580,251 00
4.	Investments in governmental obligations ..... (4)		0 00		0 00
5.	Investments in non-governmental funds ..... (5)		0 00		0 00
6.	Investments in corporate stocks (See instructions Part IV) ..... (6)		0 00		0 00
7.	Other investments ..... (7)		22,678,966 00		25,036,647 00
8.	Capital assets				
(a)	Depreciable or depletable assets ..... (8a)	118,635,317 00		120,462,148 00	
	Less: Reserve for depreciation (or depletion).....	75,940,945 00		80,467,986 00	
(b)	Land ..... (8b)		2,268,476 00		2,268,476 00
9.	Other assets ..... (9)		684,116 00		1,238,444 00
10.	<b>Total Assets</b> ..... (10)		<b>72,829,085 00</b>		<b>76,990,801 00</b>
Liabilities					
11.	Accounts payable ..... (11)	6,241,811 00		6,409,507 00	
12.	Bonds, notes and mortgages payable				
(a)	With original maturity date of less than 1 year..... (12a)	1,060,000 00		1,105,000 00	
(b)	With original maturity date of 1 year or more ..... (12b)	20,655,735 00		18,655,708 00	
13.	Other liabilities ..... (13)	2,114,174 00		2,551,719 00	
14.	<b>Total Liabilities</b> ..... (14)		<b>30,071,720 00</b>		<b>28,721,934 00</b>
Stockholder's Equity					
15.	Capital stock				
(a)	Preferred stocks ..... (15a)	0 00		0 00	
(b)	Common stocks ..... (15b)	0 00		0 00	
16.	Membership certificates ..... (16)	0 00		0 00	
17.	Paid-in capital or capital surplus (Donated capital if a trust) ..... (17)	0 00		0 00	
18.	Surplus reserve ..... (18)	0 00		0 00	
19.	Surplus from operations and retained earnings ..... (19)	42,757,365 00		48,268,867 00	
20.	<b>Total Stockholder's Equity</b> ..... (20)		<b>42,757,365 00</b>		<b>48,268,867 00</b>
21.	<b>Total Liabilities and Stockholder's Equity</b> ..... (21)		<b>72,829,085 00</b>		<b>76,990,801 00</b>

Retention Period: Ten (10) years

**UNIVERSIDAD DEL SAGRADO CORAZON INC**  
**66-0207156**  
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**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**  
**FOR THE YEAR ENDED ON 06/30/2024**

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

Description and Property Location	Programas de Servicios	FONDOS FONDOS	Generale y Administrativos	Total
MATERIALS AND SUPPLIES	\$1,492,426	\$0	\$1,439,205	\$2,931,631
MAINTENANCE AND FACILITIES COST	\$3,584,405	\$0	\$3,681,243	\$7,265,648
OTHER SCHOLARSHIPS	\$1,682,849	\$0	\$0	\$1,682,849
OTHER EXPENSES	\$798,902	\$0	\$339,293	\$1,138,195
<b>Total</b>	<b>\$7,558,582</b>	<b>\$0</b>	<b>\$5,459,741</b>	<b>\$13,018,323</b>

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**Page 3, Part III, Line 38 - Other changes in the fund's balance**

<b>Description</b>	<b>Amount</b>
MINIMUM PENSION LIABILITY ADJUSTMENT	\$1,427,575
NET UNREALIZED GAIN ON INVESTMENT	\$1,790,704
<b>Total</b>	<b>\$3,218,279</b>

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**FOR THE YEAR ENDED ON 06/30/2024**  
**Page 3, Part IV, Line 7 - Other investments**

