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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection 20 16 For the 2016 calendar year, or tax year beginning 2016, and ending Jan 1 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 Room/suite E Telephone number Number and street (or P O. box if mail is not delivered to street address) Name change Initial return P O Box 8 (787)723-3890 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 10,611,591 San Juan PR 00902 Amended return H(a) is this a group return for subordinates? Yes Vo No Application pending F Name and address of principal officer Sara Rosario Velez H(b) Are all subordinates included? ☐ Yes ☑ No P O Box 8, San Juan PR 00902 If "No," attach a list (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c)(3) Tax-exempt status H(c) Group exemption number ▶ Website: ▶ www.copur.pr M State of legal domicile PR Form of organization: Corporation Trust Association [L Year of formation: 1966 Part I 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 Puerto Rico in international sports competitions. Also, the entity provides The Activities & Governance 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. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 36 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 117 6 6 Total number of volunteers (estimate if necessary) 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 10,610,873 9,230,724 8 9 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e) 1,380,867 11 170,740 Total revenue—add lines 8 through 11 (must equal Part VIII column (A) line 12) 10,611,591 10,781,613 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,098,949 1,114,322 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 9,828,952 8,325,617 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 18 10.927.901 9,439,939 19 Revenue less expenses. Subtract line 18 from line 12 (146,288)1,171,652 End of Year Beginning of Current Year 40,124,927 Total assets (Part X, line 16) 43,439,113 20 21 Total liabilities (Part X, line 26) . 1,277,121 597,384 Net assets or fund balances. Subtract line 21 from line 20 22 42,161,992 39,527,543 Signature Block Part II Under penalties of perjupy, 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 Date Print/Type preparer's name Paid Check [] if self-employed P01482900 Gabriel Moreno Santiago Preparer Firm's EIN ▶ 66-0625340 Firm's name Moreno Santiago & Co. CPA's **Use Only** 787-283-8937 Firm's address ► Colonial R-7 Park Gardens, San Juan PR 00926 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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Par	20	2

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission: The entity's mission is the training and development of high performance athletes for the representation 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.
4a	(Code:) (Expenses \$ 7,746,931 including grants of \$) (Revenue \$)
	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 are provided to the athletes and their federations.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4-	(Code)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

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Form 99	v 90 (2016)			Page 3
Part	IV Checklist of Required Schedules			
			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		1
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? If "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? If "Yes," complete Schedule D, Part IV	9		1
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, VII, VIII, IX, or X as applicable.			•
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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? If "Yes," complete Schedule D, Part IX	114		1

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	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? If "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		1
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? If "Yes," complete Schedule D, Part IV	9		1
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		/
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		✓
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		1
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		1
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 defense any tax exempt bonds?	24b		√ _
d	to defease any tax-exempt bonds?	24c 24d		√
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		∀
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
	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		1
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		1
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):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4 36 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m	, ,
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		1
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, Part I	24		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√ _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ť
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	!	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	<u> </u>
		For	ո 990	(2016)

Form **990** (2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. \Box
		÷	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:	4d		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		/
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
-	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
_	sponsoring organization have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		1
10	Section 501(c)(7) organizations. Enter:	90		
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			į.
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b n/a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		 _
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			1
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		1
	The state of the s	441		╅┷

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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. 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 relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website ☐ Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Carlos Vazquez Marzan, Ponce de Leon Avenue, Stop 1, San Juan PR 00901

