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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning 2015, and ending JANUARY 1 **DECEMBER 31** , 20 15 D Employer identification number C Name of organization COMITE OLIMPICO DE PUERTO RICO, INC. Check if applicable Doing business as COMITE OLIMPICO DE PUERTO RICO, INC. 66-0319546 Address change Number and street (or P O, box if mail is not delivered to street address) Room/suite E Telephone number Name change initial return (787) 723-3890 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return **SAN JUAN, PR 00902** G Gross receipts \$ 10,781,663 Application pending F Name and address of principal officer MRS. SARA ROSARIO VELEZ H(a) Is this a group return for subordinates? Yes No P.O. BOX 8. SAN JUAN, PR 00902 H(b) Are all subordinates included? Tyes Vo No If "No," attach a list, (see instructions) Tax-exempt status 501(c)(3)) ◀ (insert no.) ☐ 4947(a)(1) or Website: ▶ www.copur.pr H(c) Group exemption number ▶ Form of organization 📝 Corporation 🔲 Trust Association [L Year of formation 1996 M State of legal domicile. Part I Summary Briefly describe the organization's mission or most significant activities: The entity's mission is the training and development of high performance athletes for the representation of the Commonwealth of Puerto Rico in international sports competitions. Activities & Governance Also, the entity provides financial assistance and facilities for training to athletes and their federations. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 30 Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year R Contributions and grants (Part VIII, line 1h) . \$11,580,347 \$10,610,873 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 160,258 170,740 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 11,740,605 10.781.613 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 Benefits paid to or for members (Part IX, column (A), Jine 4) 14 Salaries, other compensation, employee benefits (A), lines 5-10) 15 1,108,921 1,098,949 Professional fundraising fees (Part IX, column) 16a Total fundraising expenses (Part IX cally) h Other expenses (Part IX, column (A), In 17 10,882,866 9,828,952 Total expenses. Add lines 13-17/must equal Part IX 18 10,927,901 11,991,787 Revenue less expenses. Subtract 18 fað 19 \$(251,182) \$(146,288) End of Year Beginning of Current Year 20 Total assets (Part X, line 16) \$<u>43,439,113</u> \$48,209,092 Total liabilities (Part X, line 26) . 21 1,277,121 22 Net assets or fund balances. Subtract line 21 from line 20 \$46,346,617 \$42,161,992 Signature Block Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Print/Type preparer's name Date Paid Check [] If GABRIEL A. MORENO SANTIAGO self-employed P01482900 Preparer Firm's name MORENO SANTIAGO & CO., CPA Firm's EIN ▶ 66-0625340 **Use Only** Firm's address ► R7 COLONIAL STREET PARK GARDENS DEV., SAN JUAN, PR 00926 Phone no. (787) 283-8937 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

Cat. No. 11282Y

Form 990 (2015)

Part l	
1	Check if Schedule O contains a response or note to any line in this Part III
•	The entity's mission is the training and development of high performance athletes for the representation of the Commonwealth
	of Puerto Rico In International sports competitions.
	Also, the entity provides financial assistance and facilities for training to athletes and their federations.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,658,057 including grants of \$) (Revenue \$ 6,658,057)
	Sports delegations and federations received economic support from the entity to cover their operating and administrative
	expenses, including transportation, trainings, meals on their different tournaments. Also, training facilities were provided to
	athletes and their federations.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
עד	(Odde:

4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$ (Revenue \$)
4e	Totalisiogram service expenses

	IV Checklist of Required Schedules			Page C
			Yes	No
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	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? If "Yes," complete Schedule C, Part I	3		1
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? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? <i>If</i> "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.	1		nd)
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		1
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		1
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? <i>If</i> "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	•
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	•	1
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		1
14 a	3	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			
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	14b		,
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.	15		✓
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)	16		√
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	17	 	1
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	18		√
	roc, compare deficience a, rarem	19	<u> </u>	<u> </u>

