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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	For the	2015 calendar year, or tax year beginning July 1, , 2015, and e			e 30	, 20 16				
В		applicable C Name of organization Boys and Girls Clubs of Puerto Rico Inc.			D Employ	er identification nu	mber			
	Address					66-0327584				
	Name cha		om/suite		E Telepho	ne number				
	Initial retu	· •				787-268-4504				
\Box	Final return									
\Box	Amended			1	G Gross re	eceipts \$ 9	,389,542			
$\overline{\Box}$		on pending F Name and address of principal officer Eduardo Carrera		Hia) is this a or			☑ No			
_	· ·ppiiouii	P.O. Box 79526 Carolina PR 00984			•	es included? Yes	=			
	Тах-ехеп	ppt status	527			a list (see instruction				
J	Website:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(c) Group	exemption	number ►				
ĸ		rganization	formation			of legal domicile	PR			
Р	art I	Summary			1					
3		Briefly describe the organization's mission or most significant activities: O	rganiza	tion was c	reated to	promote the hea	alth.			
ġ.		social, educational, vocational, and character development of youth in low income								
Governance		housing developments or needing communities.			01000 41	c located within	Papi.			
Ē		Check this box ► ☐ if the organization discontinued its operations or dispos	sed of r	nore than	25% of	its net assets.				
ŏ	II.	Number of voting members of the governing body (Part VI, line 1a) .			3		20			
		Number of independent voting members of the governing body (Part VI, line	e 1b) .		4		19			
es		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5		285			
Activities &		Total number of volunteers (estimate if necessary)	, · ·		6	 	300			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a	<u> </u>	0			
_	1	Net unrelated business taxable income from Form 990-T, line 34	•	•	7b					
	 -~	Not differently business taxable mounts from configurations of the second		Prior Ye		Current Ye	ar			
Revenue	8	Contributions and grants (Part VIII, line 1h)		,683,880	† <u>-</u>	,389,542				
	1	Program service revenue (Part VIII, line 2g)	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Investment income (Part VIII, column.(A),-lines.37.4.\and 7d)	_							
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>							
		Total revenue – add lines 8 through 11 (must equal Part VIII, column)(A), line 1	2)	9	,683,880		,389,542			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-/ 		,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Benefits paid to or for members (Part IX, column (A), line 4)								
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)		,622,943		5,023,238			
Expenses		Professional fundraising fees (Part IX, column A), line 11e								
þe		Total fundraising expenses (Part IX, column (D), line 25) ▶	`		0	 				
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3	,338,342	<u> </u>	3,312,574			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,961,285		,335,812			
		Revenue less expenses. Subtract line 18 from line 12	·		277,405)	 	53,730			
e c			Beg	inning of Cu		End of Ye				
ets (20	Total assets (Part X, line 16)			,178,030		3,429,955			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			,106,130		2,304,325			
Fige	22	Net assets or fund balances Subtract line 21 from line 20	` -		,071,900		1,125,630			
	art II	Signature Block			, ,		,,.20,000			
		ies of periury, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to t	he best of	my knowledge and	belief, it is			
	•	and complete Declaration of preparer (other than officer) is based on all information of which pr				· ,				
		1111			2/	10/201	7			
Sig	yn	Signature of officer		Da	te					
He	re	President								
		Type or print name and title								
Pa	id	Print/Type preparer's name Preparer's signature	Date		Check	PTIN				
	eparei	Jorge Rodriguez Jaze Rochigus	2/	10/2017	self-em	ployed P0143	6390			
	e Only			Firm	n's EIN ▶	66-08553				
_		Firm's address ► Prado Alto L-16 Calle 6 Guaynabo PR 00966			ne no	787-793-21				
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions) .	•				No			
For	Paperw	ork Reduction Act Notice, see the separate instructions.	Cat No	11282Y		Form 9	90 (2015)			

Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Organization was created to promote health, social, educational, vocational, and character development of youth living in low
	income communities. Clubs are located within public housing developments or needing communities.