Form	മഹ	(2016)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 nor	any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((C)					
(A)	(B)	٠.			ition			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch unles	IECK IS DE	more	than o	ne	Reportable	Reportable	Estimated
	hours per	office	r and	jad	irect	or/trust	ee)		compensation from	amount of
	week (list any hours for	익克	Щ	Q	7	el Ŧ	77	from the	related Organizations	other compensation
	related	dre	#	Officer	yer	당하	Former	organization	(W-2/1099-MISC)	from the
	organizations		tion		Key employee	yee c	=	(W-2/1099-MISC)		organization
	below dotted line)	rg	al tr		уес	ğ				and related organizations
		100	Institutional trustee		"	Highest compensated employee		}		
			ě			řed.				
/4\ 0 D	40									
(1) Sara Rosario Velez	40	1	l	/				70.000		
President (2) Viscos Pois			ļ	-				78,600	<u>-</u>	
(2) Victor Ruiz		1								
Vice President		-	-	<u> </u>	-					
(3) Victor Lopez		1								
Second Vice President	 	-	 	 				 	•	
(4) Carlos Beltran		1								
General Secretary (5) Humberto Torres	ļ	 -	-							
		1	i '	1				1		
Treasurer (6) had Souther			-	-	╁				<u> </u>	
(6) Iván Santos	<u> </u>	1			l			ļ		
Deputy Secretary (7) Luliana Avila		 		_	-		\vdash	 -	ļ <u>-</u>	
Deputy Treasurer	ļ	1							ļ	
(8)	 	 	 	 	┢┈		<u> </u>	 	 	
	 							Ì		
(9)										
		<u> </u>	ļ	_	ļ		L		 	
(10)	<u> </u>									
(11)	 		-	_	\vdash		-	 		
		1					ŀ			
(12)										
							<u> </u>			
(13)		1				[;				
	ļ			<u>L</u> .			_			
(14)	ļ	1	1				}			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more that box, unless person is bo officer and a director/tn.				is both	าลก	(D) Reportable compensation from	(E) Reportable compensation related		I		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		comp fro orga and	ensation m the nization related nization	n L
(15)			 				<u> </u>	<u> </u>			-			
(16)								\vdash			_		, <u>.</u>	
(17)														
(18)								-						
(19)						-		-			-			
(20)								-		, , , , , , , , , , , , , , , , , , ,		 		
(21)						-								
(22)								-				· · · · · ·		
(23)						-		-						
(24)				-		-		-		 				
(25)						-		_						
1b c	Sub-total		n A		<u>. </u>	<u> </u>		>	78,600					
d	Total (add lines 1b and 1c)							>	78,600					
2	Total number of individuals (including bur reportable compensation from the organization)		to th	ose	list	ted a	above	e) w	nho received m	ore than \$1	00,000) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npei	nsatio					•		
	individual	. ,						., 	· · · · ·			4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	lividua	5	-	
Section	on B. Independent Contractors										<u> </u>		! _	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	sation	
								N//	A					N/A
								-						
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	VIII	Check if Schedule O contains a response or note to	any line in this	Part VIII		П
		Check if Schedule O Contains a response of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				}
	C	Fundraising events 1c				
	đ	Related organizations 1d				,
SE	е	Government grants (contributions) 1e 7,000,000				'
io io	f	All other contributions, gifts, grants,				,
돌		and similar amounts not included above 1f 3,328,364				į
들임	g	Noncash contributions included in lines 1a-1f: \$ 1,122,845				
ပို့ နို	h	Total. Add lines 1a-1f	10,328,364			
ne		Business Code				
Ve	2a					
8	b					
sice	C					
Se	d					
E	е					
Program Service Revenue	f	All other program service revenue .				Ĺ
<u>a</u>	<u>g</u>	Total. Add lines 2a–2f			,	
	3	Investment income (including dividends, interest,				ļ
		and other similar amounts)		·····	<u></u>	<u></u>
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_					
į	6a	Gross rents 142,516				
	b	Less: rental expenses	Į į		Į	
	C	Rental income or (loss)				
	d	Net rental income or (loss)	142,516			
	7a	assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)	1		1	
	d	Net gain or (loss)				·
	u	Net gain of (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
ě		of contributions reported on line 1c).]
F.		See Part IV, line 18 a	}			
tt.	h	Less: direct expenses b			}	,
0	C	Net income or (loss) from fundraising events .				
		Gross income from gaming activities.	 		 	
	-	See Part IV, line 19 a			ļ	,
	ь	Less: direct expenses b	1			,
	C	Net income or (loss) from gaming activities		-	ļ -	1
	-	Gross sales of inventory, less				
		returns and allowances a 264,148	[
	b	Less: cost of goods sold b 123,437			ļ	Ì
	C	Net income or (loss) from sales of inventory	140,711			
		Miscellaneous Revenue Business Code	Ì	-	}	Į
	11a		<u> </u>		 	
	b		<u> </u>		 	
	С	All all and a second a second and a second an	 	<u> </u>	 	
	d	All other revenue			ļ	
	e	Total. Add lines 11a-11d			 	
	12	Total revenue. See instructions ▶	10.611.591		L	Form 990 (2016)
						Form 3'5'U (2016)

