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SCANNED JUN 20 2017

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasur

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

► Information about Form 990-F7 and its instructions is at www.irs.gov/form990.

	mar never					2010		
	l l	1 II III 11	11		January 01 ,	2016, and ending	Decemb	
В	Check if a	1		C Name of organization			D Employer	dentification number
\vdash	Address c	1 II II II II		Fundación Dr. Carlos López Somolinos				66-0727301
\forall	Name cha	1111 741 11		Number and street (or P O box, if mail is not del	livered to street address)	Room/suite	E Telephone	number
H	Initial return Final return		hated	PMB 330-425 Carr. 693			7	87-396-4053
	Amended			City or town, state or province, country, and ZIP	or foreign postal code		F Group Ex	emption
\Box	Application	n pen	ng	Dorado, Puerto Rico 00646			Number	•
G	Account	ing L	ethod	Cash Accrual Other (specify)	>	н	Check ▶ ☑	if the organization is not
1 1	Vebsite	: 🕨	www.	fdrclopezsomolinos org				tach Schedule B
	li li	1 III III II		ck only one) - 2 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or 527	(Form 990, 99	90-EZ, or 990-PF)
			ization	✓ Corporation ☐ Trust	Association O			-
Ë	Add lines	s 5b	Sc. and	7b to line 9 to determine gross receipts. If g	pross receipts are \$200.0	00 or more, or if tota	assets	
(Pa	rt II. coli	umn	(B) belov	v) are \$500,000 or more, file Form 990 inste	ad of Form 990-EZ		>	¢
_	art I	111111		e, Expenses, and Changes in Net		alances (see the	instruction	s for Part II
	art I			the organization used Schedule O to				· —
			1			Stion in this rant i		. 🗵
	1	U IF 111 I	11	ns, gifts, grants, and similar amounts r		•	1 1	98,630
	2	II D HR I	W	ervice revenue including government fe	ees and contracts	•	. 2	
	3	Mai	mbersn	p dues and assessments	•	•	. 3	
	4	l'ny	stmen	income			4	756
	5a			unt from sale of assets other than inve		5a		
	b	1 II III I	ii)	or other basis and sales expenses		5b		
	C	Ga	or (lo	s) from sale of assets other than inven	itory (Subtract line 5b f	from line 5a) .	5c	
	6			d fundraising events			173	
	a			ome from gaming (attach Schedule	G if greater than		\$ 1000 \$ 1000 \$ 1000	
Ē	}	\$15	000)			6a		
Revenue	ь	Gro	ss inco	me from fundraising events (not include	ing \$	of contribution	ns 🎉	
ě				aising events reported on line 1) (attac		<u>-</u>		
_				h gross income and contributions exce		6b	344	
	c	Les	s. direc	t expenses from gaming and fundraisin	ng-events	6c		
	d	Net	incom	e or (loss) from gaming and fundraising	ng events (add lines 6	Sa and 6b and sul	btract	
	1	line	6c)	(A)	7 191		6d	
	7a			s of inventory, less returns and allowan		7a	.93.4	
	b				1 T	7b		
	c			of goods sold 』	ract line 7b from line 7		7c	di
	8		or reve	nue (describe in Schedule O) .		· - , ·	8	
	9	II II IN I	I B1	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an	.d 8	•	▶ 9	99,386
	10	!: 	101	similar amounts paid (list in Schedule			10	16,739
	1					•	11	10,735
, 0	11		uents pa	nid to or for members	ofite		12	
Şe	12		eries, o	her compensation, and employee bene	dent contractors	• •	13	0.440
ë	13		ression	al fees and other payments to independ	dent contractors .		·	6,410
Expenses	14			r, rent, utilities, and maintenance			14	
ш	15			ublications, postage, and shipping	i		15	
	16			nses (describe in Schedule O) .	•	•	16	24,378
	17			nses. Add lines 10 through 16 .		<u> </u>	▶ 17	47,527
ş	18	F#q	ess or	deficit) for the year (Subtract line 17 fro	om line 9)		18	51,859
Se	19			or fund balances at beginning of year		nn (A)) (must agree		
As		11 II III I	IN '	r figure reported on prior year's return)			19	205,153
Net Assets	20	11 14 141	I M1	ges in net assets or fund balances (exp			. 20	0
Z	21	l Net	assets	or fund balances at end of year Comb	oine lines 18 through 2	0	▶ 21	257,012

Pai	t II			alance Sheets (see the instructions f					_
			þ	neck if the organization used Schedule	O to respond to a	ny question in this	Part II		🔽
		Ш				Ĺ	(A) Beginning of year		(B) End of year
22	Ca	sh	. 8	avings, and investments	•		209,309	22	229,541
23	La	nd	a	d buildings ssets (describe in Schedule O) ssets				23	
24	Oţ	her	Ħ	ssets (describe in Schedule O) .			7,483		31,236
25	Τġ	lai	ŧ.	ssets			216,792	_	260,777
26				abilities (describe in Schedule O)	•		11,639		3,765
27				ets or fund balances (line 27 of column			205,153	27	257,012
Par	Ш			atement of Program Service Accom					Expenses
	i			neck if the organization used Schedule				(Rec	quired for section
Wha	is th	e (Ϋ́	anization's primary exempt purpose?	Grant student schol	arship to children wi	th socio-economi	501	(c)(3) and 501(c)(4)
