Form **990**

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 2016

Department of the Treasury

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

Open to Public

	nal Reven		Information about Form 990 and its instructions is at www.irs.go	v/torm990.		inspection
<u> </u>	For the		ndar year, or tax year beginning July 1, 2016, and ending	June 3		, 20 17
B_	Check if	applicable	C Name of organization Boys and Girls Clubs of Puerto Rico, Inc	P	Employe	r identification number
	Address	change	Doing business as			66-0327584
	Name ch	nange	Number and street (or PO box if mail is not delivered to street address) Room/suite	E.	Telephor	ne number
	Initial ret	urn	P O Box 79526			787-268-4504
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
Ħ.	Amende		Carolina PR 00984-9526	a	Gross re	ceipts \$ 10,008,056
Η.		•				subordinates? Yes No
ш	Applicati					
						included? Yes No fist (see instructions)
<u>-</u> -		mpt status				
<u></u>	Website			H(c) Group ex-		
K			✓ Corporation Trust Association Other ► L Year of formation	1967	M State	of legal domicile PR
ď	art I	Summ				
	1	Briefly de	escribe the organization's mission or most significant activities: Organization	on's mission	is to pro	mote, advance.
Activities & Governance	1	create awa	areness and advocate for the health, social, educational, vocational, and character d	evelopment (of youth	in low income
퍨	1	communiti	es Clubs are located within public housing developments or needing communities			·
ē	2	Check th	is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed of n	nore than 2	5% of	its net assets
ő	3	Number	of voting members of the governing body (Part VI, line 1a)		3	
જ	4	Number	of independent voting members of the governing body (Part VI, line 1b) .		4	18
ēs	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	288
ξ	6		nber of volunteers (estimate if necessary)		6	300
ಕ	7a		elated business revenue from Part VIII, column (C), line 12		7a	
•	b		lated business taxable income from Form 990 T, line 34 D		7b	
_	+	TTOT GINE		Current Year		
Revenue	8	Contribu	tions and grants (Part VIII, line 1h) 👸 📖 👊 👵 🔭 💆 .	Prior Year		
	9		service revenue (Part VIII, line 1h) [3] · MAR 1 · 2016 · [3] · [4]	9,3	89,542	9,101,679
	40	-				
	10		ent income (Part VIII, column (A), lines 3,-4,-and-7d)-			
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			
_	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,3	89,542	9,101,679
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			
	14		paid to or for members (Part IX, column (A), line 4)			
g	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,0	23,238	6,402,088
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), Iine 11e)		0	0
e	. Ы	Total fun	draising expenses (Part IX, column (D), line 25) ▶			
Щ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	3.3	12,574	2,680,804
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,812	9,082,892
	19	-	less expenses. Subtract line 18 from line 12			
=				inning of Curre	nt Year	End of Year
sets or	20	Total ass	sets (Part X, line 16)	34	29,955	4,071,300
8	21		pilities (Part X, line 26)		04,325	
Net Ass	22		of the balances. Subtract line 21 from line 20			2,926,883
	art II		ture Block		25,630	1,144,417
-				-4		
			ury, I declare that I have examined this return, including accompanying schedules and statemen elete. Declaration of preparer (other than officer) is based on all information of which preparer ha			ny knowledge and beller, it is
_		1	-Nio			
0:	ian	Cun	nature of officer	L_ Date		
	gn	y Sigi	Orga Ramos	Date	3/9	/18
Н	ere					//
_			e or print name and title	 ,		
P	aid	Print/Ty	ype preparer's name Preparer's signature Date	اميله	Check	
	repare	Jorge I	Rodríguez Kne Kuding 31	9/18	self-em	
	se On		name > 0	Firm's	EIN ►	66-0855392
		Firm's	address ► Prado Alto L-16 Calle 6 Guaynabo PR 00966	Phone	no	787-793-2184
			s this return with the preparer shown above? (see instructions)			Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED APR 2 6 2010

🗌 Yes 🗌 No Form **990** (2016)