Description	At the beginning of the year	At the end of the year
EQUITY SECURITIES	\$10,092,544	\$12,265,229
CORPORATE BONDS AND DEBENTURES	\$2,786,326	\$2,769,849
MORTGAGE AND ASSETS- BACKED SECURITIES	\$2,521,525	\$2,615,471
TIME DEPOSITS	\$8,185	\$8,185
MUTUAL FUNDS	\$1,196,095	\$700,680
US TREASURY OBLIGATIONS	\$2,736,708	\$2,747,328
CASH HELD TEMPORARILY PENDING LONG TERM INVESTMENTS	\$1,180,695	\$1,640,221
PRIVATE EQUITY FUNDS AND HEDGE FUNDS	\$2,156,888	\$2,289,684
<b>Total</b>	<b>\$22,678,966</b>	<b>\$25,036,647</b>

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**FOR THE YEAR ENDED ON 06/30/2024**  
**Page 3, Part IV, Line 9 - Other assets**

<b>Description</b>	<b>At the beginning of the year</b>	<b>At the end of the year</b>
PREPAID EXPENSES	\$206,663	\$760,991
OTHER NON CURRENT ASSETS	\$477,453	\$477,453
<b>Total</b>	<b>\$684,116</b>	<b>\$1,238,444</b>

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**FOR THE YEAR ENDED ON 06/30/2024**  
**Page 3, Part IV, Line 13 - Other liabilities**

Description	At the beginning of the year	At the end of the year
GRANTS COLLECTED IN ADVANCE, DEFERRED TUITION AND OTHER REVENUE	\$2,114,174	\$2,551,719
<b>Total</b>	<b>\$2,114,174</b>	<b>\$2,551,719</b>

Part V List of Officers, Directors or Key Employees					
Name and title	Social security number	Number of weekly hours dedicated to the institution	Compensation	Contributions to pension or deferred compensation plans	Allowances or expenses account
See Statement Attached	Various	Various	2,644,886 00	0 00	0 00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00

Part VI Compensation in Excess of \$5,000 Paid to Independent Contractors for Professional Services				
Name and address	Social security or employer identification number	Type of service	Compensation	
See Statement Attached	Various	Various	13,479,147	00
				00
				00
				00
				00

Part VII Questionnaire		Yes	No	N/A
<b>Section A. Board of Director and Management</b>				
1. (a) Indicate the number of members with voting rights in the board of directors at the end of the taxable year ..... (1a)	19			
(If there is a significant difference in the voting rights among the members of the board of directors, or if board of directors delegates sufficient authority to an executive committee or to a committee of similar nature, submit explanation)				
(b) Provide the number of members with voting rights included on line 1(a) who are independent ..... (1b)	19			
2. Indicate if any officer, director, trustee or key employee keep a familiar or commercial relation with any other officer, director or key employee ..... (2)		X		
3. Indicate if the organization delegates the control of the entity management aspects, customarily performed by and under the direct supervision of officers, directors, trustees or key employees, to management companies or other persons outside the entity ..... (3)		X		
4. Indicate if the organization made significant changes to the entity's constitutive documents after the filing of the informative return for income tax exempt organizations corresponding to the previous taxable year ..... (4)		X		
5. Indicate if the organization became aware during the year of a significant deviation of the organization's assets ..... (5)		X		
6. Does the organization have members or stockholders? ..... (6)		X		
7. (a) Does the organization have members, stockholders or other persons with power to elect or appoint one or more members of the board of director? ..... (7a)		X		
(b) Is any management decision reserved to (or subject to approval by) members, stockholders or persons other than the board of directors? ..... (7b)		X		
8. Indicate if the organization contemporaneously documents the meetings or actions undertaken during the year by the following:				
(a) The board of directors ..... (8a)		X		
(b) Each committee with authority to act in representation of the board of directors ..... (8b)		X		
9. Indicate if there is any director, officer, trustee or key employee that cannot be reached at the entity's electronic mail address (If the answer is "Yes", provide the following information: Name _____ Address _____ E-mail _____) ..... (9)		X		

Retention Period: Ten (10) years

**UNIVERSIDAD DEL SAGRADO CORAZON INC**  
**66-0207156**  
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**FOR THE YEAR ENDED ON 06/30/2024**  
**Page 4, Part V - List of Officers, Directors or Key Employees**