2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(Ondo) (Frances & O. C. (1.27 and pilot and p
4a	(Code.) (Expenses \$ 2,611,337 including grants of \$ 2,437,340) (Revenue \$ (173,997)) PUERTO RICO PUBLIC HOUSING ADMINISTRATION (PROJECT LEARN PROGRAM):
	Project Learn is a comprehensive program covering educational, prevention, sports, recreational and art services. It impacted approximately 3,550 bonafide residents from different housing projects within the ages 6 through 18; and 900 adults through its
	Family Support program. Activities supported included: Power Learning (848 participants), Drug Prevention (445 participants),
	Leadership Program (99 participants), Performing Arts (427 participants), Sports and Recreation (1,738 participants) and Family
	Support (902 participants). These programs are carried out through different programs including Power Hour, Torch CLub, Keystone
	Club, Goals for Graduation, Visual Arts, Dance and Theater, and Sports and Recreation. For fiscal year 2015-2016, 100% of program
	goals presented to PRPHA were accomplished Major program results were as follows: 100% of participants graduated from high
	school ans 89% of those will continue post secondary studies. In the Health and Life Skills program, 94% of participants abstain from
	using alcoholic beverages, tobacco and/or marihuana
	/O di
4b	(Code.) (Expenses \$ 2,254,216 including grants of \$ 2,106,864) (Revenue \$ (147,352))
	21st CENTURY COMMUNITY LEARNING CENTERS:
	21ST CCLC is a comprehensive program covering educational, prevention, sports, recreational and art services. It main objective is to improve academic progress, as well as technology skills of participants. During fiscal year 2015-2016, 1,300 participants between
	the ages 6 and 18, and 225 parents benefited from the program. Services provided included tutorships, homework assistance, spanish
	english, reading, character development, art, sports and recreational activities. Program results statistics were as follows:
	* 100% of participants attended services for 30 days or more
	* 784 (60%) participants finish the school year with A or B grades in spanish courses
	* 600 (46%) participants increase their spanish grade by .25 grading points
	* Approximately 99% of participants pass grade
	* Parents of participants took part of educational forums and employment opportunities forums, family time management and healthy
	life styles workshops.
	/Code: \/\(\(\Gamma\) \(\Gamma\)
4c	(Code:) (Expenses \$ 548,586 including grants of \$ 534,454) (Revenue \$ (14,132))
	TEMPORARY ASSISTANCE FOR NEEDING FAMILIES (TANF) Program addressed to prevention servicies through SMART Moves module. Main objectives are to promote autosuficiency in head
	of household women, and youth activities directed toward preparation for employment, encouraging responsible maternity and
	paternity, and activities directed to prevention of unplanned pregnancies. During fiscal year 2015-2016, the program benefited 586
	youth participants and 431 parents. A Family Strenghtening Conference and a Youth Prevention Workshop were realized during the
	fiscal year. 100% of programatic objectives were achieved.
	^
	^
	^
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 75,331 including grants of \$ 89,590) (Revenue \$ 14,259)
40	Total program service expenses

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		1
0	complete Schedule A	1	10	↓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	—
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 	<u> </u>	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
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		V
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	V	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		V
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	~	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	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		~
	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		·
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		·
	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	~	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
		Form	990	(2015)

	Checklist of Required Schedules (continued)		Yes	No
20 ;	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		V
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		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23		122	-	1
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	,	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	l	1
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		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
2 5a		25a		,
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		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\Box	~
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		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		·
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	- 1	~
	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.		~	
			990	(2015)

Part '				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	1	-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		j
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	i	İ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 530		7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			İ
	account)?	4a		~
	·	70		
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			1
	(FBAR)			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		'
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Į.	ļ	
	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	ļ	<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	 	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-/"	├	
8		8	 	
0	sponsoring organization have excess business holdings at any time during the year?	۳	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	7	1 ,	
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 .;	1,.,	
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	Ì	1	
	against amounts due or received from them.)	J	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	↓	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	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	4	1	
С	Enter the amount of reserves on hand	1		+
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148	-	-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14t		0.0045
		Fo	rm ササ	0 (2015)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a tructi	"No" ons.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	,		
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Did the organization have members or stockholders?	6		~
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	L	,
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	h	V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	4		
a	The governing body?	8a	~	ļ
ь 9	Each committee with authority to act on behalf of the governing body?	8b	~	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	odo '	_
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	r. A**	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
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	~	
13	Did the organization have a written whistleblower policy?	13_	~	
14	Did the organization have a written document retention and destruction policy?	14	-	ļ
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?			\ -
a	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	/	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160	15.1	7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a	-	,
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed PR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only
19	Own website	erect	nolic	v and
20	financial statements available to the public during the tax year			y, and
	State the name, address, and telephone number of the person who possesses the organization's books and re Mr. Mario Medina - PO Box 79526, Carolina PR 00984	coras	. –	

Form 990 (2015)

Part VII	Compensation of Officers, Directors,	Trustees	Key Employees,	Highest (Compensated	Employees,	anc
	Independent Contractors						