				rganization's program service accomplis				orga	anizations, optional for
				by expenses in a clear and concise m		e services provided	d, the number of	Othe	115)
		11-14	- 15	ted, and other relevant information for ea					
28				zation's primary exempt purpose is grant s					
		. 6 . 6	- 12	zation gives the benefits to 10 students du		ear 2016. The primary	/ revenue		
			- • •	omes from private donations in Puerto Ricc 16,739) If this amount		nto shook horo		28a	26,196
20	(Grai	แร	H	16,739) ii triis amount	includes loreign gra	inis, check here	· · · · · · · · · · · · · · · · · · ·	204	20,190
29		<u> </u>	-						
			-14				**********		
	(Grai		Н	\ f +b.c. amaz.c.+	and des forces are	mta chook hara		29a	
00	Grai	าเร	7) it this amount	includes foreign gra	ints, check here .	🕨 🗀	298	<u> </u>
30		1-1	<u> </u>						
							•••••		
		<u> </u>	Щ					-	
•	(Grai				includes foreign gra	ints, check here		30a	
31		1 B B		gram services (describe in Schedule O)					
	(Grai) If this amount gram service expenses (add lines 28a t		ints, check here .	· •	31a 32	
20				oram service expenses (add lines 26a t	nrough 3 rai				
									26,196
32 Par			L	t of Officers, Directors, Trustees, and Key	Employees (list each				
			L		Employees (list each O to respond to a	ny question in this	Part IV .		
			L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average	(c) Reportable compensation	Part IV . (d) Health benefits, contributions to employ	ee (e)	etions for Part IV) Estimated amount of
			L	t of Officers, Directors, Trustees, and Key	Employees (list each O to respond to a	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	ctions for Part IV)
Par	IV		Li:	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	(c) Reportable compensation	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Par Luis	A. Oc	265	Li:	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Par Luis Presi	A. Oc	as	L -C	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto	A. Oc dent or Nát	asi	L-C	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis Presi Hécto	A. Ocdent	asi er der	L-C	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve	A. Oc dent or Nát Presi	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis Presi Hécto Vice- Sylve	A. Octor Náter Nát	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis Presi Hécto Vice- Sylve	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
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Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of
Luis A Presi Hécto Vice- Sylve Treas	A. Oc dent or Nát Presid tte Na urer	asi er der	L	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	c) Reportable compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV) Estimated amount of

Part	V		ther Information (Note the Schedule A and personal benefit contract state	ement requirements	s in th	те	
			structions for Part V) Check if the organization used Schedule O to respond to				
				······································		Yes	No
33	D d	ic t etai	e organization engage in any significant activity not previously reported to the IRS description of each activity in Schedule O	? If "Yes," provide a	33		~
34	W	ere	hy significant changes made to the organizing or governing documents? If "Yes,"	attach a conformed			
	C	žby.	of the amended documents if they reflect a change to the organization's name. Ot son Schedule O (see instructions)	herwise, explain the	34		7
35a	D	ıd t	organization have unrelated business gross income of \$1,000 or more during the	vear from business	<u> </u>		
			tes (such as those reported on lines 2, 6a, and 7a, among others)?		35a		~
b	If	Υe	to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an expla	anation in Schedule O	35b		~
С			pe organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec				
			ng, and proxy tax requirements during the year? If "Yes," complete Schedule C, Pa		35c		1
36	D di	io i	organization undergo a liquidation, dissolution, termination, or significant dispondence of the organization of of the organizat	sition of net assets	36		<u> </u>
37a	E	lli II 10er	amount of political expenditures, direct or indirect, as described in the instructions	37a	The state of	8,4	17 16 19
b	D	i i	organization file Form 1120-POL for this year?		37b		ستشقه ا
38a	D	dt	organization file Form 1120-POL for this year? organization borrow from, or make any loans to, any officer, director, trustee, or ke	ey employee or were		\$ 18	迷惑。
	ar	ly s	ch loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	38a		· /
ь	lf	"Ye	sh complete Schedule L. Part II and enter the total amount involved	38b	手格	A CONTRACT	\$.W.
