2949302605003

Return of Organization Exempt From Income Tax

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.

Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning , 2017, and ending 20 D Employer identification number C Name of organization B Check if applicable Comité Olímpico de Puerto Rico, Inc Doing business as 66-0319546 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 9020008 787-723-3890 PO Box Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Amended return <u>San Juan, PR</u> 00902-0008 G Gross receipts \$ 4,623,110.00 Application pending H(a) is this a group return for F Name and address of principal officer Yes 9020008 SAN JUAN PR 00202-0008 SARA ROSARIO PO BOX H(b) Are all subordinates X 501(c)(3) 501(c) ((insert no) 4947(a)(1)(or If "No," attach a list (se Website. WWW.COPUR.PR H(c) Group exemption number Form of organization | X | Corporation Trust Association Other > L Year of formation 1996 M State of legal domicile PR Summary Part I 1 Briefly describe the organization's mission or most significant activities. The entity's mission is the training and development of high performace athletes for the representation of PR in international sport Governance competitions. Also the entity provides financial assitance and facilitites for training to atheles and federation 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) 7 Activities & 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 32 Total number of individuals employed in calendar year 2017 (Part V, line 2a), 5 6 7a Total unrelated business revenue from Part VIII, column (6) line 14 b Net unrelated business taxable income from form 990 II line 34 7a 0.00 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 9,230,724.00 4,281,537 00 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 926.00 11 Other revenue (Part VIII, column (A), lines 5, 6d 1,380,867.00 340,647.00 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,611,591.00 4,623,110.00 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 1,114,322.00 975,110.00 Expenses b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 8,325,617.00 5,260,668.00 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,439,939.00 6,235,778.00 19 Revenue less expenses Subtract line 18 from line 12 1,171,652.00 -1,612,668.00 **Beginning of Current Year** 2 8 **End of Year** 20 34,831,542.00 Total assets (Part X, line 16) 40,124,927.00 21 Total liabilities (Part X, line 26). 597,384.00 747,032.00 22 Net assets or fund balances Subtract line 21 from line 20. 39,527,543.00 34,084,510.00 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and c Sian anature of officer Date Here 105 Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid KAREN GONZALEZ 12-18-18 self-employed P00979531 Preparer Firm's EIN ▶ 66-0585022 ► FALCON SANCHEZ & ASSOCIATES **Use Only** 787-273-7979 Firm's address ▶ PO BOX 366397 SAN JUAN PR 00936-6397 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)



ran	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,"		<u>,</u>	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
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		X
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		Х
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	<u>-</u>		
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	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	امما		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
49-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
_	Schedule D, Parts XI and XII	12a	Λ	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-74		_^
U	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		Х
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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- <u>*</u>		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		
. 5	If "Yes," complete Schedule G, Part III	19		х
	ii 100, Complete Concodic C, 1 dr. III		000	

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	,	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
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		Х
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 12		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		_	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			_
	Schedule L. Part IV.	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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	ļ	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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	_	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			·L
		_	Yes	No
	Enter the number of Forms W. 2G included in line 1a. Enter -0. if not applicable			
	Enter the humber of Forms VV-20 included in line to Enter-0-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		 X
2.	reportable gaming (gambling) winnings to prize winners?	,		
28	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X
	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	i	х
b	If "Yes," enter the name of the foreign country			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7 -		
	and services provided to the payor?	7a 7b		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
a	If "Yes," indicate the number of Forms 8282 filed during the year	70		_ <u>^</u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
42-	,	12a		X
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		^
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
а	Note. See the instructions for additional information the organization must report on Schedule O			_
h	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
		14a		Х
		14b		Х

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ın	struc	
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	
Sect	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent			
	Enter the number of voting members included in time 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
	any other officer, director, trustee, or key employee?	-		<u> </u>
3	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?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	—		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following]
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		X.
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
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		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			•
	rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			- (
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	- 		
16a				
ιva	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ı
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		İ	}
	organization's exempt status with respect to such arrangements?	16b		X
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ N\A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	:)(3)c	Only
10	available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)	301(0	<i>,</i>)(3/3	O(IIIy)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record CARLOS VAZQUEZ MARZAN, PONCE DE LEON AVENUE STOP 1 SAN JUAN PR 00901	s ►		

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Form 990 (2017)		