Form 99				age 4
Part	Checklist of Required Schedules (continued)		Yes	No
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	.NO
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		∀
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		V ✓
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		<u>√</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		∀
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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 to defease any tax-exempt bonds?	24b 24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u>·</u>
32	Part I	31		✓
33	complete Schedule N, Part II	32		✓
	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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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? <i>If "Yes," complete Schedule R, Part VI</i>	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	1	

Part	G G			_
	Check if Schedule O contains a response or note to any line in this Part V		1	. [
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	실		150
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	식물	P.J	
	reportable gaming (gambling) winnings to prize winners?	1c	1917-dy-	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Te .	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	a	ngg-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		lik Calais	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	23mm381-1-3x	√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	ļ	1
b	If "Yes," enter the name of the foreign country: ► N/A	344	S. Market	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		e granta	L.
	(FBAR).	75	0.00	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C C	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	_		,
h	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			,
7	gifts were not tax deductible?	6b	MS-32/8.	V
a	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	4 ,499*	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		-
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	old an acres	Zero Best	e p
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	38885000-3886	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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		446.1	į,
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ!	1
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:	in the	Harrier Terretain	□ -∋'
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N// Section 501(c)(12) organizations. Enter:	4		4.44
''a	Owner to a second control of the second cont			4
b	Gross income from members or snareholders	4		
_	against amounts due or received from them.)	213601		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	Zi-William A	98.30
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N//	5591850 HEST	(*X*****	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Fag # To	
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.	av tat	学院的	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1101-7	
	the organization is licensed to issue qualified health plans	,		l ir
С	Enter the amount of reserves on hand	— 1000 ABOUT A		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	"No" ons.
Casti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management			· ·	
Section	on A. Governing body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 7			
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		***** /
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	4 5 6	\	√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	idertaken during	8a	\	
a b	The governing body?		8b	V	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	ot be reached at	9	•	1
Secti	on B. Policies (This Section B requests information about policies not required by th		ue C	ode.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a		√
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	•	12a	ad:	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		√
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c		1
13 14 15	Did the organization have a written whistleblower policy?	and approval by and decision?	13		√
a b 16a	The organization's CEO, Executive Director, or top management official		15a 15b		✓
b	with a taxable entity during the year?	n to evaluate its to safeguard the	16a 16b		人
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► US FEDERAL GO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Science)	and 990-T (Sectio	n 501	(c)(3)s	only
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of in			y, and
20	State the name, address, and telephone number of the person who possesses the organization.	on's books and re	cords	: ▶	

Page	4

Part VII	Compensation of Officers,	Directors, Trust	ees, Key Employe	es, Highest Com	pensated Employees, and
•	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atıc	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
					C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation	compensation from related	amount of other
	hours for	용필	Ins	Officer	<u>~</u>	en E	Ρ	the	organizations	compensation
	related	He wilder	<u>E</u>	icer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations	or at	ona		탕	8 8		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		yee	n pe				organizations
		8	stee			Highest compensated employee				
	 		-	-	_	ä				
(1) MRS. SARA ROSARIO VELEZ	40									
PRESIDENT		✓						\$83,000	\$-	\$1,11
(2) MR. VICTOR RUIZ										
VICEPRESIDENT		1	<u> </u>				<u> </u>	-		
(3) MR. VICTOR LOPEZ		,								
SECOND VICEPRESIDENT	 	✓					_	-	-	
(4) MR. CARLOS J. BELTRAN	· 									
GENERAL SECRETARY		1				-		-		
(5) MR. HUMBERTO TORRES	- 	1		ł						
TREASURER	 	V		_	_	-		-		
(6) MRS. GLORIA ROSA		1								
ASSISTANCE TREASURER (7)	 	*	\vdash	\vdash	\vdash	 		-	-	
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(14)	<u> </u>					1	ļ			