			·	
	,			
Other program ser	rvices (Describe in Schedule O.)			
(Expenses \$	275,538 including grants of \$ vice expenses ▶ 4	294,824) (Revenue \$	19,286)	
Total program ser	vice expenses ► 4	.801,807		
				Form 990 (201
				`

OM ABDGJ
Page 3

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
6	Part III	5		✓
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	1	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b		14a		1
U	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	 	1

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Part	V Checklist of Required Schedules (continued)						
	Diddle amagical an array to an array to a 1/4 for 1/1/4 and 1/4 an		Yes	No			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1			
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		✓			
_,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00	1				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<u> </u>				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b						
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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?			١,			
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u	 	 •			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I		{				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	 	1			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	{		ł			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,						
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√			
20	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	an an	1			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete						
	Schedule L, Part IV	28b	ļ	1			
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	Ì	1			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	1	-			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	 	<u> </u>	 			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	1			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I]					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	 -	1			
	complete Schedule N, Part II	32		1			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>			
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1			
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	}	}				
35a	or IV, and Part V, line 1	34 35a	 	1			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		\ <u> </u>			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	}	1			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	L	1			
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			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		 			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1				

) (2016)		F	age 5
part '				_
	Check if Schedule O contains a response or note to any line in this Part V			لليہ
4.			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
00		1c	✓_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 535			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	 ,
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SD		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		·
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			'
	(FBAR).			1
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		7
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	<u> </u>		
	gifts were not tax deductible?	6b	}	}
7	Organizations that may receive deductible contributions under section 170(c).	3 Eq.	%	*
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, ,		3 C. O.
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	L	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	 _
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	 -
10	Section 501(c)(7) organizations. Enter:	1	1	
a	Initiation fees and capital contributions included on Part VIII, line 12	1	1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	1	1
11	Section 501(c)(12) organizations. Enter:]	}	}
a	Gross income from members or shareholders	}	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1		Ì
40-	· · · · · · · · · · · · · · · · · · ·	40-	ł	}
12a		12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	138		+
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans		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?	14a	 	1
14a b		14a	 	+-
	11 100, 120 it into a 1 tim 120 to toport aloss payments in 110, provide an explanation in objection	1.73		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Section	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗸
Secur	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or	1 1		1
	if the governing body delegated broad authority to an executive committee or similar			,
	committee, explain in Schedule O.]]		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 18]]		
2	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?		<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		✓
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		í	
	one or more members of the governing body?	7a		✓
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1	١,
8	stockholders, or persons other than the governing body?	7b		1
o	the year by the following:	"		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8p	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
100	Did the ergenization have legal chapters branches or effiliates?	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	l	
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.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	$oxed{oxed}$
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
40	describe in Schedule O how this was done	12c	 	┼
13 14	Did the organization have a written whistleblower policy?	13	1	┼
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?	Ì		
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	1
	with a taxable entity during the year?	16a	├ ─	/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1.00		—
17	List the states with which a copy of this Form 990 is required to be filed ▶ PR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	s only
	available for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website Upon request Other (explain in Schedule O)	4		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ocord-		
20	Mr. Mario Medina - PO Box 79526, Carolina PR 00984	Jourus	. –	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	or any relate	d orga	aniz	<u>atio</u>	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	(B) Position			200	(D)	(E)	(F)		
Name and Title	Average	box, unless pe		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated
	hours per week (list any	office	ranc		rect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	ord	Insi	Officer	ĕ	em Hig	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ह	Key employee	hest	l mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	g = 1	onal		항	8 8	l	(W-2/1099-WIISC)		and related
	line)	uste	trus		ê	l pe	ļ	ļ		organizations
		&	stee	ļ		Highest compensated employee				
	 			┢	_		\vdash			
(1) Eduardo Carrera	40						İ			
President	 		<u> </u>	1	1	/	<u> </u>	178,269		
(2) Mario Medina	40						1]		
Finance Director	 	 	_	1	L_		<u> </u>	90,401		
(3) Niulka Quiñones	40	}		١,			ļ	1	1	
Human Resources Director	 		_	✓	<u> </u>	L		79,546		
(4) Glorian Antonetty	40	ļ				ļ	ļ			
Communications - Marketing Director	<u> </u>		L	1	_	ļ	 	73,675		
(5) Luz N Arroyo	40	Į		١.	ļ			Į		
Strategy and Compliance	-		<u> </u>	✓	ļ.,	ļ	<u> </u>	74,053	<u> </u>	
(6) Joan Rivera	40	1	ļ	١,	1			İ		
Operations Manager		 	├_	1	<u></u>	<u> </u>	 	77,458	ļ	
(7) Ataveyra Medina	40	}		١,	1	Ì	1	1		u
Government Relations Liason		<u> </u>	├ _	1	⊢ _		 	79,244		
(8) Victor Rodriguez				ì		1	1]		i
BOD - President		1	<u> </u>	<u> </u>	 	-	ļ.	 		
(9) Waleska Rivera			1	1	ł		{	1	}	
BOD - First VP		1	<u> </u>	\vdash	<u> </u>	ļ	↓_	<u> </u>	ļ	
(10) Martha Hermilla		١,				1	ł	ļ	ļ.	
BOD - Secretary	 	✓	┡-	ļ	├	├	↓_	 	 	
(11) Eduardo Pagan									1	
BOD - Resource Development Committe Chair		/	├-	┞		├		ļ	ļ	
(12) Denisse Flores		,	1						1	
BOD - Finance Committee		1	├	├-	╄	├	↓_	 	ļ	
(13) Brett Finn Johnson	}	1]]	1	Ì	Ì]	
BOD Member	 	1	1_	₩	ـ	├	↓_	 	 	
(14) Carlos Amy		1		[1	1	1		1	
BOD Member		1	<u> </u>	<u> </u>	上	<u> </u>	1_	<u> </u>	L	5 000 500