Part VII	Compensation of	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Con	ıtra	ictors			-		_	·		

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	rson	e than or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SARA ROSARIO VELEZ	40									
PRESIDENT		Х		Х				78,600.00	0.00	0.00
(2) VICTOR RUIZ	1									
VICE PRESIDENT		Х						0.00	0.00	0.00
(3) VICTOR LOPEZ	1		ŀ							
SECOND VICE PRESIDENT		Х						0.00	0.00	0.00
(4) CARLOS BELTRAN	1	1								
GENERAL SECRETARY		X						0.00	0.00	0.00
(5) HUMBERTO TORRES	1									
TREASURER		Х						0.00	0.00	0.00
(6) IVAN SANTOS	1									
DEPUTY SECRETARY		Х						0.00	0.00	0.00
(7) LULIANA AVILA	1									
DEPUTY TREASURER		Х	<u> </u>					0.00	0.00	0.00
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)				<u> </u>						

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Part VII Section A. Officers, Directors, Tru	stees, Key	, Em	plo	yee	s, a	ınd H	igh	nest Compensate	d Employ	ees (co	ntınued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unle:	Pos heck ss pe	osition ck more than one person is both an director/trustee			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from i ions	other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the nization related nizations
(15)								***************************************			***************************************	
(16)												
(17)					<u> </u>		<u> </u>					
(18)												
(19)												
(20)		-										
(21)												
(22)												
(23)		-										
(24)												=
(25)												
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	<u> </u>	<u></u>					> >	78,600.00 78,600.00				
Total number of individuals (including but needed to be reportable compensation from the organization)		o tho	se l	ste	d al	oove)	wh	o received more t	han \$100,0	000 of		
3 Did the organization list any former officemployee on line 1a? If "Yes," complete School	cer, direct	tor, o	r tı	rust dual	ee,	key	em	ployee, or highe	st compen	sated	3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g	sum of re	porta n \$1	ble 50,6	cor 000	npe ? /	nsatio	on a	and other comper complete Sched	nsation from ule J for	n the such	4	X
 Individual	r accrué co	ompe	nsa	tion	fro	m an	y u	inrelated organizat	ion or indiv	/idual	5	X
Section B. Independent Contractors	res, compi	ete Si	crie	Jule	JIC) Suci	n pe	erson			1.3	1.4
Complete this table for your five highest cor compensation from the organization Report year												
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compens	ation
N\A							N	I\A				N\A
	•						$oxed{\Gamma}$					
2 Total number of independent contractors	s (ıncludın				lım	ıted	to	those listed abo	ve) who	r u - like ki	cider texasticadas fránces	
received more than \$100,000 of compensati		_							,			

Part VIII	Statement	of Revenue

		Check if Schedule O contains a response or note to a	any line in this Part \	/III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e 1,531,000.00				,
Contribut and Othe	9	All other contributions, gifts, grants, and similar amounts not included above . 1f 2,750,537.00 Noncash contributions included in lines 1a-1f \$ 1,095,574.00	4 201 527 00			
	h	Total. Add lines 1a-1f	4,281,537.00			
Program Service Revenue	2a b c d		-		-	
ogr	f	All other program service revenue			<u> </u>	<u></u>
Pr	<u>g</u> 3	Investment income (including dividends, interest, and other similar amounts)	926.00			
	4 5	Income from investment of tax-exempt bond proceeds . Royalties	320.00			
	6a b	Gross rents		, ,	,	
	d 7a	Net rental income or (loss)	79,461.00			· ·
	c d	Less cost or other basis and sales expenses Gain or (loss)		-		
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other	b	See Part IV, line 18				
		Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	10a	Gross sales of inventory, less returns and allowances	``	1-		
	b C	Less cost of goods sold	23,492.00		in a part of man and compared to the	- t-vn-ma 1
		Miscellaneous Revenue Business Code		_	-	- 1
	11a	OTHER INCOME	87,694 00			
	ь	Hurracaine Maria INSURANCE CLAIM	150,000.00			
	С					
	ď	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	4,623,110.00	J	L	<u> </u>