Pari	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (co	ontinue	ed)	
	(A)	(B)			(O Pos	C) ition			(D)	(E)		(F)	ur-
	Name and title	Average hours per	box, t	unles	s pe	rson	e than o is both or/trust	an	Reportable compensation	Reportable compensation t	rom	Estimated amount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-Mis		other compensat from the organizatio and relate organizatio	on ed
(15)				9			ted				-		
(16)												 .	
(17)													
(18)													
(19)													
(20)													
(21)													
(22)												······································	
(23)													<u> </u>
(24)													
(25)													
1b c d	Sub-total	VII, Sectio	n A					> > >	\$3,000 \$83,000		- \$-		1,11 <u>4</u> \$1,114
2	Total number of individuals (including bur reportable compensation from the organi	t not limited						e) w				of	<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compen	sated	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (con	nper	nsatio					# 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	/idual	5	
Section	on B. Independent Contractors								<u>'</u>			<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	Iress			•				(B) Description of s	ervices	c	(C) Compensation	
N/A				-				N/A	Α				N/A
2	Total number of independent contractor) th	nose listed abo	ove) who		AND THE RESERVE	

Par	VIII	Statement of Reve							
	basic code	Check if Schedule C	contains (a res	ponse or note t			<u>, , , , , , , , , , , , , , , , , , , </u>	🗆
		ings, i.e.			Trustania ((A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns	3	1a				May Care	
Contributions, Gifts, Grants and Other Similar Amounts	b	•]	1b			The state of the s		
ts,	С	Fundraising events .		1c		14 P		1 200	100 P. 10
Gifts, ilar Ar	d	Related organizations		1d				Samuelle.	
ns,	e	Government grants (con		1e	\$6,640,000	建筑是	months and	and in the same	A ALAMA TER
er (S	f	All other contributions, g				-44	10 C. S.		- Maria 1904
년 된 등		and similar amounts not inc	ı	1f	3,970,873		24	e su	
Contributions, and Other Sim	g	Noncash contributions include				Title of the second		Harama _{int} ag	Mark Themselve
	h h	Total. Add lines 1a-1	<u> </u>	• •	Business Code	\$10,610,873	AND THE PERSON NAMED IN	· 建二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	NECOMO SI EL CO
Ĕ					Business Code	2. 沒藏	美 安全	+!*\$\). ***	
eke	2a	***************************************							
ë	b		••••••						
ΞŽ	ا د								
Š	d							<u> </u>	
Jrar	e f	All other program serv	vice revenu						
Program Service Revenue	g	Total. Add lines 2a-2			•				7
	3	Investment income and other similar amo	(including	dıvıd	ends, interest,				
	4	Income from investment	t of tax-exen	npt bo	ond proceeds ►				
	5	Royalties							
			(ı) Real		(ii) Personal			4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	member 1
	6a	Gross rents	\$170	0,740					
	b	Less: rental expenses					1 1.4		学师发生是 "主义。"
	С	Rental income or (loss)	<u> </u>					in a second	Haran Comment
	_d	Net rental income or (170,740			
	7a	Gross amount from sales of	(i) Securiti	es 	(iı) Other		静 为		
		assets other than inventory				*======================================		12770 CAST	
	b	Less: cost or other basis and sales expenses .					#	410.00	(為是強化合物)()
	_	•					Terror	BACK TO	
	d	Gain or (loss) Net gain or (loss) .				· 1000年	With the second		THE PROPERTY OF
e	8a	Gross income from fu		•		##		The state of the second	
evenue		events (not including \$ of contributions reported		<u>.</u>			arabi kung itan is	where to	
Other Rev	b			а					
0	c	Net income or (loss) fi			events >		and the sale extension		
		Gross income from ga See Part IV, line 19 .	ming activit	ies.	oromo , r		Tallette, Africa and the	and the second s	
	b	Less: direct expenses				STREET, ST. LEWIS CO., LANSING.			J. Part Sarri
	С	Net income or (loss) fi			vities ▶		· >54 ORIGINAMIA V SERVI		
	10a	Gross sales of in returns and allowance		ess a		Park Indonesia Lacing	A Problem of Suc	Activities (1996)	THE ARTHUR PERSONS ASSESSMENT
	b	Less: cost of goods s							
	С	Net income or (loss) fi		finve			######################################		WALKER STATE OF THE STATE OF TH
		Miscellaneous R	evenue		Business Code				
	11a								
	b								
	C	All athan warrance	·						
	d	All other revenue .		'	<u> </u>				
	e 12	Total. Add lines 11a- Total revenue. See in				\$10.781.613	' . *		