39	S	ecti	501(c)(7) organizations Enter	计 通			: 趋
а	In	tla	on fees and capital contributions included on line 9	39a			
b	G	ros	eceipts, included on line 9, for public use of club facilities	39b			
40a	S	ect	501(c)(3) organizations. Enter amount of tax imposed on the organization during t	he year under.		. F. C.	
	se	dti	4911 ▶ , section 4912 ▶ ; section 4955 ▶	·		1	7
b			501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage is		2	200	建造
	ex	ďe	benefit transaction during the year, or did it engage in an excess benefit transa	ction in a prior year			
			as not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete So	chedule L, Part I	40b		
C	S	acti	501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed		1		
	01	i bi	anization managers or disqualified persons during the year under sections 4912, and 4958		100		
		13 11 11				, L	de Ser
d	S	ecti	501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line				
	41	11 P	mbursed by the organization .		الله الله الله الله الله الله الله الله		¥. (€.
е	tr	ans	ganizations. At any time during the tax year, was the organization a party to a profiler. If "Yes," complete Form 8886-T	onibited tax shelter	40e	2.0	'
41		U II. 11	states with which a copy of this return is filed N/A				
42a				elephone no 🕨(7		6-405	3
			ed at ▶ PMB 330-425 Carr.693 Dorado Puerto Rico	ZIP + 4 ▶	006	346	
b			me during the calendar year, did the organization have an interest in or a signature or			Yes	No
		nu n	dial account in a foreign country (such as a bank account, securities account, or other fi		42b	200	· · · · · · · · · · · · · · · · · · ·
	11	Ye	enter the name of the foreign country ▶	4.F	1. W. T.	477	1 19 Tr
	S	ee t	refinstructions for exceptions and filing requirements for FINCEN Form 114, Report of Accounts (FBAR)	or Foreign Bank and	1000	化 ·蒙	
		HI II II I	1.3 H	1kd OkakO	100	47.	<u> </u>
С	A1	an	filme during the calendar year, did the organization maintain an office outside the U enter the name of the foreign country. ►	inited States? .	42c	i	
40				Charle hara			
43			4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —(. ► 43	•		
	aı	u	The title amount of tax-exempt interest received or accrued during the tax year	43		Yes	No
44a	ח	<u>ال</u> ا.		Form 990 must be		学がな	No Section
. , .			eted instead of Form 990-EZ	, , ,	44a	- 32	
h			e organization operate one or more hospital facilities during the year? If "Yes,"	Form 990 must be		4.50	d. 15 %
D			leted instead of Form 990-EZ		44b	_25200334	-
С			e organization receive any payments for indoor tanning services during the year?		44c		~
d	lf	Ϋ́	state line 44c, has the organization filed a Form 720 to report these payments?	If "No," provide an	3.7	J. J.	المراقبة المراقبة
-	ex	pla	arion in Schedule O		44d	- ""	<u> </u>
45a		B II I	g prganization have a controlled entity within the meaning of section 512(b)(13)?		45a		~
b			gorganization receive any payment from or engage in any transaction with a control	lled entity within the	£ 80		
			ng of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be co		1	1. A	
			950-EZ (see instructions) .		45b	A	

Form 99	0-€	7 (2	q	6)						F	Page 4
	_	П	П							Yes	No
46	Dį	ďξ	H	organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or	n opposit	tion 🍇	a second	1.184
•	to	Ç	in	idates for public office? If "Yes,"	complete Schedule C	, Part I			46		V.