	rt IX Statement of Functional Expense											
Sec	tion 501(c)(3) and 501(c)(4) organizations mu											
Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				, 							
2	Grants and other assistance to domestic individuals See Part IV, line 22											
3	Grants and other assistance to foreign organizations, foreign governments, and foreign]							
4	Individuals See Part IV, lines 15 and 16 Benefits paid to or for members											
	Compensation of current officers, directors, trustees, and key employees	78,600.00	47,160.00	31,440.00								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	871,728.00	705,837.00	165,891.00								
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10 11	Payroll taxes	24,782.00	14,869.00	9,913.00								
а	Management	1,456,550.00	1,243,548.00	213,002.00								
	Legal											
	Accounting		-									
	Lobbying				 							
	Professional fundraising services See Part IV, line 17.											
	Investment management fees											
g	Other (If line 11g amount exceeds 10% of line 25, column											
12	(A) amount, list line 11g expenses on Schedule O)	2,695.00		2,695.00								
	Office expenses	101,123.00	65,714.00	35,409.00								
14		,	·	·								
15	Royalties											
	Occupancy	633,377.00	344,592.00	288,785.00								
	Travel	764,021.00	757,436.00	6,585.00								
	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
	Interest	26,154.00	0.00	26,154.00								
21												
22	Depreciation, depletion, and amortization	45,000.00	20,500.00	24,500.00								
23	Insurance	111,953.00	111,953.00	0.00	<u></u>							
24	Other expenses Itemize expenses not covered				1							
	above (List miscellaneous expenses in line 24e, If			`	ſ							
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O)											
_	Competitions, tournaments and other act		1,723,507.00	0.00								
	Sport Medicine Utilities	75,321.00	75,321.00	0.00								
		151,957.00	118,470.00	33,487.00								
d	All other expenses Other expenses	160 010 00	114 770 00	E4 240 00								
		169,010.00	114,770.00	54,240.00								
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	6,235,778.00	5,343,677.00	892,101.00								
	following SOP 98-2 (ASC 958-720)											

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this f	Part X		
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,440,087.00	1	1,095,744.00
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	33,643,382.00
	4	Accounts receivable, net	106,191.00	4	0.00
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
S	6	Complete Part II of Schedule L 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	COMMUNICATION CONTRACTOR CONTRACT	5 	in the second second
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	32,210.00	9	
	10 a	Land, buildings, and equipment cost or			
			<u>_</u> :	1	
	i i	Less accumulated depreciation			64,226.00
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	28,190.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)	· ·	16	34,831,542.00
	17 18	Accounts payable and accrued expenses		18	632,627.00
	19	Grants payable		19	
	20	Deferred revenue		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
נט	22	Loans and other payables to current and former officers, directors,			/- 19
Liabilities		trustees, key employees, highest compensated employees, and	1		
Ē		disqualified persons Complete Part II of Schedule L		22	,
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties.		24	114,405.00
	25	Other liabilities (including federal income tax, payables to related third			·
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	597,384.00	26	747,032 00
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	Accordance, Jupos or other Accordance and the Commission of the Co		
and	27	Unrestricted net assets	1,061,178.00	27	6,107,510.00
Ba	28	Temporarily restricted net assets	38,466,365.00	28	27,977,000.00
Б	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
şţs	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ţ,	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	39,527,543.00	33	34,084,510.00
	34	Total liabilities and net assets/fund balances	40,124,927.00	34	34,831,542.00