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

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

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

Check this box if neither the organization	n nor any relate	d orga	anız	atıo	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
		(C)								
(A)	(B)	Position (do not check more than					(D)	(E)	(F)	
Name and Title	Average	box, unless person is			ıs both	an	Reportable	Reportable compensation from	Estimated	
	hours per week (list any hours for related		_	a Officer		or/trust employ	e) Former	compensation from the organization	related organizations (W-2/1099-MISC)	amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	-	(W-2/1099-MISC)		organization and related organizations
(1) Eduardo Carrera	40									
President				~	~	~		155,250	0	0
(2) Mario Medina	40									
Finance Director				~				67,680	0	0
(3) Niulka Quiñones	40	ļ								
Human Resources Director		<u> </u>		~				60,150	0	0
(4) Glorian Antonetty	40					1			ļ	
Communications - Marketing			<u> </u>	~			Ц.	63,575	0	0
(5) Luz N. Arroyo	40									
Strategy and Compliance			L_	~	L.		ļ	55,598	0	0
(6) Joan Rivera	40	1								
Operations Manager				~	<u> </u>	ļ	<u> </u>	47,159	0	0
(7) Ataveyra Medina	40									
Government Relations Liason		<u> </u>		~	_	ļ		16,250	0	0
(8)	·									
(9)					-					
(10)								 		
(11)						-				
(12)			-			_		 		
(13)				_	-					
(14)				-		-				
		<u> </u>		L	l	l				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)								
	(A)	(B)	(do n	ot ch		ution more	e than c	one	(D)	(E)			F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation f	rom		nated unt of	
		week (list any	-	г.				<u> </u>	from	related		01	her	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization: (W-2/1099-MIS			ensatio n the	יח
		organizations	dual	헣	4	ğ	st c	[역	(W-2/1099-MISC)			orgar	nzation	
		below dotted line)	֓֞֝֟֝֟֓֟֝֟ <u>֚֚</u>	nal tr		oye) mp						elated zation	
			stee	uste		"	ensa					3		
_				ď		i	ated							
(15)														
			L											
(16)														
				<u> </u>	L.									
(17)														
(40)				<u> </u>		<u> </u>		<u> </u>			_ -			
(18)														
(10)			-		_	┢								
<u>(19)</u>			1					ŀ						
(20)					_	├	<u> </u>				_			
120)		 -					ļ							
(21)				-		 								
37.22		 												
(22)						\vdash					\neg	-		
J		†	İ											
(23)														
			1											
(24)														
(25)														
		<u> </u>		L_		<u></u>	<u> </u>							
1b	Sub-total		٠.	٠	٠	•		>	465,662					
C	Total from continuation sheets to Part		n A	•	•		•	•	0					
d	Total (add lines 1b and 1c)			•		<u> </u>		<u>></u>	465,662	<u> </u>				
2	Total number of individuals (including but reportable compensation from the organi		to tr	iose	list	ted	above	e) w	ho received m	ore than \$100	J,000 o)Ť		
	reportable compensation from the organi	Zalion												No
3	Did the organization list any former of	ficer direc	tor o	or tr	ust	ee	kev e	mr	olovee or high	est compen	sated		Yes	NO
-	employee on line 1a? If "Yes," complete s	Schedule J	for s	uch	ind	ividi	ual				,	3		7
4	For any individual listed on line 1a, is the											<u> </u>		Ť
	organization and related organizations													ŀ
									•			4	V	
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m any	un un	related organiz	ation or indiv	/idual			
	for services rendered to the organization	? If "Yes," c	omp	lete	Sch	hedi	ıle J f	or s	such person_	<u></u> <u>.</u>		5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest of													
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within th	e orga	nızatıc	n's t	ax
	year.					_		_						
	(A) Name and business add	ress							(B) Description of s	envices	0-	(C)	ation	
	THATTE AND DUSINESS ACC							<u> </u>	——————————————————————————————————————	UI VICES		mpens		
								 						
								\vdash						
								 -		-				
								\vdash						
2	Total number of independent contractor	rs (includir	ng hi	ıt n	ot i	lımı	ted to	th	nose listed abo	ove) who	 .			
_	received more than \$100,000 of compens								0	,				

Form **990** (2015)

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or not			<u></u>	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a 90,	000			
Grants	b	Membership dues 1b 28,	340			
S, C	С	Fundraising events 1c 95,	832			
Giff iar	d	Related organizations 1d		Ì		
ns,	е	Government grants (contributions) 1e 7,363,	658			
atio er (f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f 1,811,	712		ŀ	
ğ	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		_	İ	
	<u>h</u>	l otal. Add lines 1a-1f	9,389,542 de	2		
en.	2a			-		
æ	b					
içe Vic	С				-	
Sen	d					
E	е					
Program Service Revenue	f	All other program service revenue			<u></u>	
	g		>		T	
	3	Investment income (including dividends, intere and other similar amounts)	st,			
	4	Income from investment of tax-exempt bond proceeds	· ———	+		
	5	Royalties				
		(i) Real (ii) Personal	·			
	6a	Gross rents				
	b	Less. rental expenses				
	С	Rental income or (loss)				
	d	(100)	>			
	7a	Gross amount from sales of assets other than inventory	_			ļ
	ь	Less: cost or other basis				
		and sales expenses			1	ļ
	c d	Gain or (loss)	—		 	J
ne						
_	8a	Gross income from fundraising events (not including \$				
Other Rever		of contributions reported on line 1c).				
er F		See Part IV, line 18 a				
Ţ	b	Less: direct expenses b				1
	С	Net income or (loss) from fundraising events .	>			
	9a	Gross income from gaming activities				
		See Part IV, line 19 a				
		Less: direct expenses b		_		i
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less	>			
	10a	returns and allowances a				
	b	Less cost of goods sold b	—			
	C	Net income or (loss) from sales of inventory	>			ļJ
	Ť	Miscellaneous Revenue Business Co			 	
	11a					
	b				I	
	С					
	ď	All other revenue			 	ļ
	_ e	Total. Add lines 11a-11d			1	ļ
	_12	Total revenue. See instructions	9,389,54	2	I	1