Part	VΙ	П	8	ection 501(c)(3) organizations	s only					<u> </u>	
_				section 501(c)(3) organization		stions 47–49b and	52, and con	nolete the	e tables	for line	es
	1			0 and 51.	o maor amorror quo		oz, and oon	ipioto tin	0 100,00	101 1111	00
				heck if the organization used Sc	hadula O to respond	I to any question in t	hie Part VI				
		ťť	H	neek ii tile organization used oc	riedule O to respond	to any question in t	ilis i ait vi	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	
47	Di	$\ \ $	Ш	organization engage in lobbying	antivition or have a	nostion 501/h) alastia	n in offeet di	iring tho	tov [162	No
71			,	"Yes," complete Schedule C, Par	activities of flave as	section 50 (ii) electio	ii iii enect di	uning the	I		_ ا
	- 1		ш						47	+	
48		11 L		rganization a school as described i					48		~
49a				organization make any transfers t			ation?		. 49a	1	~
b	II j			was the related organization a se				•	. 49b		
50	Cc	mic	p	te this table for the organization's	five highest compens	sated employees (oth	er than office	rs, directo	ors, truste	es, an	d key
	eņ	ηp	9	ees) who each received more than	n \$100,000 of comper	nsation from the organ	nization. If the	ere is non	e, enter "l	None "	
	1	$\ \cdot\ $	Ш		(b) Average	(c) Reportable	(d) Health b		(e) Estimat		
	ŀ	а	N	me and title of each employee	hours per week	compensation	contributions to benefit plans, ai		other co		
					devoted to position	(Forms W-2/1099-MISC)	compens	ation		•	
	Ţ		П							-	
	<u>-</u>	Ti	Ĭ				į				
	-		Ī								
	j		i								
	ij		Ħ								
	i	ĦĦ	it								
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		+	-								
			H						···		
	{		-								
	_ !	Ш	4	mber of other employees paid ov	A 400.000	L	L				
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Form **990-EZ** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Fig. If the organization is a section 501(c)(3) organization of a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name o	of th	e o	帽	nization					Employer identification	number
				Carlos López Somolinos					66-07	
		. 77		eason for Public Char						ns.
The or	rga	nız	atii	on is not a private founda	tion because it i	is (For lines 1 through	12, che	ck only or	ne box)	
1		A	:	irch, convention of church	nes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	
2		A S	¢.	nool described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z))	
3		Αŀ	ф	spital or a cooperative hos	spital service org	ganization described i	n section	170(b)(1	I)(A)(iii).	
4		A I	пę	dical research organization	n operated in c	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
		hο	s H	tal's name, city, and state	э.					
5		Αn		ganization operated for to the control on 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in
_							.	470/L\	(4)(4)(4)	
6	ᆜ			eral, state, or local govern	iment or govern	mental unit described	ın secu	on 170(b)	i(1)(A)(V). =====tala.t ar fram	the concret public
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9	\sqcup	ļΑn	a	ricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
		gr	μŊ	versity or a non-land-grainsity.	nt college of agr	riculture (see instructio	ons) Ente	er the nan	ne, city, and state of	the college or
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10		'An		ganization that normally rots from activities related	eceives. (1) mor	e than 331/3% of its su	upport fro	om contri	butions, membership	o fees, and gross
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		aci	di	red by the organization a	fter June 30, 19	75. See section 509(a	1)(2). (Co	mplete Pa	art III)	
11				ganization organized and						
12				ganization organized and						ry out the purposes
		of	Ы	e or more publicly suppo	rted organization	ons described in secti	on 509(a	1)(1) or se	ection 509(a)(2). Sec	e section 509(a)(3).