				_		
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		· • • • •			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,62	3,110	0.00
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,23	5,778	3.00
3	Revenue less expenses Subtract line 2 from line 1	3		-1,61	2,668	1.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		39,52	7,543	3.00
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		-3,83	0,365	.00
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		34,08	4,510	00.0
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .			
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ı in			, ,
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,			2a		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-		1			
	reviewed on a separate basis, consolidated basis, or both	•				
	Separate basis Consolidated basis Both consolidated and separate basis					اا
h	Were the organization's financial statements audited by an independent accountant?		1	2b	Х	1
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis				است	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	iaht			1
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	l
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O					
3.2	As a result of a federal award, was the organization required to undergo an audit or audits as se	forti	h in			
Ja	the Single Audit Act and OMB Circular A-133?			3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		Х
				Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Cor	nıt	<u>é Olimpico de Puert</u>	o Rico				66-0319	9546
Pai	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	· · · · · · · · · · · · · · · · · · ·
The	orga	anization is not a private four	ndation because it	is (For lines 1 through	h 12, ch	eck only	one box.)	$\overline{}$
1		A church, convention of chu				-	·	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ))	\bigcup /
3	Ш	A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4	Ш	A medical research organiz	•	conjunction with a hos	pital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
_	\Box	hospital's name, city, and st				•		
5	Ш	An organization operated f section 170(b)(1)(A)(iv). (C		a college or universit	y owned	or ope	rated by a governme	intal unit described in
6		A federal, state, or local go	-	rnmental unit describe	d in sact	ion 170/	h)(1)(Δ)(γ)	
7	X	An organization that norma	-					om the general nublic
•					pport iit	om a go	verninental unit of the	on the general public
8	\Box	described in section 170(b) A community trust describe		•	Part II \			
9	Н	An agricultural research org	·			nerated	l in conjunction with a	land-grant college
•	ш	or university or a non-land-						
		university	g. a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		inao, ony, and onate of	ooogo o.
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt frent income and u	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more that section 511 tax) from	n 331/3 % of its
11	\Box	An organization organized a						
12	Н	An organization organized a	•	•	•			earny out the nurooses
-	ш	of one or more publicly su	•	•			•	, , , , , , , , , , , , , , , , , , , ,
		Check the box in lines 12a t	· ·					
а	Г	Type I A supporting orga	_	• •	• • •		,	_
_		the supported organization	· ·	•	-			
		supporting organization				, ,		
b		Type II A supporting org	•			with its	supported organization	on(s), by having
		control or management of	•				•	
	_	_ organization(s) You must	complete Part IV	, Sections A and C.				
C	L	$oldsymbol{ol}}}}}}}}} $	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organization	n(s) (see instruction	s) You must comple	te Part l'	V, Sectio	ons A, D, and E.	
d	L	☐ Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)
		that is not functionally into	egrated The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		_ requirement (see instruct	ions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	Check this box if the orga	inization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
_	_	functionally integrated, or						
f		ter the number of supported						
g		ovide the following information		· · · · · · · · · · · · · · · · · · ·	I			1
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No	-	
(A)								
(B)								
(B)								
(C)								
(D)					,			
(E)								
Tota	al							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,655,957.001	0,882,897.00	9,913,423.00	9,630,914.00	3,584,087.00	40,667,278.00
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 organization without charge	697,450.00	697,450.00		697,450.00		3,487,250 00
4	Total. Add lines 1 through 3	7,353,407.001	1,580,347.00 1	0,610,873.00 1	0,328,364.00	4,281,537.00	44,154,528.00
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	,	•	4, -,		<u> </u>	44,154,520.00
	tion B. Total Support	1			1	1	
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4	7, 353, 407.001	1,580,347.00 1	0,610,873.00	0,328,364.00	4,281,537.00	44,154,528.00
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)	201,211.00		160,258.00	283,227.00	102,953.00	938,024.00
11	Total support. Add lines 7 through 10		V CZ 434 * *	·	,,	*	45,092,552.00
12	Gross receipts from related activities, etc. (=				12	
13	First five years. If the Form 990 is a organization, check this box and stop here						
	tion C. Computation of Public Sup	<u> </u>		44 1 (0)			07 0100 м
14	Public support percentage for 2017 (I						97.9198 % 98.0764 %
15	Public support percentage from 2016 331/3% support test - 2017. If the or						
10a	box and stop here. The organization q	•				•	
h	331/3% support test - 2016. If the organization q						
b	this box and stop here . The organizati	_					
17a	10%-facts-and-circumstances test -			-			
	10% or more, and if the organization	-					
	Part VI how the organization meets						
	organization			-	•		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org	•	=				
	Explain in Part VI how the organization						
	supported organization				•	=	
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	i, or 17b, check	this box and se	e
	instructions						▶ 🔲
	······································						