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete colu	mn (A).
<u>Do n</u>	Check if Schedule O contains a respons	se or note to any lin	ne in this Part IX	<u> </u>	<u> </u>
8b, 9	ot include amounts reported on lines 6b, 7b, b, 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 individuals. See Part IV, lines 15 and 16		_		
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,208,837	3,898,174	1,111,975	198,688
9	Other employee benefits				
10 11	Payroll taxes	814,401	542,430	247,294	24,677
''	Fees for services (non-employees)	i			
b	Management	44 000	-	44.000	· · · · · · · · · · · · · · · · · · ·
c	Accounting	11,800 18,750	5,500	11,800	
d	Lobbying	10,730	3,500	13,250	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) .	106,689	39,684	63,075	3,930
12	Advertising and promotion	26,019	4,744	10,698	10,577
13	Office expenses	627,388	455,841	132,543	39,004
14	Information technology	159,515	95,709	51,044	12,762
15	Royalties [
16	Occupancy				
17	Travel	45,676	12,633	30,225	2,818
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	15,308	817	14,446	45
20	Interest	131,155		131,155	
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	455,131	348,261	106,870	
	Insurance	68,677	2,000	66,677	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Cultural and Recreational Expenses	546,542	505,199	25,882	15,461
b	Rent Expense	827,732	778,280	49,452	10,401
С	Educational Supplies	72,601	69,440	3,106	55
d	Miscellaneous Expenses	199,591	167,112	30,546	1,933
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,335,812	6,925,824	2,100,038	309,950
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				

P	art X						
		Check if Schedule O contains a response or	note to a	ny line in this Par			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			275,528	1	799,929
	2	Savings and temporary cash investments .		[2	
	3	Pledges and grants receivable, net			1,866,485	3	1,692,307
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from current and f	former offi	cers, directors,			
	}	trustees, key employees, and highest co	mpensate	d employees			
	ļ	Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified pers	an .		j		
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), an	,				
	ļ	sponsoring organizations of section 501(c)(9) volun		yees' beneficiary			
ets		organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges .			53,733,	9	53,733
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1.0		-		
		·	10a	4,479,230	202.204	10-	
	l	Less. accumulated depreciation	10b	3,595,244	982,284	11	883,986
	11	Investments—publicly traded securities Investments—other securities. See Part IV, line 1		T-		12	
	13	Investments—program-related. See Part IV, line		F		13	
	14	, ,	-		14		
	15	Intangible assets				15	
	16	Total assets. Add lines 1 through 15 (must equa			3,178,030	16	3,429,955
	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	252,469	$\overline{}$	286,560
	18	Grants payable		` `	232,403	18	200,500
	19	Deferred revenue	72,068		151,972		
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete I				21	
Ø	22	Loans and other payables to current and for) -		-	
Liabilities	}	trustees, key employees, highest compen				1	. "
ΞĞ		disqualified persons. Complete Part II of Schedu	ule L .			22	
Ë	23	Secured mortgages and notes payable to unrela	ated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third part	ties	1,781,593	24	1,865,793
	25	Other liabilities (including federal income tax,	payables	to related third			
	}	parties, and other liabilities not included on lines	s 17-24) C	Complete Part X			
	}	of Schedule D		[25	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		<u> </u>	2,106,130	26	2,304,325
S		Organizations that follow SFAS 117 (ASC 958), check h	ere ► 🔲 and]]	
<u>8</u>	[complete lines 27 through 29, and lines 33 and		\ ₋			<u>-</u>
<u>a</u>	27	Unrestricted net assets			(369,248)	27	231,110
æ	28	Temporarily restricted net assets		-	1,441,148		894,520
μ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances	ţ	Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	38), cneck	nere ► 📋 and I	•		
ţs (30	Capital stock or trust principal, or current funds		[30	
sse	31	Paid-in or capital surplus, or land, building, or ed	quipment t	fund .		31	
ξ	32	Retained earnings, endowment, accumulated in	come, or o	other funds .		32	
Š	33			[1,071,900	33	1,125,630
	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	3,178,030	34	3,429,955
							Form 990 (2015)