		Сh	еH	k the box in lines 12a thro	ugh 12d that de	scribes the type of sup	porting o	organizati	on and complete line	s 12e, 12f, and 12g
а		H	Н	ype I. A supporting organ	ization operated	d. supervised, or contr	olled by	its suppo	rted organization(s).	typically by giving
_				e supported organization	(s) the power to	regularly appoint or e	lect a ma	ajority of t	he directors or trust	ees of the
			ş	e supported organization poorting organization	ou must comple	ete Part IV, Sections	A and B			
ь		HH		pe II. A supporting organ						
		Ш	Į	ntrol or management of t	the supporting o	organization vested in	the same	persons	that control or man	age the supported
		Ш		ganization(s) You must				•		•
С		ЖI		pe III functionally integ				onnectio	n with, and functions	ally integrated with,
•	,			supported organization(s) (see instruction	ons) You must comp	lete Part	IV, Secti	ons A, D, and E.	
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е		╫╢		heck this box if the organ						ell Type III
•		۱	М	nctionally integrated, or T	vne III non-fund	tionally integrated sur	poortina	organizat	ion.	, II, 1900 III
f	<u>_</u>			e number of supported of		,	-			
g				the following information		oorted organization(s)				
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Part	Ш		upport Schedule for Organiza						
			complete only if you checked the						ider Part II
`			the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
			Public Support			,	·	,	
Calen			r (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	G	fis g	ants, contributions, and membership fees						
	re	ceive	(Do not include any "unusual grants") receipts from admissions, merchandise						
2	G	фss	eceipts from admissions, merchandise						
	SC		services performed, or facilities of in any activity that is related to the						
	or	danı	ation's tax-exempt purpose						
3	G	OSS	eceipts from activities that are not an		1				
	ur	i i li irelai	eceipts from activities that are not an ed trade or business under section 513						
4		11 III I			 				
7	0		revenues levied for the ation's benefit and either paid						
	to	L.	expended on its behalf						
-		H I) III	alue of services or facilities						
5	ا ا ج		ned by a governmental unit to the						
			ation without charge .						
_		1871 BB	I BL		 	 	 		
6		6 II (III	Add lines 1 through 5		 				
7a	Α	mou	its included on lines 1, 2, and 3						
		II B 1B	d from disqualified persons						
b	Αı	ποψ	s included on lines 2 and 3						
	re	œίν	from other than disqualified		1				
	Þθ	rsor	that exceed the greater of \$5,000						
			of the amount on line 13 for the year				<u></u>		
С	Α	abli	es 7a and 7b .						
8	P	ubli	support. (Subtract line 7c from	選獎 "不不	. 连锁		1936年3月	美兴	
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			otal Support						
Calen	da	гyе	(or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9			rts from line 6						
10a	G	CS\$	ncome from interest, dividends,						
			ts received on securities loans, rents,						
	ro	yalti	and income from similar sources						
b	U	∥ ∥ nrela	ted business taxable income (less						
	ac	ill lis	511 taxes) from businesses ed after June 30, 1975						
c			mes 10a and 10b .						
11	N		ncome from unrelated business						
••	ac		es not included in line 10b, whether					,	
			ne business is regularly carried on				1		
12			ncome Do not include gain or		<u> </u>				
12	In		from the sale of capital assets						
			in Part VI)						
13		D) 11 111	support. (Add lines 9, 10c, 11,		+		 		
13		10							
1.1	E.		five years. If the Form 990 is for th	o organization	n'e firet eocon	d third fourth	or fifth tax v	ear as a sectio	n 501/c)/3)
14	rı		ration, check this box and stop he	re Organization	ii s iiist, secon	ia, tilita, louiti	i, or martax y	ear as a sectio	· · · · · · · · · · · · · · · · · · ·
01						····			
			omputation of Public Suppor			(6)		15	
15			support percentage for 2016 (line 8			is, column (i))		15	%
16			support percentage from 2015 Sch					16	%
	on	Ψ.	Computation of Investment In	come Perce	ntage		(0)	47	
17	In	ýes	ment income percentage for 2016 (line 10c, colur	nn (t) divided b	y line 13, colu	mn (†))	17	<u>%</u>
18	ln	vesi	ment income percentage from 2015	Schedule A,	Part III, line 17			18	%
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			more than 331/3%, check this box						
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		- B II II	not more than 331/3%, check this l						
20	P	riva	e foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	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, D, and E, If you checked 12d of Part I, complete Sections A and D, and complete Sections A. ections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A All Supporting Organizations

- of the organization's supported organizations listed by name in the organization's governing 1 docum ents? If "No," describe in **Part VI** how the supported organizations are designated If designated I purpose, describe the designation If historic and continuing relationship, explain.