Name and title	Social security number	Number of weekly hours dedicated to the institution	Compensation	Contributions to pension or deferred compensation plans	Allowances or expenses account
SEE STATEMENT ATTACHED	660-20-7156	0	\$2,644,886	\$0	\$0
				<b>Total</b>	<b>\$0</b>

UNIVERSIDAD DEL SAGRADO CORAZON INC

66-0207156

GOVERNMENT OF PUERTO RICO

STATEMENT ATTACHED TO FORM 480.70(OE)

INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS

FOR THE YEAR ENDED ON 06/30/2024

Page 4, Part VI - Compensation in Excess of \$5,000 Paid to Independent Contractors  
for Professional Services

Name of person or business	Social Security or employer identification number	Type of service	Compensation
SEE STATEMENT ATTACHED	66-0207156	VARIOUS	\$13,479,147
		<b>Total</b>	<b>\$13,479,147</b>

Section B. Organization's Policies

- 10. (a) Indicate if the organization has local chapters, branches or affiliates ... (10a)
(b) If "Yes", indicate if the organization has written policies and procedures that govern the activities of such chapters, affiliates and branches to ensure that its operations are consistent with the exempt organization's purposes ... (10b)
11. (a) Indicate if the organization provided a complete copy of Form 480.70(OE) to all members of the board of directors before filing the form ... (11a)
(b) Describe the process, if any, used by the organization to review Form 480.70(OE):
The Form is prepared by an independent CPA firm and is reviewed/approved by the Board of Trustees.
12. (a) Indicate if the organization has a written conflict of interest policy ... (12a)
(b) Indicate if the officers, directors, trustees and key employees are required to annually disclose interests that could give rise to conflicts with the organization ... (12b)
(c) Indicate if the organization regularly monitors and enforces the compliance of these policies. If "Yes", provide examples of how this monitoring is performed ... (12c)
13. Indicate if the organization has a written whistleblowing policy ... (13)
14. Indicate if the organization has a written document retention and destruction policy ... (14)
15. Indicate if the process for determining compensation of the following persons includes the review and approval by an independent person, the review of comparative information, and contemporaneous substantiation of the deliberation:
(a) The organization's Chief Executive Officer (CEO), Executive Director and top management officials ... (15a)
(b) Other officers and key employees of the organization ... (15b)
(If "Yes", describe the process to determine the compensation of these officers)
16. (a) Indicate if the organization invests in, contributes assets to, or participates in a joint venture or similar arrangement with a taxable entity during the year ... (16a)
(b) If "Yes", indicate if the organization follows a written policy or procedure requiring the evaluation of the arrangements under the applicable tax law, and takes steps to safeguard the organization's exempt status with respect to such arrangements ... (16b)

Section C. Other Information

- 17. If you do not have the case number, did you request the exemption under Section 1101.01 of the Code? If "Yes", indicate the date requested and the paragraph of Section 1101.01 under which you requested it: 4/20/1966 101(6) ... (17)
If you have not requested tax exemption, do not complete this form. You must file Form 480.20 (Corporation Income Tax Return).
18. Indicate if the organization have an administrative opinion under which the tax exemption was granted with special conditions ... (18)
19. Indicate if the organization have exemption under the Federal Internal Revenue Code. If "Yes", indicate the date it was granted: 06/01/1969 ... (19)
20. Has the organization been audited or is currently under investigation by the Department of the Treasury? ... (20)
21. The books are in care of FINANCE OFFICE
Address: CALLE ROSALES PDA 26 1/2 SANTURCE PR 00914
22. Accounting method used:
[ ] Cash [X] Accrual [ ] Other(s)
If you checked other(s), explain:
23. (a) During this year, did the organization derive income from unrelated activities? ... (23a)
(b) If "Yes", did you include the duly completed Schedule A Exempt Organization with this return? ... (23b)
Indicate the unrelated business activities, the NAICS code and the merchant's registration number, if applicable, of such activities. In addition, indicate the purpose of such activities in the organization. Submit detail, if you need additional space.
24. (a) Indicate if the organization have employees ... (24a)
(b) If "Yes", did you file the Withholding Statements (Forms 499R-2/W-2PR or 499R-2c/W-2cPR)? ... (24b)
25. (a) Indicate if the organization have contracted professional services ... (25a)
(b) If "Yes", did you file the Informative Returns (Forms 480.5, 480.6SP, 480.6C)? ... (25b)
(c) Have you made any withholding at source? ... (25c)
(d) If "Yes", indicate the tax rate applied: 0
26. (a) Indicate if you made payments to entities not engaged in trade or business in Puerto Rico ... (26a)
(b) If "Yes", did you make the withholding at source? ... (26b)