	4	•
Page		4

	(2015)				, 4	ige 14
Part 3	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,38	39,542
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,33	35,812
3 I	Revenue less expenses. Subtract line 2 from line 1	3_			5	3,730
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,07	1,900
5 I	Net unrealized gains (losses) on investments	5_	L			
6 I	Donated services and use of facilities	6				
7 1	nvestment expenses	7_				
	Prior period adjustments	8_				
	Other changes in net assets or fund balances (explain in Schedule O)	9	ļ			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	L		1,12	25,630
Part >	II Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u></u> ,		_⊔
			-]	Yes	No
	Accounting method used to prepare the Form 990. 🗌 Cash 🕝 Accrual 🔲 Other		_ 1		. 1	
	f the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		, 1	
	Schedule O		.		··	
	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		V
	f "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		· /	
_	reviewed on a separate basis, consolidated basis, or both:					İ
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-			
	Were the organization's financial statements audited by an independent accountant?		·	2b	~	ļ
	f "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		-			<u>-</u>
	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accou			Α-		ļ
	•		<u>,</u>	2c	V	
	f the organization changed either its oversight process or selection process during the tax year, ex Schedule O	рын	111			
		forth	,n			
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	Ortri	"1	20	ا ر ا	ĺ
	f "Yes," did the organization undergo the required audit or audits? If the organization did not under	·	<u>, </u>	3a	- <u>-</u> -	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
ı	equired addit of addits, explain why in schedule of and describe any steps taken to didergo such a	auits.		งม	, ,	1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	number				
Boys	and Girls Clubs of Puerto Rico Inc					66-032	27584				
Par							ns				
	organization is not a private founda				-						
	A church, convention of churc										
	A school described in section										
	A hospital or a cooperative ho	-									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7											
8	☐ A community trust described in			Part II.)							
9	An organization that normally			-	from cont	tributions, members	hip fees, and gross				
	receipts from activities related support from gross investme	to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its				
	acquired by the organization a	fter June 30, 197	'5. See section 509(a	i)(2). (Cor	nplete Pa	art III.)					
	An organization organized and		=	-							
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5 0	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check				
а	☐ Type I. A supporting organize the supported organization(sorganization. You must come	ation operated, s	supervised, or control gularly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving				
b	☐ Type II. A supporting organization(s). You must co	zation supervised e supporting org	d or controlled in conr anization vested in th								
С	Type III functionally integralits supported organization(s)	ited. A supportin	ig organization operat				y integrated with,				
d	☐ Type III non-functionally in that is not functionally integr	tegrated. A suppated. The organi	porting organization o zation generally must	perated i satisfy a	n connec distributi	tion with its support on requirement and					
	requirement (see instructions										
е	☐ Check this box if the organiz functionally integrated, or Ty						I, type III				
f	Enter the number of supported of	=									
g	Provide the following information			$\overline{}$		· · · · · · · · · · · · · · · · · · ·					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

	(Complete only if you checked the Part III. If the organization fails to						lify under
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,240,206	9,439,645	11,615,255	9,683,880	9,389,542	48,368,528
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	=					
4	Total. Add lines 1 through 3 .	8,240,206	9,439,645	11,615,255	9,683,880	9,389,542	48,368,528
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						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	8,240,206	9,439,645	11,615,255	9,683,880	9,389,542	48,368,528
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						48,368,528
12	Gross receipts from related activities, etc		•			12	
13	First five years. If the Form 990 is for the	-			or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he		· · · ·	<u> </u>	<u> </u>	<u> </u>	. <u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6			1, column (f))		14	100 %
15	Public support percentage from 2014 Sch					15	100 %
16a	331/3% support test—2015. If the organization qua				line 14 is 33%	3% or more, cn	
b	331/3% support test—2014. If the organ			-		15 16 331,004	. > 🗹
D	check this box and stop here. The organi					13 15 33 73 76 (ormore, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization".	015. If the organets the "facts-a	nization did no ind-circumstar	t check a box nces" test, che	on line 13, 16a ck this box an	d stop here. E	xplaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the	"facts-and-cir	cumstances"	test, check th	is box and sto	and line p here.
	supported organization						. 🕨 🗀
18	Private foundation. If the organization districtions			16a, 16b, 17a,		this box and s	see . ▶ □

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

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

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	· · · · ·					
	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	<u> </u>		_			
5	The value of services or facilities						
	furnished by a governmental unit to the					ļ	
_	organization without charge		ļ				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					ļ	
	received from disqualified persons .	-				<u> </u>	
b	Amounts included on lines 2 and 3		}				
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1		1			1
С	Add lines 7a and 7b				<u> </u>	 	
8	Public support. (Subtract line 7c from				,		
•	line 6.)		•			ł	
Secti	on B. Total Support		<u> </u>	<u> </u>		•	•
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						ļ
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		Ì				
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	-		ļ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets (Explain in Part VI.)	1					
12	Total support. (Add lines 9, 10c, 11,	ļ	+	 			+
13	and 12)	1					
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	.i	n, or fifth tax v	ear as a section	on 501(c)(3)
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2015 (line			13, column (f))		15	%
16	Public support percentage from 2014 Sc	hedule A, Par	t III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2015	•	• •	•		17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2015. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2014. If the organi						
	line 18 is not more than 331/3%, check this		_		-		_
20	Private foundation. If the organization d	lid not check a	a box on line 14	1, 19a, or 19b,	cneck this box	and see instri	uctions 🕨 🗀

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part II,	art v	·)	
<u>Secti</u>	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation of this toric and continuing relationship, explain.	1		·
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	<u> </u>	ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	<u>-</u>	
С	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 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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		-
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
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		
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 the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess hisiness holdings in the tax year? (Use Schedule C. Form 4720 to			

determine whether the organization had excess business holdings.)