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					-	>)								
	(A)	(B)	(do n	ot ch	Pos neck		than c	ne	(D)	(E)		(1	F)	
	Name and title	Average	e box, unless person is both				is both	an	Reportable	Reportable			nated	
		hours per week (list any		_		_			compensation from	compensation : related	mom		unt of her	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	amp High	Former	the	organization		compe		1
		related organizations	ect ju	tutio	ğ	쁡	est o	∣≅	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		n the ization	
		below dotted	유를	nal		ğ	eom					and r	elated	
		[line)	stee	last	l	ď	Den:	1				organi	zations	,
			"	8		ļ	Highest compensated employee							
(15) Bre	enda Marrero	 		\vdash	 	-		-	 					
BOD M		†	1		ļ		ļ				l			
	njamin Morales								1		_			
BOD M			✓		L							_		
(17) Jol	n Delametter													
BOD M	ember		✓	L	<u>L</u>	L			<u> </u>					
(18) Ne	ftalı Bernard		١.	Ì	1	1					1			
BOD M		 	1	_	┞	-	<u> </u>	<u> </u>	 					
	se Inzarry			Ì		Ì					1			
BOD M		 	1	-	├	 	<u> </u>	├	ļ	ļ <u>.</u> .				
(20) Ed	uardo Marxuach		1		1	١			1					
BOD M		 	\ <u>*</u>	-	-	├		-	 					
IZ IJ AIG	exandra Malagon		1	ł	ļ	ļ	1	1			- 1			
BOD M	guel Camilo	 	┝╌	+-	\vdash	+-	 - -	╀╌	 					
BOD M		+	1		}			1	1					
	bert Sheldon			†	t^-	\vdash	 	┼-	 	ļ				
BOD M			1			Į	l							
	tty Gonzalez	1			T	\vdash		T						
BOD M		·	[✓											
(25) Ca	rlos Fernandez								1				-	
BOD N	ember		✓	<u> </u>	<u>L</u>		<u> </u>	<u> </u>	<u> </u>					
1b	Sub-total							ightharpoons	652,646					
c	Total from continuation sheets to Part								0					
d	Total (add lines 1b and 1c)							<u> </u>	652,646					
2	Total number of individuals (including bu		d to t	nose	e lıs	ted	abov	e) v		ore than \$10	00,000 o	f		
	reportable compensation from the organ	ization >							1					
3	Did the organization list any former o	fficor direc	tor .	or t	ruct	-00	kov	~	playes or bigh	act compar	neated	-	Yes	No
3	employee on line 1a? If "Yes," complete							em	ployee, or fligi	iest comper	Saleu	3		1
4	For any individual listed on line 1a, is the							· on :	and other comm	oneation fro	· ·	-		-
7	organization and related organizations													
	individual											4	1	l
5	Did any person listed on line 1a receive	or accrue c	ompe	nsa	ation	ı fro	m an	y ui	nrelated organi:	zation or ind	ividual		<u> </u>	
	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensa	ted in	dep	enc	lent	cont	rac	tors that receive	ed more that	า \$100,0	000 of		
	compensation from the organization. Re year.	port compe	ensati	on 1	for t	he d	calend	dar	year ending wi	th or within t	he orga	nizatio	on's t	ax
	(A)							Τ	(B)			(C)		
	Name and business ad	dress							Description of s	services	C	ompens	ation	
Elite B	usiness Consultants							Pá	ayroll Software M	aintenance			1	13,295
								+						
								+						
								\dagger			·			
2	Total number of independent contract	ors (includ	ing b	ut ı	not	kmi	ted t	o t	those listed ab	ove) who				
	received more than \$100,000 of compensation from the organization ▶ 1													