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

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

Sec	tion A. Public Support	,		р.с		,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						. /
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						<i>7</i>
	sold or services performed, or facilities						
	furnished in any activity that is related to the				l		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				_	/	
J	unrelated trade or business under section 513 .					1	
4	Tax revenues levied for the		1		/	 	
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			/	<u> </u>		
6	Total. Add lines 1 through 5			 /-			
7 a	Amounts included on lines 1, 2, and 3			/			
h	received from disqualified persons Amounts included on lines 2 and 3			 			
	received from other than disqualified		1	/			
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year			 /			
	Add lines 7a and 7b			ļ/			
8	Public support. (Subtract line 7c from		/	1 .	-		
	line 6)						
	tion B. Total Support	4-1 2042	1 (5) 2044	(-) 2045	(4) 2046	(-) 0047	(0 T-1-1
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10 a	Amounts from line 6						
	sources		/				
b	Unrelated business taxable income (less	/	1				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly				!		
12	Other income Do not include gain or	<i>ÿ</i>				-	•
	loss from the sale of capital assets						
	(Explain in Part VI)		1				
13	Total support. (Add lines 9, 10c,/11,			<u> </u>		<u> </u>	
. •	and 12)		1				
14	First five years. If the Form 990 is for	or the organiza	ition's first seco	nd third fourth	or fifth tax vi	ear as a sec	tion 501(c)(3)
	organization, check this box and stop here.	-			-		
Sec	tion C. Computation of Public Supp						
15	Public support percentage/for 2017 (line 8,		*	mn (f))		15	%
16	Public support percentage from 2016 Scheo		-			16	%
	tion D. Computation of Investment					· · · · · · · · · · · · · · · · · · ·	70
17	Investment income percentage for 2017 (lin			13 column (fl)		17	%
18	Investment income percentage for 2017 (in		-			18	
	,						
198	331/3% support tests - 2017. If the org						. —
	17 is not more than 331/3 %, check this		_				
b	33 1/3 % support tests - 2016. If the organ						
	line 18 is not more than 331/3 %, check						
20 JSA	Private foundation. If the organization of	iid not check	a box on line	14, 19a, or 19b			
JUA					3	villeuule A (FQ	rm 990 or 990-EZ) 2017

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.)

04:	Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part	ι V.)		
Secti	on A. All Supporting Organizations		T	T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by		Yes	No
2	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 status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		_ ~
3a	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," answer	2 3a	-	
b	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	 3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	_ 3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		-
b	Did the organization have ullimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	ـــــــــــــــــــــــــــــــــــــ	استدا	***
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yos," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	- 5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	100	 	1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			.E.
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	_	b
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	.		_

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

the supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

9b

9c

10a

10b

Pag	e	£

			· ·	-9
Part	Supporting Organizations (continued)		1.4	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			}
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		
	A family member of a person described in (a) above? A 35% controlled on the of a person described in (a) or (b) above? If "Yes" to a, b, or a provide detail in Part VI	11b		1
	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.	1110	<u> </u>	
	ion B. Type I capporting organizations		Yes	No
			1.00	
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			
	controlled the organization's activities if the organization had more than one supported organization,		ļ	
	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			
	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		
Sect	ion C. Type II Supporting Organizations		1	
			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)			
Sect	ion D. All Type III Supporting Organizations	1 1	l	
<u> </u>	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		1.00	1
	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 organization's governing documents in effect on the date of notification, to the extent not previously		l	اا
	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	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		Ì
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			اـــا
	ion E. Type III Functionally Integrated Supporting Organizations	3	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	4	ione)	
•	The organization satisfied the Activities Test Complete line 2 below	su ucu	uns)	
a b	The organization satisfied the Activities rest Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
			Yes	No
2	Activities Test Answer (a) and (b) below.			{
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ĺ	{
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			{
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	i	ŀ	[
	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	ļ	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
_	trustees of each of the supported organizations? Provide details in Part VI.	3a_	 	ţ
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiz	ations r	nust complete Section	
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	1 1		
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
Section B - Minimum Asset Amount		(A) I HOI Teal	(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)			
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	ı		
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		1
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-functionally	y integra	ated Type III supporting	g organization (see
instructions)	. •	,, ,	'

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
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	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6		-	
10	Line 8 amount divided by Line 9 amount	•		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017	1 4 .	ers serveri	/ 4 . 6
а	1	n is end	5° 1 10 4 1	t to act the with
b	From 2013	1945 P		
С	From 2014			
d	From 2015	<u> </u>		
е	From 2016	r		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			- · · · · · · · · · · · · · · · · · · ·
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from		1 1	55.1
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			
•	and 4c			
8	Breakdown of line 7			
a	Excess from 2013			**.
b	Excess from 2014		, ,	

c Excess from 2015....
d Excess from 2016....
e Excess from 2017....