Retention Period: Ten (10) years

UNIVERSIDAD DEL SAGRADO CORAZON INC  
66-0207156  
GOVERNMENT OF PUERTO RICO  
STATEMENT ATTACHED TO FORM 480.70(OE)  
INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS  
FOR THE YEAR ENDED ON 06/30/2024  
Part 7, Line 15B

Indique la parte o partes de la planilla para la cual completa este detalle:

Única Exención

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**Comentarios**

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The president compensation is annually reviewed by the Board of Trustees, pursuant to the University's bylaws. The compensation of officers, directors, and key employees is based on comparative data for the professional discipline in the market and with other higher education institutions in Puerto Rico.

Section C. Other Information (Continued)

	Yes	No	NA
27. If the organization is exempt under Section 1101.01(10) of the Code, indicate the name of the organization that holds the title of the property:			
28. Indicate if the organization is a successor from another organization that previously existed ..... (28)	<input checked="" type="checkbox"/>		
Name of the previous organization: _____			
Address: _____			
29. Indicate if the organization leased real property to (or) from other person or groups of persons related to the organization ..... (29)	<input checked="" type="checkbox"/>		
30. Indicate the number of members or participants ..... 0			
31. Indicate if the organization is in good standing with the filing of the Department of State's Annual Reports ..... (31)	<input checked="" type="checkbox"/>		
32. (a) Indicate if during the taxable year the organization established or discontinued any service program ..... (32a)	<input checked="" type="checkbox"/>		
(b) If "Yes", did you notify the same to the Department of the Treasury? Indicate the notification date: ..... (32b)			<input checked="" type="checkbox"/>
33. Indicate whether the organization had any changes in the type of income, character, purpose for which it was organized or form of operating, that has not been previously informed to the Secretary of the Department of the Treasury (Submit detail of the changes) ..... (33)	<input checked="" type="checkbox"/>		
34. Indicate if during the year the organization was liquidated, dissolved or finished ..... (34)	<input checked="" type="checkbox"/>		
If "Yes", submit detail and a copy of the Department of the State's dissolution.			
35. Indicate whether the organization is controlled, or if it controls another institution ..... (35)	<input checked="" type="checkbox"/>		
If "Yes", indicate the name and the employer identification number of said institution: _____			
36. Indicate if any entity withheld income tax at source to the organization on any payment for services rendered during the taxable year. If "Yes", include such amount on line 24(c) of Part I ..... (36)	<input checked="" type="checkbox"/>		
37. Is the volume of business of the entity or aggregated volume of business of the group of related entities, if the entity is a member of said group, \$10,000,000 or more? (See instructions) ..... (37)	<input checked="" type="checkbox"/>		
(a) Do you include audited financial statements, as established in Section 1061.15 of the Code? (See instructions) ..... (37a)	<input checked="" type="checkbox"/>		
CPA Association Stamp Number _____			
(b) Do you include Schedule PCI - Uncertain Tax Positions? ..... (37b)	<input checked="" type="checkbox"/>		
(c) If the entity is a member of a group of related entities and the volume of business is less than \$3,000,000, do you include audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico, as established in Section 1061.15(a)(5)(A)(ii) of the Code? ..... (37c)			<input checked="" type="checkbox"/>
CPA Association Stamp Number _____			
(d) If the entity is a member of a group of related entities and the entity business volume is equal to or more than \$3,000,000, do you include audited financial statements signed by a CPA licensed in Puerto Rico, as provided in Section 1061.15(a)(A)(i) of the Code? ..... (37d)			<input checked="" type="checkbox"/>
CPA Association Stamp Number _____			
38. If the entity is not a member of a group of related entities, is the volume of business of the entity equal to or more than \$3,000,000 but less than \$10,000,000? (See instructions) ..... (38)	<input checked="" type="checkbox"/>		
(a) Do you include audited financial statements or agreed-upon procedures signed by a CPA licensed in Puerto Rico, as established in Section 1061.15(a)(3) of the Code? ..... (38a)			<input checked="" type="checkbox"/>
CPA Association Stamp Number _____			
39. Did you request to change the accounting period? ..... (39)	<input checked="" type="checkbox"/>		
Date of request _____			
Date of approval _____			
40. At any time during the year, (a) did you buy, receive, or otherwise acquire (as a reward, award, or compensation); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ..... (40)	<input checked="" type="checkbox"/>		