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 respon	se or note to any li	ne in this Part IX $$.				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			Series Invariant	Control of the Contro		
2	Grants and other assistance to domestic individuals. See Part IV, line 22			And the second s	A COLUMN TO THE PARTY OF THE PA		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				Section 1		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	\$83,000	\$-	\$83,000	The state of the s		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	, , , , , , , , , , , , , , , , , , ,					
7 8	Other salaries and wages	737,472	264,476	472,996			
9	Other employee benefits	206,143	65,966	140,177			
10	Payroll taxes	72,334	23,147	49,187			
11	Fees for services (non-employees):						
а	Management ,						
b	Legal	57,002	-	57,002			
C .	Accounting						
ď	Lobbying			State			
e	Professional fundraising services. See Part IV, line 17		55	Experts of the first			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion	79,317	•	79,317			
13	Office expenses	74,984		74,984			
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	27,532	-	27,532			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest	33,650		33,650			
21	Payments to affiliates	450,000					
22 23	Depreciation, depletion, and amortization . Insurance	17,195 81,115		17,195 81,115			
24	Other expenses. Itemize expenses not covered	81,113	1090	31,113	24.2		
24	above (List miscellaneous expenses in line 24e. If			4.00			
	line 24e amount exceeds 10% of line 25, column	AND ALL PROPERTY.	AFER STATES	ARREST AMERICAN			
	(A) amount, list line 24e expenses on Schedule O.)	ALLEY TO LET THE THE THE THE THE THE THE THE THE T	Section 1	Contract to the sample of the party	ACCESS OF THE PARTY OF THE PART		
а							
b							
С							
d							
е	All other expenses SEE SCHEDULE O	9,008,157					
25	Total functional expenses. Add lines 1 through 24e	\$10,927,901	\$7,461,646	\$3,466,255			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						

۲	art A	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$900,540	1	\$169,477
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	47,012,912	3	42,224,575
	4	Accounts receivable, net	143,249		916,146
	5	Loans and other receivables from current and former officers, directors			Lorini and
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L	Internal Control of Co	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	y ************************************	6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,614	9	17,431
	10a	Land, buildings, and equipment: cost or	31 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$15°	" "Caldina"
		other basis. Complete Part VI of Schedule D 10a	1.500 this 2 to		
	b	Less: accumulated depreciation 10b	129,904	10c	109,611
	11	Investments—publicly traded securities		11	<u> </u>
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,873	15	1,873
	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$48,209,092	7	\$43,439,113
	17	Accounts payable and accrued expenses	\$1,757,616	_	\$1,248,996
	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	
S	22	Loans and other payables to current and former officers, directors	THE PARTY OF THE P	HI PERMIT	A STATE OF THE STA
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	A Learning Continue of the Astronomy	22	The state of the s
تّ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	27,554	24	28,125
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part >	(1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,785,170	26	1,277,121
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ ar	nd William		Market Committee of the
8		complete lines 27 through 29, and lines 33 and 34.			TOTAL PROPERTY.
a	27	Unrestricted net assets	161,009	27	(62,584)
Bal	28	Temporarily restricted net assets	46,262,913	28	42,224,576
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ an complete lines 30 through 34.	d	The state of the s	The state of the s
ts	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-ın or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	46,423,922	33	42,161,992
_	34	Total liabilities and net assets/fund balances	\$48,209,092		\$43,439,113

Form 9	90 (2015)		Page 12
Par	XI Reconciliation of Net Assets		· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part XI		🗸 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	\$10,781,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,927,901
3	Revenue less expenses. Subtract line 2 from line 1	3	(146,288)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,423,922
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	(77,305)
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(4,038,337)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		, , , , ,
	33, column (B))	10	\$42,161,992
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.		## (Park 1994)
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:		
	☐ 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	∍d on a	A PARK TE
	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 or	versiaht	

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

За

3b

Form **990** (2015)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection
Employer identification number