- organization have any supported organization that does not have an IRS determination of stati under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supports 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," answ. (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfield the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 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
- 4a 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 discretion describes 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 determination นทั่งต่ะ Bections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(lipurposes.
- 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 El 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 actiomplished (such as by amendment to the organizing document)
- b Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyon flother than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite 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 contribute (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity wiregard 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 es 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 more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe
- 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 which 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 bene from desets 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 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 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
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	10b		
orm	990 or	990-E2	Z) 2016

Part	IV	I	upporting Organizations (continued)			
					Yes	No
11 `			organization accepted a gift or contribution from any of the following persons?	100 C	數点	
а	Α	pers	n who directly or indirectly controls, either alone or together with persons described in (b) and (c)	生意	1	处处
		d D: 111	the governing body of a supported organization?	11a		ļ
b		1 11 511	member of a person described in (a) above?	11b		-
Coot	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		<u> </u>
Sect	ion	В.	ype I Supporting Organizations		V	N -
1	ا		directors, trustees, or membership of one or more supported organizations have the power to	Bar.	Yes	No
•			y appoint or elect at least a majority of the organization's directors or trustees at all times during the		110	
			? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	co	ritro	ed the organization's activities. If the organization had more than one supported organization,	A A a	# (* · · · · · · · · · · · · · · · · · ·	
	de	scri	e how the powers to appoint and/or remove directors or trustees were allocated among the supported		100 m	
	org	gani.	ations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Di	dithe	organization operate for the benefit of any supported organization other than the supported	25		1. 7. A.
	or	ganı	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1555		
	VI	non	providing such benefit carried out the purposes of the supported organization(s) that operated, sed, or controlled the supporting organization		2 1 1	200
<u></u>						<u>. </u>
Sect	ion	ψ.	vpe II Supporting Organizations		Yes	No
1	١٨/		majority of the organization's directors or trustees during the tax year also a majority of the directors	35 427	103	聚藏 :
•			pes of each of the organization's supported organization(s)? If "No," describe in Part VI how control		· 1000年 100	T.
	or	mar	agement of the supporting organization was vested in the same persons that controlled or managed		15.0	
		րի ի	ported organization(s)	1	F-4	5.15.1/1.6497
Sect	ion	D. /	I Type III Supporting Organizations			,
				0.59.00	Yes	No
1	Did	tre	organization provide to each of its supported organizations, by the last day of the fifth month of the		13.73	100 mg/s
	org	anız	ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			多數
	ord	ianiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	-30gb		*
2	Ī	ir D'HAL		28 848	数ない	独 高祖
-	ord	iarii:	y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	7		
	the	org	nization maintained a close and continuous working relationship with the supported organization(s)	2	1	312 S
3	Ву	rea	on of the relationship described in (2), did the organization's supported organizations have a	4. 海		
			ant voice in the organization's investment policies and in directing the use of the organization's		受透	
	ind	om	or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			7.13
			ted organizations played in this regard.	3_		L
		T 11 11 11 11 11 11 11 11 11 11 11 11 11	pe III Functionally Integrated Supporting Organizations			
1	Ch	и в пп	ne box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а			brganization satisfied the Activities Test Complete line 2 below.			
b	L		organization is the parent of each of its supported organizations. Complete line 3 below.	/ ····	_44	
С	L.)	organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	10HS)
2	Ac	t vit	s Test Answer (a) and (b) below.		Yes	No
а	Dic	ys	stantially all of the organization's activities during the tax year directly further the exempt purposes of			d .