Form **990** (2016)

Form 990 (2016)

	n 501(c)(3) and 501(c)(4) organizations must com	nlete ali columne. Ali	Lother organizations	must complete col	lumn (A)
Section	Check if Schedule O contains a respon	 			
30 00	t include amounts reported on lines 6b, 7b,		(B)	·····	· · · · · · <u>· · · · · · · · · · · · · </u>
	, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
,	and domestic governments. See Part IV, line 21		1		
•	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22		}		
_	· · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			Į.	
	·				
4 5	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
Ð	trustees, and key employees				
_	· · · · ·	78,600	47,160	31,440	····
6	Compensation not included above, to disqualified	1	İ		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1			
~					
7 8	Other salaries and wages	772,235	626,483	145,752	
o	section 401(k) and 403(b) employer contributions)				
a		404 046	400.004	20.000	
9 10	Other employee benefits	191,049	160,391	30,658	
าบ 11	Fees for services (non-employees):	72,438	58,143	14,295	
	· · · · · · · · · · · · · · · · · · ·				
a b	Management	50.224		50 224	
C	Accounting	50,234 15,000		50,234 15,000	<u>.</u>
d	Lobbying	15,000		15,000	·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,645,666	1,355,821	289,845	
12	Advertising and promotion	174,841	1,000,021	174,841	
13	Office expenses	279.961	207,106	72.855	
14	Information technology		20,7,00		·
15	Royalties				
16	Occupancy	697,450	418,470	278,980	
17	Travel	1,190,356	1,077,841	112,515	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		ļ		
19	Conferences, conventions, and meetings .				
20	Interest	34,911	1,235	33,676	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	46,141		46,141	
23	Insurance	131,889	94,669	37,220	
24	Other expenses. Itemize expenses not covered		1		
	above (List miscellaneous expenses in line 24e If		;		
	line 24e amount exceeds 10% of line 25, column		j		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Utilities	154,605	75,337	79,268	
b	Competitions, tournaments & other activities	2,169,526	2,056,956	112,570	·····
C	Albergue Olimpico facilities used for training	425,395	425,395		
d	Sports Medicine	150,000	150,000		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,159,642	991,924	167,718	
25	Joint costs. Complete this line only if the	9,439,939	7,746,931	1,693,008	
26	organization reported in column (B) joint costs		j		
	from a combined educational campaign and		1		
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		İ		

34

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 1 169,477 1,440,087 2 2 Savings and temporary cash investments 3 3 36,203,637 42,224,575 4 916,146 106,191 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Assets 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 9 17,431 32,210 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 974,325 Less: accumulated depreciation 10b 896,124 109,611 10c 78,201 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 . . . 12 Investments-program-related. See Part IV, line 11 . . . 13 13 14 14 15 Other assets. See Part IV, line 11 1,873 15 2,264,601 16 Total assets. Add lines 1 through 15 (must equal line 34) 43,439,113 16 40,124,927 17 Accounts payable and accrued expenses 17 1,248,996 576,257 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 28,125 21,127 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 1,277,121 597,384 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 (62,584)1,061,178 Temporarily restricted net assets 28 28 42,224,576 38,466,365 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 42,161,992 39,527,543

Total liabilities and net assets/fund balances

40,124,927

43,439,113

Page	1	2
1 040	•	_

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,61	1,591
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,43	9,939
3	Revenue less expenses. Subtract line 2 from line 1	3		1,17	1,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42,16	1,992
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		(4	7,891)
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(3,75	8,210)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		39,52	27,543
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	plain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	/
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or	1	
	reviewed on a separate basis, consolidated basis, or both:		1	1	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
b			. 2b	✓	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	امنداده		 	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.				
				-	 ,
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain ii	''		
_	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	 	
3a	the Single Audit Act and OMB Circular A-133?	IOI III II	l		,
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ran th	· 3a	 	-
þ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ngo ar udite	3b		
<u> </u>	required addit of addits, explain why in oblieddie o and describe any steps tarken to diddingo such a			gor	(2016)
			ro	33U	, (ZV 10)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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.