Part VIII Computation of Special Taxes

1. Special tax to the compensation received by officers, directors and highly paid employees:			
(a) Compensations paid in excess of \$250,000 (See instructions) ..... (1a)		0	00
(b) Compensations paid in excess of \$500,000 (See instructions) ..... (1b)		0	00
(c) Compensations paid in excess of \$750,000 (See instructions) ..... (1c)		0	00
(d) Compensations paid in excess of \$1,000,000 (See instructions) ..... (1d)		0	00
(e) Total compensations paid (Add lines 1(a) through 1(d)) ..... (1e)		0	00
(f) Tax (Multiply line 1(e) by 37.5%) ..... (1f)		0	00
2. Special tax for indemnification payments for harassment and related expenses:			
(a) Total compensations paid (See instructions) ..... (2a)		0	00
(b) Tax (Multiply line 2(a) by 37.5%) ..... (2b)		0	00
3. Total special tax determined (Add lines 1(f) and 2(b). Transfer the result to line 22 of Part I) ..... (3)		0	00

Retention Period: Ten (10) years

**Schedule D Corporation**

Rev. 07.23

**GAINS AND LOSSES FROM SALE OR EXCHANGE OF PROPERTY**

**2023**

Taxable year beginning on **01 Jul 2023** and ending on **30 Jun 2024**

Taxpayer's name

**UNIVERSIDAD DEL SAGRADO CORAZON INC**

Employer Identification Number

**66-0207156**

**Part I Short-Term Capital Assets Gains and Losses (Held one year or less)**

Description and Location of Property	Disregarded Entity	Cadastre Number (If applicable)	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="checkbox"/>				00	00	00	00
	<input type="checkbox"/>				00	00	00	00
	<input type="checkbox"/>				00	00	00	00
	<input type="checkbox"/>				00	00	00	00
1. Net short-term capital gain (or loss) (Sum of Column (F))								(1) 0 00
2. Net short-term capital gain (or loss) from investment funds (See instructions)								(2) 0 00
3. Distributable share on net short-term capital gain (or loss) from Pass-Through Entities (Form 480.60 EC)								(3) 0 00
4. Net short-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)								(4) 0 00
5. <b>Net short-term capital gain (or loss)</b> (Add lines 1 through 4)								(5) 0 00