	<u>TE OLIMPICO DE PUERTO RICO, IN</u>						19546
Pai	t Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ons.
The o	organization is not a private founda	ation because it i	is: (For lines 1 through	11, che	ck only o	ne box.)	
1	A church, convention of church	hes, or associati	on of churches descr	ibed in s e	ection 17	'0(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	A hospital or a cooperative ho	spital service org	ganization described i	n sectio i	170(b)(1)(A)(iii).	
4	A medical research organization hospital's name, city, and state		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more less section 511 ta	than 331/3% of its
10	An organization organized and	d operated exclu-	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) c	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	Type I. A supporting organization (someonic and the supported organization) organization. You must con	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization. ☐ Type II. A suppo	ne supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distribut	ion requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported						
g	Provide the following informatio	n about the supp	oorted organization(s).	•			
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(C)							
(D)							
(E)							
			10.14(5).8-50.2 0 46(2 3 -	P. O.	200		
Total		Phone Assurage		ALTERNATION OF THE P			

	(Complete only if you checked to						alify under
C1	Part III. If the organization fails to	o qualify unde	r the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support	1.0044	# \ 0010		10.0011	4 3 0045	40.77
daien 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "universal grants")	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	\$8,389,240	\$11,412,655	\$6,655,957	\$10,882,897	\$9,913,423	\$47,254,172
3	The value of services or facilities furnished by a governmental unit to the organization without charge	697,450	697,450	697,450	697,450	697,450	3,487,250
4	Total. Add lines 1 through 3	9,086,690	12,110,105	7,353,407	11,580,347	10,610,873	50,741,422
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		EE.L				
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	\$9,086,690	\$12,110,105	\$7,353,407	\$11,580,347	\$10,610,873	\$50,741,422
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	184,476	201,211	190,375	160,258	170,740	907,060
11	Total support. Add lines 7 through 10		THE SECTION	**** ******	# 513 315	14256	51,648,482
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Support	rt Percentage	e				
14	Public support percentage for 2015 (line					14	%
15	Public support percentage from 2014 Sci					15	%
16a	331/3% support test—2015. If the organi						
	box and stop here. The organization qua						
ъ	331/3% support test—2014. If the organ check this box and stop here. The organ	ization qualifies	s as a publicly	supported orga	anization .		. 🕨 🗸
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che	ck this box an ition qualifies a	d stop here. E as a publicly su	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the neets the "facts	facts-and-cir- and-circumst-	rcumstances" [.] ances" test. Th	test, check th ne organization	is box and st o	and line p here.
18	Private foundation. If the organization di instructions					this box and s	· ► □

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III 'Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	oto netod box	ovv, produce ex	simploto i art	,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(-,,	-,	(=, ==	\ <u>-, -, -, -</u>	1-7	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		·				
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		-				
•	unrelated trade or business under section 513				İ		
4	Tax revenues levied for the						
7	organization's benefit and either paid	<u> </u>			1		
	to or expended on its behalf				1		
5	The value of services or facilities				 		
J	furnished by a governmental unit to the						
	organization without charge	1		İ		1	
•	_						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	<u> </u>				-	
<i>1</i> a	received from disqualified persons .					İ	
	· · · · · ·		 	-			
p	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from	3.41		net vig			
٠	line 6.)		Contract of the Contract of th		1 1 1 1 1 1 1 1		
Secti	on B. Total Support		. 1			CARLLANGUAP (COP)	L
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(5) 2012	(0) 2010	(a) 2014	(0) 2010	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		 				
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere					▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2015 (line	8, column (f) d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2014 Sc	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2015	•	• •	•			%
18	Investment income percentage from 201						%
19a	331/3% support tests-2015. If the organ						
	17 is not more than 331/3%, check this box		_	•		=	
b	331/3% support tests—2014. If the organization						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions ▶ 🗌