	the	SÜ	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	0.55		2
	the	ose 	supported organizations and explain how these activities directly furthered their exempt purposes, a organization was responsive to those supported organizations, and how the organization determined			"大学"。 "上发"
		14 II III	se activities constituted substantially all of its activities	2a	200	* F. T. J.
b		1111111	activities described in (a) constitute activities that, but for the organization's involvement, one or more		A PAR	
_	of	the	ganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
			for the organization's position that its supported organization(s) would have engaged in these			
	act	ivit	but for the organization's involvement	2b		
3	Pa	rent	of Supported Organizations Answer (a) and (b) below.			7. O.
а	Dic	i the	organization have the power to regularly appoint or elect a majority of the officers, directors, or	1000	5-1-0-10 6-1-0-10 8-1-0-10	寒 5
	tru	stee	of each of the supported organizations? Provide details in Part VI.	3a	A \$3.4	*4" 20.41
b			organization exercise a substantial degree of direction over the policies, programs, and activities of each			100
	OT I	ιτ \$ \$	ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	I	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	····
		ck here if the organization satisfied the Integral Part Test as a qualifying ructions. All other Type III non-functionally integrated supporting organ			
Section 4		Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	ηþ	rt-term capital gain	1		
2 Redo	/4	ies of prior-year distributions	2		
3 Other	d)	oss income (see instructions)	3		
4 Add	ηģ	s 1 through 3	4		
5 Depre	d	ation and depletion	5		
6 Portio	П	of operating expenses paid or incurred for production or			
collection	Ж	of gross income or for management, conservation, or	Ì		
mainter	ia,	ce of property held for production of income (see instructions)	6		
7 Other		penses (see instructions)	7		<u> </u>
8 Adjus	te	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E		Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
		te fair market value of all non-exempt-use assets (see s for short tax year or assets held for part of year).	温度		
		e monthly value of securities	1a		
		e monthly cash balances	1b		
		rket value of other non-exempt-use assets	1c		
		dd lines 1a, 1b, and 1c)	1d		
		nt claimed for blockage or other		一种 1988年 中国 1985年 中	AND THE REAL PROPERTY.
factors	Ĭ	xplain in detail in Part VI).	10.00		"我,我是这个意思
2 Acqui	sit	on indebtedness applicable to non-exempt-use assets	2		
		line 2 from line 1d	3		
4 Cash		emed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	4		
		e of non-exempt-use assets (subtract line 4 from line 3)	5		
	-	ine 5 by 035.	6		
		es of prior-year distributions	7		
		n Asset Amount (add line 7 to line 6)	8		
		Distributable Amount	•		Current Year
1 Adjus	ex	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter	8\$	% of line 1	2	通知是不知识的	
3 Minim	J-	asset amount for prior year (from Section B, line 8, Column A)	3	建心器、建物心器、红线器 提	
4 Enter	gi	eater of line 2 or line 3	4	響等,從翻一時,但對於你不必	
5 Incom	е	ax imposed in prior year	5	也不解。这种一种心理是	
6 Distri	Бф	table Amount Subtract line 5 from line 4, unless subject to temporary reduction (see instructions)	6		
7 🗆 C	Hd	k here if the current year is the organization's first as a non-functionall uctions)	y in	tegrated Type III supporting	organization (see

				pe III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	
Secti	ion	Ф	þ	stributions			Current Year
ì	An	'nρί	ini	s paid to supported organizations to accomplish	exempt purposes		
2				s paid to perform activity that directly furthers exe		orted	
				ations, in excess of income from activity			
3				trative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4			. 1 86	s paid to acquire exempt-use assets	<u> </u>		
5				set-aside amounts (prior IRS approval required)			
6				stributions (describe in Part VI) See instructions.			