L GI	VIII	Check if Schedule O contains a response	or note to	any line in this	s Part VIII		
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
st s	1a	Federated campaigns 1a	83,578		Toverrue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	31,631				
S, E	С	Fundraising events 1c	555,563				
Gifts,	d	Related organizations 1d	555,555				
s, E	е	Government grants (contributions) 1e	7,235,151				
roi S	f	All other contributions, gifts, grants,	7,200,101				
₹		and similar amounts not included above 1f	1,195,756				
50	g	Noncash contributions included in lines 1a-1f: \$	68,000				
Contributions, and Other Sim	h	Total. Add lines 1a-1f	▶	9,101,679			
_e			ness Code	9,101,079		<u> </u>	
Ken	2a			***************************************			
æ	ь						
Ş	С						
Ser	d						
Ē	е						
Program Service Revenue	f	All other program service revenue .					
<u> </u>	g	Total. Add lines 2a-2f	▶		. ' , ', ',	·	
	3	Investment income (including dividends, and other similar amounts)	interest,				
	4	Income from investment of tax-exempt bond pro	ceeds▶			-	
	5	Royalties	▶				
			Personal			4°4, - 4°4, - 1°	A 35, * . *
	6a	Gross rents .				* *	
	b	Less: rental expenses		,		,	٠,
	C	Rental income or (loss)					1
	d	Net rental income or (loss)	🕨				
	7a	assets other than inventory	Other	*	4.3		,
	b	Less cost or other basis and sales expenses			4		
	С	Gain or (loss)			4		
	d	Net gain or (loss)	▶		Marine Park Contracting of the		
venue	8a	Gross income from fundraising events (not including \$					
Other Re	ì	of contributions reported on line 1c). See Part IV, line 18 a					
ŧ	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	. ▶				=
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶	-		-	
	10a	Gross sales of inventory, less returns and allowances a			· · · · · · · · · · · · · · · · · · ·		
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory	▶				
			ess Code				
	11a			-	-	-	
	b		-		-		
	С						
	d	All other revenue	- 				
	е	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions		9 101 679			