Schedule A (Schedule A (Form 990 or 990-EZ) 2017 Page 8								
Part VI	III, line 12; I B, lines 1 a 3a, and 3b,	Part IV, Section nd 2; Part IV, Se Part V, line 1; Pa	Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section ction C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, art V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, olete this part for any additional information (See instructions.)						
PART II	LINE 10:	THE ENTITY	IS AUTHORIZED BY LAW TO RENT SPACES FOR OFFICES AND						
CONFERE	NCE ROOMS	FUNDS ARE	USED FOR MAINTENANCE, REPAIRS AND IMPROVEMENTS TO THE						
HISTORI	CAL FACIL	TIES ON WHIC	CH THE ENTITY OPERATES.						
			,						
-									
									
									
			<u> </u>						
-	· · · - · · · · · · · · · · · · · · · ·	 .							
									

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Comité Olímpico de Puerto Rico 66-0319546 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts N\A Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2di Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par			<u>-</u>							<u> </u>		
3	Using the organization's acquisition,	accession, and o	other recor	ds, checl	k any o	f the	follow	ing that a	ire a sigr	nificant u	se of	ıts
	collection items (check all that apply)			_								
а	Public exhibition		d	Loan	or excha	inge	program	ns				
b	Scholarly research e Other											
C												
4	Provide a description of the organiza	ation's collections	and expla	ain how t	they fur	ther	the or	ganızatıon'	s exemp	t purpose	ın F	art
	XIII											
5	During the year, did the organization s	solicit or receive o	lonations o	f art, hist	orical tre	easu	res, or	other simil	ar			
	assets to be sold to raise funds rather	than to be mainta	ained as pa	rt of the o	organiza	ation'	s collec	ction?	[Yes		No
Par	t IV Escrow and Custodial Arrai	ngements.						•			-	
	Complete if the organization	answered "Yes	s" on Form	n 990, Pa	art IV, li	ine 9	e, or re	ported ar	n amoun	t on Forr	n	
	990, Part X, line 21											
1a	Is the organization an agent, trustee,											
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in P	art XIII and comp	olete the fol	llowing tat	ole							
					[Α	mount			
C	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
	Did the organization include an amou								-	Yes	Ш	No
b	If "Yes," explain the arrangement in P	Part XIII Check he	ere if the ex	planation	has bee	en pr	ovided	on Part XII	<u></u>		<u>. L.</u>	
Par												
	Complete if the organization	answered "Yes				_						
		(a) Current year	(b) Pno	r year	(c) Two	o year	s back	(d) Three y	ears back	(e) Four y	ears b	ick
1a	Beginning of year balance	-								1		
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	·										
2	Provide the estimated percentage of	the current year	end balanc	e (line 1g,	column	(a))	held as					
а	· ·		_%									
b	Permanent endowment ▶											
C	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, and	•										
3a	Are there endowment funds not in the	e possession of the	ne organiza	ition that	are held	d and	d admir	nistered for	the			
	organization by										es	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related	-	-			?				3b		
4	Describe in Part XIII the intended use		tion's endo	wment fu	nds							
Par	t VI Land, Buildings, and Equipr Complete if the organizatio	ment. n answered "Ye	s" on Forr	m 990 F	Part IV	line	11a S	ee Form	990 Pai	rt X line	10	
	Description of property	(a) Cost or			or other ba			umulated		1) Book valu		
_	l and	(inves	tment)	(0	ther)			eciation	,			
1a	Land											
b	Buildings				_							
C	Leasehold improvements				4.55			71 4 6 6				
d	Equipment		<u> </u>		,169.0			714.00		46,4		
<u>e</u>			- 000 0		181.0			410.00		17,7		
Tota	1. Add lines 1a through 1e (Column (d) must equal For	n 990, Part	X, colum	n (B), <u>lin</u>	e 10	c)	<u></u> ▶	0.1.1	64, 2		