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

Inspection

Name of the organization						Employer identification	number		
	E OLIMPICO DE PUERTO RICO INC					66-03			
Part							ns.		
	ganization is not a private founda		•	-	-	•			
	A church, convention of church								
	A school described in sectionA hospital or a cooperative hos		The state of the s			• •			
							iii). Enter the		
+ (4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).			
7 [☑ An organization that normally			port from	a gover	nmental unit or from	the general public		
	described in section 170(b)(1)		·						
	A community trust described in			-					
9 (An agricultural research organi or university or a non-land-gra university:								
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fut income and un	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33 1/3% of its		
11	An organization organized and		-		-	•			
12	🗀 An organization organized and								
	of one or more publicly support	•		•		, ,, ,	, ,, ,		
	Check the box in lines 12a thro	•		•	_	-	·		
а	Type I. A supporting organ the supported organization supporting organization. Yes	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b	Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
	control or management of				persons	that control or man	age the supported		
	organization(s). You must	=							
C	Type III functionally integ						ally integrated with,		
	its supported organization	• •	•		-	• •			
d	Type III non-functionally ithat is not functionally integree requirement (see instructional see instruction)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an			
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from the	ne IRS the organizat	at it is a Type I, Type ion.	e II, Type III		
f	Enter the number of supported of								
<u>g</u>	Provide the following information		· · · · · · · · · · · · · · · · · · ·			r.::			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			}	Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Total				1					

Schedul	e A (Form 990 or 990-EZ) 2016						Page 2
Part	· · · · · · · · · · · · · · · · · · ·)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support				<u></u>	····	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and)		1			
	membership fees received. (Do not			1		ĺ	
_	include any "unusual grants.")	11,412,655	6,655,957	10,882,897	9,913,423	9,630,914	48,495,846
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge	697,450	697,450	697,450	697,450	697,450	3,487,250
4	Total. Add lines 1 through 3	12,110,105	7,353,407	11,580,347	10,610,873	10,328,364	51,983,096
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						51,983,096
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	12,110,105	7,353,407	11,580,347	10,610,873	10,328,364	51,983,096
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	283,227	1,019,547
11	Total support. Add lines 7 through 10		l	l			53,002,643
12	Gross receipts from related activities, etc	•	•			12	504(-)(0)
13	First five years. If the Form 990 is for the	-			-		
Casti	organization, check this box and stop he on C. Computation of Public Suppor				· · · · ·	 	<u> </u>
				1		14	
14 15	Public support percentage for 2016 (line & Public support percentage from 2015 Sch		-			15	98 %
16a	331/s% support test—2016. If the organi						98 %
100	box and stop here. The organization qua						
ь	331/3% support test—2015. If the organi	•		_			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2	,		•			_
170	10% or more, and if the organization meets the " Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch	eck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—2					6a. 16b. or 17	a. and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete o	nly if you checked the box	on line 10 of Part I or if the organization failed to qualify under Part	H.
If the organiz	zation fails to qualify under	the tests listed below, please complete Part II.)	