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Has the organization accepted a gift or contribution from any of the following persons? A person who directly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) at the controlled controlled controlled and the person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of supported organizations have the power to regularly appoint or elect at least a majority of the organization of supported organizations have the power to regularly appoint or elect at least a majority of the organization of supported organizations have the conditions or restrictors, If any, appeted organization supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictors, If any, appeted organization? If "Yes, explain in Part VI have providing such berefit curred out the purposes of the supported organization? If "Yes, explain in Part VI have providing such berefit curred out the purposes of the supported organization? If who," describe in Part VI how to regularized the provided the supporting organization was vested in the same persons that controlled or managed the supported organization of the controlled or managed organization is to expect the propring organization was vested in the same persons that controlled or managed organization's provided to each of its supported organization's provided to each of its supported organization's provided organization's investm	Schedul	e A (Form 990 or 990-EZ) 2015		F	age 5
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 b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 	а	☐ The organization satisfied the Activities Test, Complete line 2 below.			
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 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 					
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those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	а				
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b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			£	(, , , ,	Test yes
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		•	2a		K Your
reasons for the organization's position that its supported organization(s) would have engaged in these	b			支援 :	.2 -30-4
				All and	àw.
					M.a.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

За

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			structions. All
Section A - Adjusted Net Income	•	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	,,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	200	Same Service Service	AND ASSESSED.
instructions for short tax year or assets held for part of year):	1a	#1621 / (
a Average monthly value of securities	1b		
b Average monthly cash balances	1c		
c Fair market value of other non-exempt-use assets	1d		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	an is the second of the second	
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)		TOTAL CONTRACTOR	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		A CHARLES AND A CHARLES	
emergency temporary reduction (see instructions)	6	-P	1
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III supportin	g organization (see

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			<u> </u>
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	*		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	sponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>	 	
	Enc o arroant divided by Enc 3 arroant		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	Silver State Control		
a		C. S. MARIE	No. of the State o	
<u> </u>		ALTON A		
<u>c</u>	Francisco Control Cont	15 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -		
<u>d</u> _	From 2013		F150	
e f	Total of lines 3a through e			Part Version of the control
<u>'</u>	Applied to underdistributions of prior years	4.9%	A CAMPAGNAMA	
h h	Applied to 2015 distributable amount			<u> </u>
	Carryover from 2010 not applied (see instructions)		The series of the series	Σ
— <u>:</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	*****		
4	Distributions for 2015 from Section	12.02.0	阿克斯 ·马	24.00
	D, line 7: \$		the terror terror paragraph (\$150)	Prince Communication
a	Applied to underdistributions of prior years	-to-company and the second		TO BE AND REPORTED WITH A SECURITY SECURITY OF
b	Applied to 2015 distributable amount	Commence of the Commence of th	W 经间据公司的	
С	Remainder. Subtract lines 4a and 4b from 4.	35 111 91	erne kan angeles i	
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	**************************************		Spense Ed. () ()
6	Remaining underdistributions for 2015. Subtract lines 3h	That is the	MALE OF CAPE	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).		A BANGO AL STORE	
	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:	Line South W.	3.0	
a		Ar a Real		
<u>b</u>		Property Comments	7/	
C	Excess from 2013	to the species of		And a Control of the
<u>d</u>	Excess from 2014	And the second of the second o	Charles Complete Company (1972)	And the second second
е	Excess from 2015	***************************************	27 Bundan Sand	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
EXPLANAT	ION PART II, LINE 10
The entity i	s authorized by law to rent spaces for offices and conference rooms. Funds are used in the maintenance and repairs of the
historical fa	acilities on which the entity's Is located.

SCHEDULE D (Form 990)

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization COMITE OLIMPICO DE PUERTO RICO. INC. 66-0319546 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Addregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year -Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . .

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use.of its collection thems (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations d Loan or exchange programs e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Provide a description of the organization's collection? ¬ ⟨ γes ¬ No Part IV Escrow and Gustodial Arrangements. Complete if the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b is fives, explain the arrangement in Part XIII and complete the following table: Amount 1c Beginning balance 1c	Part		Collections of	Art, His	torical T	reasures	, or Otl	her Similar As	sets (continued)
b	3			her reco	ds, chec	k any of th	e follow	ring that are a s	ignificant use of its
b	а	☐ Public exhibition		d	☐ Loan	or exchang	ge progr	ams	
c ☐ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	☐ Scholarly research		е	☐ Other	•			
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	☐ Preservation for future generations	3						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Provide a description of the organization		and expla	ain how t	hey further	the org	anization's exen	npt purpose in Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5								
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No b It "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance . □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Part	V Escrow and Custodial Arra	ngements.						
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		990, Part X, line 21.							
C Beginning balance	1a								
d Additions during the year e Distributions during the year f Ending balance	b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		A	mount
d Additions during the year e Distributions during the year f Ending balance	c	Beginning balance					10		
e Distributions during the year f Ending balance	_	= =							
Ending balance It It It It It It It	-								
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		• •					<u> </u>		
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. □ Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back									2 Vec No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-	•						
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions			art Am. Oneon her	e ii tile ez	N PIAIIA (101	II IIas Deeli	provide	d On Fait All .	· · · · · · · · · · · · · · · · · · ·
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four y	i ar		answered "Ves	" on For	m 990 F	Part IV/ lin.	<u> ۱</u> ۸		
table Beginning of year balance		complete if the organization			· · · · ·			(d) Three years hack	(e) Four years back
b Contributions . Net investment earnings, gains, and losses	10	Paginning of year halance	(6) - 2.11 (111) - 2.11	(-)	o. you.	(0, 1.10) 04		(a) 11100 years base	(0): 00:) 00: 0
C Net investment earnings, gains, and losses									+
d Grants or scholarships									
d Grants or scholarships	G								
e Other expenditures for facilities and programs	-1								
f Administrative expenses			· · · · · · · · · · · · · · · · · · ·						
g End of year balance	е	programs	<u> </u>						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses							
Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	•							
b Permanent endowment	2				e (line 1g	, column (a	a)) held a	as:	
b Permanent endowment	а	Board designated or quasi-endowment	nt 🕨	%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С	Temporarily restricted endowment ▶	%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
(ii) unrelated organizations	3a				zation tha	at are held	and adr	ministered for th	e ·
(ii) related organizations		organization by:							Yes No
(ii) related organizations		(i) unrelated organizations							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		.,							
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings Land Land Land Land Land Land Land Land Land Substituting the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Book value (g) Book	b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	hedule R?	٠		
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value c Leasehold improvements d Equipment	4	1	_	•					<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (g) Cost or other basis (other) (h) Cost or other basis (other) (n) Accumulated depreciation (g) Book value	Part								
Description of property (a) Cost or other basis (nivestment) (b) Cost or other basis (other) (c) Accumulated depreciation				" on For	m 990, F	art IV, lin	e 11a. S	See Form 990,	Part X, line 10.
b Buildings			(a) Cost or ot	her basis	(b) Cost o	r other basis	(c) A	Accumulated	
b Buildings	1a	Land					The Control		
c Leasehold improvements d Equipment \$808,411 \$725,245 \$83,166 e Other 151,181 124,736 26,445							28.71		
d Equipment \$808,411 \$725,245 \$83,166 e Other 151,181 124,736 26,445		-							
e Other		•	`	\$809.414	-			\$725 245	¢02 100
12/17/00 20/17/0		Oil '							
			nust equal Form 9		K. column	(B), line 10	0c.) .		