10b

	ule A (Form 990 or 990-EZ) 2015		F	age 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	\Box	.00	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ĺ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l	
	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,			ĺ
	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	<u> </u>	
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	\	1	
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	, ,	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ľ	ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	<u> </u>
Sect	ion D. All Type III Supporting Organizations			T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ì	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ţ	
	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 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	<u> </u>	ļ	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a] , ,		
	significant voice in the organization's investment policies and in directing the use of the organization's	-	[ł
	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.			
0		3_	L	L
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	\square The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ıons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 .		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		T	П
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	1	1
	activities but for the organization's involvement.	2b	1	1
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		1	1
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1	1
b		1	t	†
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	1

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the	trus	st on Nov. 20, 1970. See	
Section A - Adjusted Net Income	Inple	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	.,	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 factors (explain in detail in Part VI):		,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	·
4 Enter greater of line 2 or line 3	4		·
5 Income tax imposed in prior year	5	, , , , , , , , , , , , , , , , , , ,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III suppor	ting organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	r age v
Sect	ion D - Distributions	<u>, , , ,</u>		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
a			~· · · · · · · · · · · · · · · · · · ·	
b				
c				
d	From 2013			
e	From 2014			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
С	Excess from 2013			
<u>d</u>	Excess from 2014			
е	Excess from 2015			
			Sahadula	/Farm 000 at 000 FT 0045

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

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.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Boys	and Girls Clubs of Puerto Rico Inc			66-0327584
Pa	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu	nds or Acc	ounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) F	funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets I	neld in dono	r advised
	funds are the organization's property, subject to th	ne organization's exclusive legal contr	ol?	· · · 🗆 Yes 🗀 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	ınt funds car	be used
	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?			· · · □ Yes □ No
Pai	tll Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7	_	
1	Purpose(s) of conservation easements held by the		•	
•	Preservation of land for public use (e.g., recrea		of a historica	lly important land area
	Protection of natural habitat	·		historic structure
	Preservation of open space		n a certified	matoric structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	on in the for	m of a conservation
_	easement on the last day of the tax year	old a qualified conservation contributi		Held at the End of the Tax Year
а			2a	The de the End of the Text
b	Total number of conservation easements Total acreage restricted by conservation easement			
				
c d	Number of conservation easements on a certified I Number of conservation easements included in			
u		(c) acquired after 6/17/06, and not		
2			· · <u>2d</u>	
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or ter	minated by i	he organization during the
_	-			
4	Number of states where property subject to conse			or allow as the first
5	Does the organization have a written policy re-			
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation	n easements during the year
	▶ \$			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	of section 170	
	and section 170(h)(4)(B)(ıı)?			· · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports		•	
	balance sheet, and include, if applicable, the text of	•	nancial state	ments that describes the
	organization's accounting for conservation easeme			
Par	Organizations Maintaining Collection			nilar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	at describes	these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue sta	atement and balance shee
	works of art, historical treasures, or other similar	r assets held for public exhibition, e	ducation, or	research in furtherance of
	public service, provide the following amounts relat	ing to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			▶ \$
	(ii) Assets included in Form 990. Part X			\$
2	If the organization received or held works of art	, historical treasures, or other similar	ır assets for	financial gain, provide th
	following amounts required to be reported under S			
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · ·		▶ \$
b	Assets included in Form 990, Part X			• •
-	ricocio molados nel cimi coo, i alex			- □

	Using the organization's acquisition,									
3	collection items (check all that apply).	accession, and ou	ner recor	us, chec	K ally Of th	ie ionov	wing that are a	signi	ncant t	ise or its
а	☐ Public exhibition		ď	□ Loan	or exchang	re prog	rams			
b	☐ Scholarly research		e	☐ Other	-					
С	Preservation for future generations	S								
4	Provide a description of the organiza XIII.		and expla	an how t	hey further	the org	janization's ex	empt	purpos	e in Part
5	During the year, did the organization	action or receive	daaatiaa	a af art	hiotorioal ti		a ar athar arm	ndo.		
3	assets to be sold to raise funds rather						•	-	ີ Yes	□ No
Par	EV Escrow and Custodial Arra			<u> </u>	- Garnzat					
	Complete if the organization 990, Part X, line 21.		on For	m 990, F	Part IV, line	e 9, or	reported an a	amou	nt on I	-orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth		-			other assets	_	7 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple								
	, ,							Amou	unt	-
С	Beginning balance					10	;	-	•	
d	Additions during the year					10				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou									
	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check here	e if the ex	kplanatio	n has been	provide	ed on Part XIII		• •	Ш
Far	Endowment Funds. Complete if the organization	annword "Voc"	" on For	~ 000 r	Dort IV Jun	0.10				
	Complete if the organization	(a) Current year		or year	(c) Two yea		(d) Three years b	ack 6	e) Four v	ears back
1a	Beginning of year balance .	(2) 020	(-)		(0) 1110) 54		(4) 111100 yours o			
b	Contributions								•	_
C	Net investment earnings, gains, and			-						
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and			-						
	programs				l					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t		id balanc	e (line 1g	g, column (a	a)) held	as.			
a	Board designated or quasi-endowme		%							
b	Permanent endowment	[%]								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and		0007							
3a	Are there endowment funds not in th			zation the	at are held	and ad	lministered for	the		
	organization by:	e possession or th	ic organi.	zadon di	at are rield	and ad	illinistered to	1110	ΓV	es No
	(i) unrelated organizations							[3a(i)	63 140
	(ii) related organizations					•		T I	3a(ii)	
b	If "Yes" on line 3a(ii), are the related o				chedule R?				3b	
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization	answered "Yes"	" on For	m 990, f	Part IV, lin	e 11a.	See Form 99	0, Pa	<u>rt X, lir</u>	ne 10.
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(-	d) Book	value
1a	Land					. 旅艦	S. British			
b	Buildings					ļ <u> </u>				
С	Leasehold improvements			L	847 <u>,</u> 605	ļ	549,077			298,528
d	Equipment	·			3,150,228		2,681,810			468,418
e Tatal	Other		00 5	<u> </u>	481,397		364,357			117,040
ı otal.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9:	90, Part)	x, columr	n (B), line 10	UC.) .	<u></u> ▶	<u> </u>		883,986