C4:	in the organization rails to quality	under the te	sis listed pel	ow, please co	inpiete rait	11.)	
	on A. Public Support	(=) 0010	(h) 0040	(1) 0014	(-D 0045	(-) 0046	(0 T-+-)
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		 -				
_	sold or services performed, or facilities		į į				
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513		}				
4	Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the]				
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		į l				
ь	Amounts included on lines 2 and 3	···					
_	received from other than disqualified		1				
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			<u> </u>			
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				ļ		•
	payments received on securities loans, rents,		1			į	
	royalties and income from similar sources .		ļ				
b	Unrelated business taxable income (less		1		ļ		
	section 511 taxes) from businesses acquired after June 30, 1975			1	f		
_		ļ	 	 	 		
-	Add lines 10a and 10b	ļ	 		 		
11	activities not included in line 10b, whether						
	or not the business is regularly carried on				Ì		
12	Other income. Do not include gain or	<u> </u>	 		 		
	loss from the sale of capital assets				ļ		
	(Explain in Part VI.)	ł		1	<u> </u>	}	ļ
13	Total support. (Add lines 9, 10c, 11,			· · · · · · · · · · · · · · · · · · ·			
	and 12.)	Į .		ļ]	
14	First five years. If the Form 990 is for the		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	re	<u></u>				🕨 🔲
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Sc			· · · · ·	· · · · ·	16	%
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·	···	···	
17	Investment income percentage for 2016	•		•			<u>%</u>
18	Investment income percentage from 201						<u>%</u>
19a	331/3% support tests—2016. If the organ						
_	17 is not more than 331/3%, check this box						
Ь	331/3% support tests—2015. If the organic						
	line 18 is not more than 331/2%, check this		•	•	•	• •	_
<u>_20</u>	Private foundation. If the organization d	ia not check a	pox on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. A	All Supp	orting Organ	nizations							
										_	
1	Are al	of the	organization'	s supported	organizations	listed	by name	in the	organization	's gove	mina

- documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of star under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such active (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the acti was accomplished (such as by amendment to the organizing document).
- 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?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribu (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in wh the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefits from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integral supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ing by			
tus ted	2		'
ver	3a		
ind the	3b		
(B)	3c		
? If	4a		
ign ion			
ion sed	4b		
s," EIN	4c		
on; ion	5a	- 1	
ady	5b 5c		
to ted or	6		
itor vith	7		
7?	8	-	_ 1
ore ed	9a		
ich	9b		
efit	9c		
ion ted	10a		ļ '
to	10b	990 F	Z) 2016

Part	Supporting Organizations (continued)		<u> </u>	-age J
	eappoints or summed to minned		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	[.03	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
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's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	}		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Conti	on D. All Type III Supporting Organizations	1	L	L
Secu	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	L	L
				-1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	Ctions	5).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	 The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	roc in	etn iet	ional
		3 55 1/1		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		}	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	1	
	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	1	1	[
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	28	 	
v	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ		
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b	j	
3	Parent of Supported Organizations. Answer (a) and (b) below.		 	<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		<u> </u>

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>janiz</u>	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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			
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a	· · · · · · · · · · · · · · · · · · ·	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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 emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III support	ing organization (see

	artive Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	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.		· · · · · · · · · · · · · · · · · · ·					
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	noneiva					
•	(provide details in Part VI). See instructions.	an the organization is res	ponsivo					
9	Distributable amount for 2016 from Section C, line 6			······································				
10	Line 8 amount divided by Line 9 amount							
	Elife o arrount divided by Elife o arrount	T	(ii)	(iii)				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016				
1_	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2016:							
а								
b	1.							
С	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·					
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D, line 7: \$			Marini				
а	Applied to underdistributions of prior years							
b	Applied to 2016 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, if			, 				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			!				
8	Breakdown of line 7:		i	······································				
8_								
b	Excess from 2013							
C	Excess from 2014							
đ	Excess from 2015			· · · · · · · · · · · · · · · · · · ·				
е	Excess from 2016		· · · · · · · · · · · · · · · · · · ·	····				
_								

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.)
Part II, Line	e 10 - The entity is authorized by law to rent spaces for offices and conference rooms. Funds are used for maintenance, repairs
and improv	vements to the historical facilities on which the entity operates.

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

Department of the Treasury Internal Revenue Service

Name o	f the organization		Employer identification number
COMIT	E OLIMPICO DE PUERTO RICO INC		66-0319546
Par	Organizations Maintaining Donor Adv Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised rands	(b) I didd dio onlor accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gran fit of the donor or donor advisor, or fo	nt funds can be used or any other purpose
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		• •
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organization he	old a qualified concentration contribution	on in the form of a concentation
2	easement on the last day of the tax year.	eio a quaimeo conservation contributio	Held at the End of the Tax Year
_			<u>```</u>
a b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I		
ď	Number of conservation easements included in		
-			
3	Number of conservation easements modified, trans		
	tax year ►	·	
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easements	of the footnote to the organization's fin	· · · · · · · · · · · · · · · · · · ·
Part	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the first service.	r assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	SFAS 116 (ASC 958), to report in its rassets held for public exhibition, eding to these items:	revenue statement and balance sheet ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	tems:
a	Revenue included on Form 990, Part VIII, line 1		· · · · • \$
b_	Assets included in Form 990, Part X	<u> </u>	· · · ▶ \$