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion
(4) Emana	· · · · · · · · · · · · · · · · · · ·		Cost of end-of-year mark	et value
	al derivatives			
(2) Closely (3) Other	-neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			***************************************	~~~~
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
 	(a) Description of investment	(b) Book value	(c) Method of valual	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)	•	 		
(2)				
(3)				***************************************
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) and and Famous Park and (D) has 421			
Part IX	(b) must equal Form 990, Part X, col (B) line 13) Other Assets.	<u> </u>	<u> </u>	
FaitiA	Complete if the organization answere	d "Yes" on Form 990). Part IV. line 11d See Form 990.	Part X. line 15.
		escription		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)				
(5)	***************************************			
(6)				
(7)				
(8)				•
(9)	umn (b) must equal Form 990, Part X, col (B)	line 15)		
Part X	Other Liabilities. Complete if the organization answere line 25.			m 990, Part X,
 1.	(a) Description of liability	(b) Book valu	ie	
	ral income taxes		ल पुत्र ६८० प्रदेशको _क ्रमुक्त के ज	transports spin
(2)				
(3)				
(4)				
(5)				
(6)				3 5 K
(7)				
(8)				
(9)			S - 1	a
	nn (b) must equal Form 990, Part X, col (B) line 25	 		· · · · · · · · · · · · · · · · · · ·
	or uncertain tax positions. In Part XIII, provide the		-	
organization	's liability for uncertain tax positions under FIN 48	(ASC /4U) Check here	ii the text of the foothole has been prov	rided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,623,110.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities]	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,623,110.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII)] _	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,623,110.00
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Rete Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	6,235,778.00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments		
C	Other losses	1	
d	Other (Describe in Part XIII)	١.	
е	Add lines 2a through 2d	2e	6 005 770 00
3	Subtract line 2e from line 1	3	6,235,778.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ļ	ļ
а	Investment expenses not included on Form 990, Part VIII, line 7b	┨	
b	Other (Describe in Part XIII)	4.	
	Add lines 4a and 4b	4c 5	6,235,778.00
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	0,233,770.00
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, P. t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infon		
		_	
			<u> </u>

Schedule D (F	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
	·	
	1	
	•	
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<u> </u>		·
	•	
		· · · · · · · · · · · · · · · · · · ·
		
	·	
		····

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Inspection Employer identification number

Comité Olímpico de Puerto Rico

66-0319546

Par	Types of Property			· · · · · · · · · · · · · · · · · · ·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household			İ				
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	_						
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21 `	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(USE ALBERGUE OLIMPICO)			329,884.00				
26	Other ►(<u>USE CASA OLIMPICA</u>)			697,450.00				
27	Other ►(<u>TELECOMUICATIONS</u>)			68,240.00	FMV			
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed f	Form 8283,	Part IV, Donee Acknowledg	gement	29			
					1		Yes	No
30a	During the year, did the organizat			•				1
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		<u>X</u>
b	If "Yes," describe the arrangement i	n Part II						l
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31		<u>X</u>
32a	Does the organization hire or use	e third part	es or related organization	ns to solicit, process, or s	sell noncash			
	contributions?					32a		X
b	If "Yes," describe in Part II							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,			ļ
	describe in Part II							1

Part II	Supplemental Information . Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
						
 						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Comité Olímpico de Puerto Rico	66-0319546
FORM 990, PART V, LINE 3B- THE ENTITY IS NOT REQUIRED TO FILE TH	ie form 990-t because
IT DOES NOT HAVE UNRELATED INCOME OF \$1,000 OR MORE.	
FORM 990 PART IV LINE 11 - AFTER COMPLETING THE FORM 990, IT IS	SUBMITTED TO THE
ENTITY'S FINANCE DIRECTOR FOR REVIEW, BEFORE SIGNING. THE FINANCE	DIRECTOR DELIVERS
THE FORMS TO THE IRS AFTER ITS APRROVAL.	
FORM 990, PART VI, SECTION C, LINE 19 - THE ENITY IS REQUIRED TO E	PROVIDE COPY OF ITS
ANNUAL AUDITED FINANCIAL STATEMENTS TO SEVERAL PUERTO RICO AGENCIE	ES AND TO OTHER THIRD
PARTIES LIKE FINANCIAL INSTITUTION.	
FORM 990, PART XI, LINE 9 - ON THIS LINES THE ENTITY DISCLOSES THE	NET ASSETS RELEASED
FROM TEMPORARY RESTRINCTIONS AND CHANGES IN PRESENT VALUES OF UNCO	ONDITIONAL PROMISES.
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Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number	
Comité Olímpico de Puerto Rico	66-0319546	
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