7		_		nnual distributions. Add lines 1 through 6			
8				tions to attentive supported organizations to whice	h the organization is res	nonsive	
U	(nr		Д	details in Part VI) See instructions	in the organization is re-	ponsivo	
9	(bi		Ж	table amount for 2016 from Section C, line 6			
10				mount divided by Line 9 amount			
10	LII	10 9	1	Hount divided by Line 9 amount		(ii)	(iii)
9	act.	Щ	빏	- Distribution Allocations (see instructions)	(1)	Underdistributions	Distributable
0.		ĭ	ĭIJ	Distribution Anobations (See mondousing)	Excess Distributions	Pre-2016	Amount for 2016
	_	##-		1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	- TANK IS BOOK Grant (APPENDED TO BOOK AND)		7 1110 2111 101 101 101
1			- 10	able amount for 2016 from Section C, line 6	CONTROL OF COMMENT OF THE PARTY OF THE	1.消火流流动。	として、これは、これはない、これは、これは、これは、これは、これは、これは、これは、これは、これは、これは
				stributions, if any, for years prior to 2016			
2				ble cause required—explain in Part VI) See			建设的基础
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_3	Ex	ce	9	distributions carryover, if any, to 2016.	The state of the s		The state of the s
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е	Fro	ζm	20	15	经验的	产运输。到此处法定一	中門可能理問門門時間
f	To	tal	d	lines 3a through e		の一個などの	一个漢字形式實施
g	Αp	βli	Бd	to underdistributions of prior years	透片遊院學也聽		の確認が記録を
h	Αp	pli	₽ф	to 2016 distributable amount	"都手類"的關係	三等 總法繼門 阿爾斯	
i	Ca	rry	Ы	er from 2011 not applied (see instructions)	公里是不是一里的	一時は大きの大きのはない	門は京都を開きる
j	Re	ma	ın	er Subtract lines 3g, 3h, and 3i from 3f		いのかながら	語的基礎的語言
4	Dis	stri	ьw	ions for 2016 from	THE PERSON AND THE PE	の音楽が開発した。	阿拉斯斯斯
				D, line 7 \$			A CAN A STATE OF
а	Ap	plie	d	to underdistributions of prior years	海兴疆北部兴		经最级企业的 温
b	Αp	bli	3	to 2016 distributable amount	先都强的流流。	大概的学生の経過機能	
С	Re	ma	(1)	er Subtract lines 4a and 4b from 4.		Section in the section of	は、一般は金字では、
5	Re	ma		ng underdistributions for years prior to 2016, if			一個では、一個では、
_	an	VI S	i l	tract lines 3g and 4a from line 2 For result			
	gre	jate	¦¦	han zero, explain in Part VI See instructions			的記載的記憶
6	Re	ma		ng underdistributions for 2016 Subtract lines 3h		一般である。 はいいい	
•				rom line 1 For result greater than zero, explain in			
	Pa	ÄΝ		See instructions			
7			! H	distributions carryover to 2017. Add lines 3j	The second secon		
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8				wn of line 7	FOR THE STATE OF T	A PARTY AND A	(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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Part VI			upplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part I, 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 I, 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, a, 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, les 2, 5, and 6. Also complete this part for any additional information (See instructions)
			les 2, 3, and 6. Also complete this part for any additional information (See instructions)
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SCHEDULE 0 (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 orpatization ► 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	orga	ization			Employer identification number
Fundació	Dr	Carlos López Somolinos			66-0727301
	₩.				
DARTIL		GRANTS AND SIMILAR	AMOUNTS DA	ID.	
PARTILI	1 =	GRANTS AND SIMILAR	ANIOUNISPA	iD:	
Colegio S	an y	icente de Paul	\$9,509		
Academia	Sar	Joaquin	2,740		
ļ					
Colegio C	oraz	n de María	1,990		
Colegio N		ra Señora del Pılar	2.500		
Colegio		La Centra del Fina			
Total Gran	ill III itsla	nd similar amounts	\$16,739		
	TII				
	11.				
	##			***************************************	
PART I LII	VE 1	OTHER EXPENSES			
Bank Cha	rges		\$628		
Sales taxe	S II		128		
Depreciati	On (mense	272		
Depreciati		pense			
Office exp	ens		350		
Insurance	<u> </u>		1,170		
Activities			26,791		
Activities		105 0	20,731		
Gain on in	 ves	ppent	(4,961)_		
TOTAL O	HE	EXPENSES	24,378		
		<u> </u>			
PART II LI	NE.	OTHER ASSETS			
	itt				
			2015	2016	
Contributi	ons	Receivable	\$6,050	\$14,280	
Prepaid E		Marie S	1,115	16,911	
. ropaid L.		<u> </u>		, 4,011	
Computer	Eq.	pment, net of depreciation	n 318	45	
TOTAL OT	HE	ASSETS	\$7,483	\$31,236	
		10	_	-	

Schedule Φ (F¢	ÞΝ	1 990 or 990-EZ) (2016)	Page Z
Name of the or		1 990 or 990-EZ) (2016) nization	Employer identification number
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<u> </u>			Schedule O (Form 990 or 990-EZ) (2016)
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