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other	er records	s, check	any of the f	ollowi	ng that are a s	ignificant use	of its
a	☐ Public exhibition		d 🗌	Loano	r exchange p	orogra	ms		
b	☐ Scholarly research		е 🗌	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections an	nd explain	how the	ey further the	e orga	nization's exer	npt purpose i	in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization	answered "Yes"	on Form	990, Pa	art IV, line 9	, or re	eported an an	nount on Fo	rm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the folio	wing tab	ole:				
							A	mount	
C	Beginning balance					1c			
d	Additions during the year			<i>.</i>		1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun					odial a	account liability	/?	□ No
b	If "Yes," explain the arrangement in Pa						-		
Part									
	Complete if the organization	answered "Yes"	on Form	990, Pa	art IV, line 1	0.			
		(a) Current year	(b) Pnor	year	(c) Two years b	ack (d) Three years bac	k (e) Four year	s back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he current year end	balance	(line 1a.	column (a)) t	neld as	 3:		
а	Board designated or quasi-endowmer	nt 🕨		`	` "				
b	Permanent endowment ► Temporarily restricted endowment ►	%							
С	Temporarily restricted endowment ▶	· %							
	The percentages on lines 2a, 2b, and	2c should equal 100	0%.						
3a	Are there endowment funds not in the	possession of the	organiza	tion that	are held an	d adm	ninistered for th	ne·	
	organization by:	·	Ū					Yes	No
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses	of the organization	n's endow	ment fur	nds.				<u></u>
Part	VI Land, Buildings, and Equip	ment.			 				
	Complete if the organization	answered "Yes"	on Form	990, Pa	art IV, line 1	1a. S	ee Form 990,	Part X, line	10.
	Description of property	(a) Cost or othe (investment	er basis (1	b) Cost or (oth	other basis	(c) A	ccumulated preciation	(d) Book val	
1a	Land								
b	Buildings								
c	Leasehold improvements								
ď	Equipment				823,144		769,093		54,051
6	Other				151,181		127,031		24,150
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 990	0, Part X.	column)			78,201