**Part II Long-Term Capital Assets Gains and Losses (Held more than one year)**

Description and Location of Property	Disregarded Entity	Cadastre Number (If applicable)	Fill in if you prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss (Act 132-2010 and Act 216-2011. See inst.)	(G) Gain or Loss
<b>REALIZED GAIN OR LOSS ON INVESTMENTS</b>	<input type="checkbox"/>		<input type="checkbox"/>	<b>Various</b>	<b>Various</b>	0 00	<b>223,690</b> 00	0 00	0 00	<b>-223,690</b> 00
	<input type="checkbox"/>		<input type="checkbox"/>			00	00	00	00	00
	<input type="checkbox"/>		<input type="checkbox"/>			00	00	00	00	00
	<input type="checkbox"/>		<input type="checkbox"/>			00	00	00	00	00
6. Net long-term capital gain (or loss) (Sum of Column (G))								(6) -223,690 00		
7. Net long-term capital gain (or loss) from investment funds (See instructions)								(7) 0 00		
8. Distributable share on net long-term capital gain (or loss) from Pass-Through Entities (Form 480.60 EC)								(8) 0 00		
9. Net long-term capital gain (or loss) attributable to direct investment and not through a Capital Investment Fund (Submit detail)								(9) 0 00		
10. <b>Net long-term capital gain (or loss)</b> (Add lines 6 through 9)								(10) -223,690 00		

**Part III Capital Assets Gains and Losses Realized under Special Legislation**

Description and Location of Property	Disregarded Entity	Cadastre Number (If applicable)	Fill in if you prepaid	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="checkbox"/>		<input type="checkbox"/>			00	00	00	00
	<input type="checkbox"/>		<input type="checkbox"/>			00	00	00	00
	<input type="checkbox"/>		<input type="checkbox"/>			00	00	00	00
11. <b>Net capital gain (or loss) under Act:</b> _____ (Decree No. _____)								(11) 0 00	

Retention Period: Ten (10) years

**UNIVERSIDAD DEL SAGRADO CORAZON INC**  
**66-0207156**  
**GOVERNMENT OF PUERTO RICO**  
**STATEMENT ATTACHED TO FORM 480.70(OE)**  
**INFORMATIVE RETURN FOR INCOME TAX EXEMPT ORGANIZATIONS**  
**FOR THE YEAR ENDED ON 06/30/2024**  
**Schedule D, Page 1, Part II, Line 6 - Net long-term capital gain (or loss)**

Description and Location of Property	Disregarded Entity	Cadastre Number	Fill in if you Prepaid	(A) Date Acquired	(B) Date Sold	(C) Sale Price	(D) Adjusted Basis	(E) Sale Expenses	Gain or Loss (Act 132-2010 and Act 216- 2011. See inst.)	(G) Gain or Loss
REALIZED GAIN OR LOSS ON INVESTMENTS				Various	Various	\$0	\$223,690	\$0	\$0	(\$223,690)
<b>Total</b>									<b>(\$223,690)</b>	

Part IV	Summary of Capital Gains and Losses	UNIVERSIDAD DEL SAGRADO CORAZON INC	66-0207156	Gains or Losses		
				Column A	Column E	Column C
				Short-Term	Long-Term	Under Special Legislation
12. Enter the gains determined on lines 5, 10 and 11 in the corresponding Column .....	(12)	0 00	0 00	0 00		
13. Enter the losses determined on lines 5, 10 and 11 in the corresponding Column .....	(13)	0 00	-223,690 00	0 00		
14. If <b>any</b> of Columns B and C reflect a loss on line 13, apply the total to the gain of the other Column (See instructions) .....	(14)		0 00	0 00		
15. Subtract line 14 from line 12. If any Column reflected a loss on line 13, enter zero here .....	(15)		0 00	0 00		
16. Apply the loss from line 13, Column A proportionally to the gains in Columns B and C (See instructions) .....	(16)		0 00	0 00		
17. Subtract line 16 from line 15 .....	(17)		0 00	0 00		
18. Add the total of Columns B and C, line 17. However, if line 12 does not reflect any gain in Columns B and C, you must enter the total amount of line 13, Columns A, B and C .....	(18)			-223,690 00		
19. Net capital gain (or loss) for the current year (Add line 12, Column A and line 18. If the result is more than zero, continue with line 20. If the result is less than zero, do not complete line 20 and continue with line 21) .....	(19)			-223,690 00		
20. Less: Net capital loss not used in previous years (In Column B you must enter the total net capital loss carryover (Part VI, line 23). Enter in Column C the smaller between line 20, Column B or the result of line 19 multiplied by 90%. This will be the deductible amount) .....	(20)		0 00	0 00		
21. Net capital gain (Line 19 less line 20. Enter here and on Form 480.20, Part I, line 12 or on the appropriate line of other returns. Also you must complete Part VII) .....	(21)			0 00		