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990. Part I	V. line 11b. See For	rm 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book valu	ле (c) М	Method of valuation and-of-year market value
(1) Financia	I derivatives			
(2) Closely-I	held equity interests			
(3) Other				
(/-)				
(B)				
(C)				
(D)				
(E)				
(F)			_	
(G) (H)				
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ▶			
Pail VIII	Investments – Program Related.	Corres COO Dowl	V line 11a Cas Far	000 David V line 10
	Complete if the organization answered "Yes" on (a) Description of investment			
	(a) Description of investment	(b) Book val		Method of valuation and-of-year market value
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)				
<u>(7)</u>				
_(8)				
(9)	11 - 1 - 1 - 200 B . W . (B)			
	b) must equal Form 990, Part X, col (B) line 13.) ►			
Part IX	Other Assets.	- 000 D	V I 44 I O E	000 0
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part I	V, line 11a. See For	m 990, Part X, line 15.
(1)	(a) Description	 		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		-		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15.) .		 	>
Part X	Other Liabilities.	 -	 , 	
	Complete if the organization answered "Yes" on I	Form 990, Part I	V, line 11e or 11f. S	ee Form 990, Part X.
	line 25.	·	,	,,,,,,,
1.	(a) Description of liability (b) Book value	ie		
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, col (B) line 25)			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organ	ization's financial stater	ments that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740).	Check here if the te	xt of the footnote has b	een provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line	Revenue per Retui	m.
1	Total revenue, gains, and other support per audited financial statements		9,389,542
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		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,389,542
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	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,389,542
Part	XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements	1	9,335,812
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	7.1	
а	Donated services and use of facilities		
b	Prior year adjustments	(*,411,	
С	Other losses	,	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	<u>3</u>	9,335,812
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	, "	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	. u	
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,335,812
Provid 2, Part X, Part X, Note 7 by the FASB and me assets with ta As of	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide Line 2: Text to Note 7 to Audited Financial Statements: Income Taxes - The Organization has been granted tax-exempt status by the Puerto Ricco Internal Revenue Code Section 501(c)(3). Accordingly, no provision for income taxes is in ASC 740-10 (Interpretation 48), prescribes a recognition threshold and measurement attribeasurement of a tax position taken or expected to be taken in a tax return, aand provides of and liabilities, classification of current and deferred income tax assets and liabilities, accordingly and income tax disclosures. June 30, 2016, management of the Organization believes that there are no uncertain tax positions has been recorded in the accompanying financial statement of financial June 30, 2016, tax years 2012 to 2015 are open to investigation by Department of the Trea	any additional information in the financial state for the financial state on derecognit ounting for interest and positions, accordingly, necessitions.	e Section 1101 (4) and statements. atement recognition tion of income tax
			
	·		

Schedule D (Fo	rm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
•		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number Boys and Girls Clubs of Puerto Rico Inc 66-0327584 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (or retained by) organization (ii) Activity from activity or entity (fundraiser) Yes No 1 2 3 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions	on answered "Yes" on and gross income on l	Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
		gross receipts greater tha	(a) Event #1 Youth of the Year (event type)	(b) Event #2 Breakfasts (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	19,270	29,205		48,475
<u> </u>	2	Less. Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes	:			
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	928			928
Direct	8	Entertainment	9,606			9,606
	9	Other direct expenses .	6,266	608		6,874
Pa	10 11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	act line 10 from line 3, c e organization answei	olumn (d)	00, Part IV, line 19, or	17,408 31,067 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
B	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs .				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	* :
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y Subtract line 7 from li	ine 1, column (d)		
9	a Ist		onduct gaming activities			. Yes No
10		ere any of the organization's g 'Yes," explain.	_	d, suspended or termina		