	Complete if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	ory	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives	· · · · · · · ·			
(2) Closely-h	eld equity interests				
(3) Other					·
(A)					····
(B)					
(C)					
(D)			-		
(E)			-		
(F)					· · · · · · · · · · · · · · · · · · ·
(G) (H)			-	 _,	
	o) must equal Form 990, Part X, col. (B) line 12.)		-		· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Relate		<u></u>	· · · · · · · · · · · · · · · · · · ·	
Fait VIII	Complete if the organization an		orm 990 Part IV line	11c. See Form	990 Part X. line 13.
	(a) Description of investment	15WE160 165 0111	(b) Book value	· · · · · · · · · · · · · · · · · · ·	od of valuation
	tay bescription of investment		(b) Book tailed	* * *	of-year market value
(1)					
(2)					
(3)		, - · · · · · · · · · · · · · · · · 			······································
(4)				· *** · ** · * · * · * · * · * · *	
(5)		- 20 2 			
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			N-12
Part IX	Other Assets.				
			000 D+ IV II	444 0 5	000 D-+V E 45
 	Complete if the organization ar		orm 990, Part IV, line	11d. See Form	
/d) Diabase	Complete if the organization ar	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value
	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3)	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3) (4)	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3) (4) (5)	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3) (4) (5) (6)	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3) (4) (5) (6) (7)	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3) (4) (5) (6)	Complete if the organization ar use of the Albergue Olimpico Facilitie	(a) Description	orm 990, Part IV, line	11d. See Form	
(2) Deposits (3) (4) (5) (6) (7) (8) (9)	Complete if the organization ar use of the Albergue Olimpico Facilities mn (b) must equal Form 990, Part X,	(a) Description	orm 990, Part IV, line	11d. See Form	(b) Book value 2,262,72
(2) Deposits (3) (4) (5) (6) (7) (8) (9)	Complete if the organization ar use of the Albergue Olimpico Facilities mn (b) must equal Form 990, Part X, Other Liabilities.	(a) Description es col. (B) line 15.)			(b) Book value 2,262,72 1,87 2,264,60
(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization are use of the Albergue Olimpico Facilities mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar	(a) Description es col. (B) line 15.)			(b) Book value 2,262,72 1,87 2,264,60
(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization are use of the Albergue Olimpico Facilities. Complete if the organization are line 25.	(a) Description es col. (B) line 15.) nswered "Yes" on F	orm 990, Part IV, line		(b) Book value 2,262,72 1,87 2,264,60
(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	(a) Description es col. (B) line 15.)	orm 990, Part IV, line		(b) Book value 2,262,72 1,87 2,264,60
(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	(a) Description es col. (B) line 15.) nswered "Yes" on F	orm 990, Part IV, line		(b) Book value 2,262,72 1,87 2,264,60
(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	(a) Description es col. (B) line 15.) nswered "Yes" on F	orm 990, Part IV, line		(b) Book value 2,262,72 1,87 2,264,60
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(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	(a) Description es col. (B) line 15.) nswered "Yes" on F	orm 990, Part IV, line		(b) Book value 2,262,72 1,87
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(2) Deposits (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	(a) Description es col. (B) line 15.) nswered "Yes" on F (b) Book value	orm 990, Part IV, line		(b) Book value 2,262,72 1,87

	Reconciliation of Revenue per Audited Financial Statem		_	Return.	
	Complete if the organization answered "Yes" on Form 990,			7	
1	Total revenue, gains, and other support per audited financial statements	•		1	9,488,746
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م	ı		
a	Net unrealized gains (losses) on investments	<u> </u>	4400.04	-	
b			1,122,84	역	
C	Recoveries of pnor year grants			-	
đ	Other (Describe in Part XIII.)		<u> </u>		4 400 045
e	Subtract line 2e from line 1			2e	1,122,845
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ·	1	-	10,611,591
4	Investment expenses not included on Form 990, Part VIII, line 7b	140]		
a	Other (Describe in Part XIII.)			-	
b	Add lines 4a and 4b		l	ا مه	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	10 611 601
	XII Reconciliation of Expenses per Audited Financial State				10,611,591
ı aı t	Complete if the organization answered "Yes" on Form 990,		•	er netam.	
1	Total expenses and losses per audited financial statements			Til	9,439,939
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•			0,400,000
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments			1	
c	Other losses		<u> </u>	1	
d	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d	<u> </u>	<u> </u>	2e	
3	Subtract line 2e from line 1			3	9,439,939
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ţ.	· · · · · ·		0,730,033
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li			5	9,439,939
	XIII Supplemental Information.				3,433,333
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	•	-		

Schedule D (For	11 990) 2016	Page 3
Part XIII	Supplemental Information (continued)	
	Cappioner in Contract (Contract)	

		:

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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

Employer identification number

COMITE OLIMPICO DE PUERTO RICO INC	66-0319546
FORM 990, PART V, LINE 3b - The entity is not required to file the Form 990-T because it does not have	e unrelated income of \$1,000 or more.
FORM 990, PART VI, Line 11 - After completing the Form 990, it is submitted to the entity's Finance Dis	ector for review, before signing. The
Finance Director delivers the Form to the IRS after its approval.	·
FORM 990, PART VI, SECTION C, LINE 19 - The entity is required to provide copy of its annual audited	financial statements to several
Puerto Rico agencies and to other third parties like financial institutions.	
FORM 990, PART XI, LINE 9 - On this line, the entity discloses the net assets released from temporary	restrictions and changes in
present values of unconditional promises.	······································
	

Schedule O (Form 990 or 990-EZ) (2016)		Page Z
Name of the organization	Employer identification number	