Part VII	Investments - Other Securities. Complete if the organization answ		rm 990 Dart 11/ liv	e 11h See Form	1990 Part Y line 12
	(a) Description of security or category		(b) Book value		thod of valuation:
	(including name of security)		(b) Book value		l-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)				,	
(B)					
(C)				<u>.</u>	
(D)					
(E)					
(F)					<u></u>
(G)					
(H)	I Service Control of the Control of			797	
	b) must equal Form 990, Part X, col. (B) line 12.)	<u>.</u>	<u> </u>	Comments of a	
Part VIII	Investments — Program Related Complete if the organization answers		rm 000 Part IV lir	e 11c See Form	000 Part Y line 13
	(a) Description of investment	Weled les offici	(b) Book value		thod of valuation
	(a) Description of investment		(b) Book value		I-of-year market value
(1)				 	·
(2)					
(3)			<u> </u>		
(4)					
(5)					
(6)					
(7)			 		
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)			Park II	
Part IX	Other Assets.		<u> </u>		
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, lir	ne 11d. See Form	n 990, Part X, line 15.
	(а) Description			(b) Book value
(1)					
(2)					
(3)				·	
(4)					
(5)					
(6)					
(7)					
(8)			·		
(9)	4) 45 000 5 44	1 (0) !! 45)			
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		. ▶	
Part X	Other Liabilities.		000 D+ IV / II-		- F 000 D+ V
	Complete if the organization answ	werea "Yes" on Fo	rm 990, Part IV, III	ne i le or i it. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		100 materials of the state of t	
(1) Federal in		(b) Book value	CA CHA STATEMENT		The second secon
			20.425	A PARTY OF THE REAL PROPERTY AND A PARTY OF THE PARTY OF	The state of the s
(3)	ons under capital leases	3	28,125	e Librario 2004.	
(4)					AND SEPTEMBER OF THE SE
(5)				aregent commen	
(6)					
(7)				Same of	ALL AND ME
(8)				. Of the samples	AND THE PROPERTY OF THE PARTY O
(9)				and the second of	
	b) must equal Form 990, Part X, col. (B) line 25.)	ė	28,125		Electric de la companya de la compan
	r uncertain tax positions. In Part XIII, provi			on's financial statem	ents that reports the
	s liability for uncertain tax positions under				

Part		ents With Revenue pe	r Return.	*
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		,
1	Total revenue, gains, and other support per audited financial statements		1	\$10,781,613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			4.0/101/010
а	Net unrealized gains (losses) on investments	2a	.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		er.	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,781,613
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	1 10 10	10,761,613
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	640 704 642
Part				\$10,781,613
	Complete if the organization answered "Yes" on Form 990, I		per neturn	•
1	Total expenses and losses per audited financial statements	artiv, iiie iza.	· 4 · · · ·	****
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • •	1	\$10,927,901
a	Donated services and use of facilities	10-1		
-		2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	_	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,927,901
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	**************************************	
				
	Add lines 4a and 4b			
5	Add lines 4a and 4b			\$10,927,901
5 Part	Add lines 4a and 4b	e 18.)	5	
5 Part Provid	Add lines 4a and 4b	e <i>18.)</i>	5 2b; Part V, fir	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e <i>18.)</i>	5 2b; Part V, fir	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e <i>18.)</i>	5 2b; Part V, fir	ne 4; Part X, line
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5 Part Provid	Add lines 4a and 4b	e 18.)	5 2b; Part V, lir information.	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 2b; Part V, lir information.	ne 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 2b; Part V, lir information.	ne 4; Part X, line

Schedule D (For	m 990) 2015	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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number		
COMITE OLIMPICO DE PUERTO RICO, INC.	66-0319546		
FORM OOD DADT I/ LINE OF			
FORM 990, PART V, LINE 3b			
The entity is not required to file the form 990-T because it does not have unrelated income of \$1,000 or more.			
FORM 990, PART VI, LINE 11			
After completing the 990 form, it is submitted to the entity's financial director for review before signing	by a member of the governmental		
body. The finance department deliver the tax return to the IRS after its approval and signed.			
body. The interior department deriver the tax retain to the into arter its approval and signed.			
FORM 000 DADT VI CECTION O LINE 40			
FORM 990, PART VI, SECTION C, LINE 19			
The entity is required to provide copy of its annual audited financial statements to units, entities and a	gencies of the Commonwealth of		
Puerto Rico and other third party users like financial institutions and, others for analysis purposes.			
FORM 990, PART XI, LINE 9			
On this line were presented the net assets released from temporary restrictions by \$(6,500,000) and ch	nanges in the net present		
values of contributions receivable recorded as of December 31, 2015 by \$2,461,663, based on the accorded as of December 31, 2015 by \$2,461,663, based on the Accorded as of December 31, 2015 by \$2,461,663, based on the Accorded as of December 31, 2015 by \$2,461,663, based on th	ounting principles generally		
accepted in USA.			
description in Corn.			
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Scriedule O (FOITT 990 of 990-EZ) (2013)	Page Z
Name of the organization	Employer identification number
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