Part V	Gains (or Losses) from Property Other than Capital Assets						
Description and Location of Property	Disregarded Entity	(A) Date Acquired (Day/Month/Year)	(B) Date Sold (Day/Month/Year)	(C) Sale Price	(D) Adjusted Basis	(E) Selling Expenses	(F) Gain or Loss
	<input type="checkbox"/>			0 00	0 00	0 00	0 00
	<input type="checkbox"/>			0 00	0 00	0 00	0 00
	<input type="checkbox"/>			0 00	0 00	0 00	0 00
	<input type="checkbox"/>			0 00	0 00	0 00	0 00
22. Net gain (or loss) from property other than capital assets (Enter here and transfer to Form 480.20, Part I, line 13 or to the appropriate line of other returns) .....							0 00

Part VI	Determination of the Net Capital Loss Carryover			
Year in which the loss was incurred (Day / Month / Year)	(A) Capital Loss Incurred	(B) Amount Used	(C) Capital Loss Carryforward (Column A - Column B)	Expiration Date (Day/Month/Year)
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
	0 00	0 00	0 00	
23. Total net capital loss carryover. (Transfer this amount to Part IV, line 20, Column B of this Schedule) .....			0 00	

Taxpayer's name <b>UNIVERSIDAD DEL SAGRADO CORAZON INC</b>	Employer Identification Number <b>66-0207156</b>
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**Part VII Determination of the Net Long-Term Capital Gain - For Each Tax Rate**

	Column A	Column B	Column C	Column D	Column E
	Short-Term	Long-Term (20%)	Special Legislation ( 0.00%)	Total Long-Term (Sum of Columns B and C)	Total Net Capital Gain (Sum of Columns A and D)
1. Net Capital Gain (or Loss) (In the case of short-term gains, transfer the amount on line 12 of Column A, Part IV of Schedule D Corporation. In the case of long-term gains (or losses), transfer the amounts on line 17 of Columns B and C, Part IV of Schedule D Corporation, as it corresponds) ..... (1)	0 00	0 00	0 00	0 00	0 00
2. Transfer to Column A the loss included on line 1, Column D, if any. If line 1, Column D reflects gain, enter zero in Columns A through E (See instructions) ..... (2)	0 00	0 00	0 00	0 00	0 00
3. Subtract line 2 from line 1. If line 1, Column D reflects loss, enter zero in Columns B and C. This is the current year net capital gain per category ..... (3)	0 00	0 00	0 00	0 00	0 00
4. Allowable amount as net capital loss not used in previous years claimed on Schedule D Corporation (Transfer the amount included on line 20, Column C, Part IV of Schedule D Corporation) (The amount entered on this line cannot exceed 90% of the amount reflected on line 3, Column E of this Part) ..... (4)	0 00				
5. Subtract in Column A line 4 from line 3 (If the result is more than zero, this is the net short-term capital gain. Therefore, enter zero on line 7 of Columns B and C. If the result is less than zero, continue on line 6) ..... (5)	0 00				
6. Proportion of the gains according to each tax rate (Divide the amount on line 3, Columns B and C, by the total long-term gains indicated on line 3 of Column D. Enter the result rounded to two decimal places). Add the percentages in Columns B and C and enter the total in Column D. <b>The total should be 100%</b> ..... (6)		0.00 %	0.00 %	0.00 %	
7. Capital loss carryforward attributable to long-term transactions (Columns B and C) (Multiply line 5 - Column A by line 6 of each Column. If the amount reflected on line 5 is more than zero, enter zero in Columns B and C) ..... (7)		0 00	0 00	0 00	
<b>8. Net long-term capital gain :</b>					
(a) Net Long-Term Capital Gain subject to 20% (Column B - Subtract line 7 from line 3. Transfer the result to Column B of line 2(a) of Schedule D1 Corporation) ..... (8a)		0 00		0 00	
(b) Net Long-Term Capital Gain subject to the tax rate provided by Special Legislation (Column C - Subtract line 7 from line 3. Transfer the result to Columns E, F or G, as applicable, of line 2(a) of Schedule D1 Corporation) ... (8b)			0 00	0 00	
9. <b>Total net long-term capital gain</b> (Column D - Add lines 8(a) and 8(b). Transfer this result to Column A - line 2(a) of Schedule D1 Corporation) ..... (9)				0 00	
10. Net capital gain (If line 5 is more than zero, add lines 5 and 9 and enter the result here. Otherwise, enter here the amount of line 9. This amount must be the same as the one reported on line 21, Part IV of this Schedule) ..... (10)					0 00