Schear	ule G (Form 990 or 990-EZ) 2015		P	age 3
11	Does the organization conduct gaming activities with nonmembers?	□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
40	formed to administer charitable gaming?	LJ Y	es 🗌	No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility			%
b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records.			
	Name ►			
	Address ►			
45-	Does the consequence because a standard with a thought of the consequence of the conseque			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_ v	′os 🗆	No
b		<u></u> п	62 □	М
-	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party.			
	Name ►			-
	Address ►			
16	Gaming manager information:			
	Name ►			
	Name >			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	Description of services provided P	· 		
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		′es □	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		€9 □	140
	spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).			;
				-
		·		

SCHEDULE J (Form 990) ,

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Boys and Girls Clubs of Puerto Rico Inc

Employer identification number

66-0327584

art	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	n		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			1
	☐ Travel for companions ☐ Payments for business use of personal residence	1		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1		1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			ļ
		}]	Ì
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		ļ	
	explain	1b	-	╂
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in linear	ne		
	1a?	2	. 	+-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	•	į	
	☐ Compensation committee ☐ Written employment contract	'	Ì	1
	☐ Independent compensation consultant ☐ Compensation survey or study	ł		1
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			}
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		V
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		V
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	1	V
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	İ		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.		}	
_		5a	-	1
a	The organization?	5b	+	1
b	Any related organization?	30	 	+
			1	-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		~
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III			
7	For personal listed on Form 000 Part VIII. Contian A line to did the arganization provide any non-five		-	-
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		T	1
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?	oe		
	in Part III	1	}	1
			t^-	1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described	ın		

Schedule J (Form 990) 2015

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part III

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

(<u>i</u>) (I) amiles oldesidae m 990 Dart VIII Section & line 1s **Note**: The sum of columns (B/t)—(iii) for each listed individual must equal the total amount of Eq.

			Single Si		The state of the s	יי מאסווכמסום מחוויי	מווסחווני	o ioi tilat iridividual.
		(b) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(O) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(l)(a)	in column (B) reported as deferred on prior Form 990
	€	155,250			1,500		156,750	
1 Eduardo Carrera - President	€			• • • • • • • • • • • • • • • • • • • •				}
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2	Ξ)	111111111111111111111111111111111111111			
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6	(ii)							
	(1)							
10	(ii)							
	(E)							
11	(3)					i		
	8							
12	(ii)							
	(0)					!		
13	(ii)							
	(I)							
14	(E)							
	(1)							
15	E							
	9							
16	E							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

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

Employer identification number

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990)

► 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

66-0327584 Boys and Girls Clubs of Puerto Rico Inc. (1) Page 2, Part III, Line 4d: Other Program Services \$75,331 The Organization provides other services funded through Private Foundations, Local Government grants and Federal Campaigns. The Organization provides drug prevention and family support programs as well as mentoring through science and other subjects. * Mentoring and Leadership Program. Sponsored by OJP, is a prevention and mentorship program for youth in risk. Organization provided character and leadership development, educational and career development, and health and life skills. The program benefited 134 participants from different clubs, been able to follow up on each one of them individually; and all of them accomplishing program objectives. *Alcohol Prevention: Sponsored by San Juan Municipality, program was directed to the prevention of sale and consumption of alcohol to minors. A total of 5,382 participants were reached by this initiative. 100% of programatic objectives were achieved. *Prevention and Mentorship through Science: Sponsored by the Sea Research Foundation, program was directed to the prevention and mentorship of youth through science. A total of 120 participants between 6 and 9 years old were reached by this program, and 98% of the participants attended at least 18 educational sessions. (2) Page 6, Part VI, Section B, Line 11b. Revision of Form 990 Once Form 990 is completed, finance personnel verified that amounts included in the Form are in agreement with amounts included within audited financial statements and accounting records. They also verified that answers provided to information questions are answered to the best of their knowledge and belief. Any contributors information is verified for correctness. Form is distributed to members of the BOD for comments but it is ultimately verified by the Finance Committee of the BOD who approves issuance. Finance Department verified that the Form is signed and dated by a responsible official (3) Page 6, Part VI, Section B, Line 12c: Conflict of Interest Policy The Organization has a Conflict of Interest Policy which is discussed with all employees. Any activity which could create a conflict or the apperance of a conflict is strictly prohibited. The policy is highly enforce with members of the BOD and key employees and it is part of the Ethic Code of the Organization. Annually, BOD members and key employees are required to disclose if they have any interest that could create a conflict with those of the Organization. The policy is reinforced with orientations and workshops given through out the year.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Boys and Girls Clubs of Puerto Rico Inc	66-0327584
(4) Page 6, Part VI, Section B, Line 15a and 15b: Compensation Determination	
Compensation plans are evaluated every two years. In establishing compensation, a benchmark from Boy	s and Girls Clubs of America,
statistics from the Puerto Rico Employment and Human Resources Department and a market research are	used to determine reasonability.
These are revised by Fınance Department and the Human Resources Department and the responsibilities	of each position is measured
against the Organization's structure. Final compensation is approved by the BOD.	
(5) Page 6, Part VI, Section C, Line 19: Documents Availability	
The governing documents, financial statements, and Form 990 are available to the public for inspection up	oon request. Once a written
request is made for inspection, coordination is made between the Organization and the requesting party to	o facilitate the inspection process.