Retention Period: Ten (10) years

**Schedule E**

Rev. 07.23

**DEPRECIATION**

**2023**

Taxable year beginning on **Jul/01**, 2023 and ending on **Jun/30**, 2024

Schedule E No. **1**

Taxpayer's name

**UNIVERSIDAD DEL SAGRADO CORAZON INC**

Social Security or Employer Identification Number

**66-0207156**

1. Type of property (in case of a building, specify the material used in the construction).	2. Date acquired.	3. Original cost or other basis (exclude cost of land). Basis for automobiles may not exceed from \$30,000 per vehicle.	4. Depreciation claimed in prior years.	5. Estimated useful life to compute the depreciation.	6. Depreciation claimed this year.
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(a) Current Depreciation

<b>BUILDING &amp; IMPORVEMNTS</b>		<b>83,558,688</b>	<b>00</b>	<b>50,118,789</b>	<b>00</b>	<b>0</b>	<b>3,038,445</b>	<b>00</b>
<b>EQUIPMENT &amp; LIBRARY BOOKS</b>		<b>35,157,262</b>	<b>00</b>	<b>25,822,156</b>	<b>00</b>	<b>0</b>	<b>1,488,597</b>	<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
<b>Total</b>				<b>75,940,945</b>	<b>00</b>		<b>4,527,042</b>	<b>00</b>

(b) Flexible Depreciation

			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
<b>Total</b>				<b>0</b>	<b>00</b>			<b>0</b>

(c) Accelerated Depreciation

			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
<b>Total</b>				<b>0</b>	<b>00</b>			<b>0</b>

(d) Amortization (i.e. Goodwill)

<b>CONSTRUCTION IN PROGRESS</b>		<b>1,746,198</b>	<b>00</b>	<b>0</b>	<b>00</b>	<b>0</b>	<b>0</b>	<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
<b>Total</b>				<b>0</b>	<b>00</b>			<b>0</b>

(e) Automobiles (See instructions)

			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
			<b>00</b>		<b>00</b>			<b>00</b>
<b>Total</b>				<b>0</b>	<b>00</b>			<b>0</b>

(f) Vehicles under financial lease (Form 480.7D) (Amount of vehicles **0**) ..... **0** 00

**TOTAL:** (Add total of lines (a) through (f) of Column 6. Transfer to Schedules J, K, L, M and N Individual, whichever applies, or to the corresponding line of other returns) ..... **4,527,042** 00

Retention Period: Ten (10) years