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons		e in this Part IX .		
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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 Compensation of current officers, directors, trustees, and key employees	617,586		617,586	· · · · · · · · · · · · · · · · · · ·
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	4,920,902	3,996,550	593,235	331,117
9 10	Other employee benefits	863,599	666,920	155,384	41,295
11 a	Fees for services (non-employees): Management	55 704		55,734	
b	Accounting	55,734 35,500		35,734	
d	Lobbying	50,000			
е	Professional fundraising services. See Part IV, line 17		· 4 1	<u>```</u>	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	273,185	176,704	72,593	23,888
12 13	Advertising and promotion	31,781	1,534	6,609	23,638 42,301
14	Office expenses	543,112 114,320	354,802 79,578	146,009 32,742	2,000
15	Royalties	114,320	79,370	32,742	2,000
16	Occupancy				
17	Travel	64,184	18,334	40,146	5,704
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	26,218	1,025		376
20	Interest	131,625		131,625	
21	Payments to affiliates				.0.700
22 23	Depreciation, depletion, and amortization . Insurance	419,750 66,089	360,985 200		16,790
24	Other expenses, Itemize expenses not covered	60,009	200	05,009	
24	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	479,881	437,501	21,533	20,847
b	Rent Expense	111,074		 	34,217
C	Educational Supplies	88,860		TT	150
ď	Miscellaneous Expenses	239,492	144,994	83,858	10,640
9 25	All other expenses Total functional expenses. Add lines 1 through 24e	0.000.000	6047.050	2 494 070	EEO 000
<u>25</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	9,082,892	6,347,953	2,181,976	552,963
	fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pal	+ X		
		Sheek ii Gonoddio O comains a response of note to any lifte in this ra	(A) Beginning of year	T	(B) End of year
	1	Cash – non-interest-bearing	799,929	1	387,244
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,692,307	3	2,751,737
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L		5	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			\$
S	1	organizations (see instructions) Complete Part II of Schedule L	terdependent selven dem medlen, meljen ne je no gjernjegepope	6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	53,733	9	63,254
	10a	Land, buildings, and equipment: cost or			
	1	other basis. Complete Part VI of Schedule D 10a 4,884,058	***		*
	b	Less: accumulated depreciation 10b 4,014,993	883,986	10c	869,065
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,429,955	16	4,071,300
	18	Accounts payable and accrued expenses	286,560		215,749
	19	Deferred revenue	454.070	18	0.70
	20	Tax-exempt bond liabilities	151,972	20	347,841
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	 	21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities	_	trustees, key employees, highest compensated employees, and	anteritario el filmos estamostronos y es que esta que establica		
jab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,865,793	24	2,363,293
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	Ì	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,304,325	26	2,926,883
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	2,004,020		2,920,003
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	231,110	27	201,948
Baj	28	Temporarily restricted net assets	894,520		942,469
٦	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō	}	complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ř	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	1,125,630		1,144,417
	34	Total liabilities and net assets/fund balances	3,429,955	34	4,071,300

Form **990** (2016)

Page	1	2

	· · · · · · · · · · · · · · · · · · ·					9~ ·-
Part						
	Check if Schedule O contains a response or note to any line in this Part XI				<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,10	1,679
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,08	2,892
3	Revenue less expenses. Subtract line 2 from line 1	3			1	8,787
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,12	5,630
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1				
	33, column (B))	10			1,14	<u> 14,417</u>
Part	XII 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
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			. ;
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in		^	` :
_						ا ـ ـ ـ ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		V
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	pilea	or			~
				٠,	~	. 1
	Separate basis Consolidated basis Both consolidated and separate basis		-		······································	L
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.			2b	.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	separate basis, consolidated basis, or both:	eu un		1 34.		1 3
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			96 , S	7 3	\$ % Y
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vereia	I		47	
·	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		_ \	2c	,	}
	If the organization changed either its oversight process or selection process during the tax year, ex			20		3,
	Schedule O.	piani	"	•	·	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	٠- ا	`	>
74	the Single Audit Act and OMB Circular A-133?			3a	✓	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao ti			<u> </u>	
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b	1	1
	——————————————————————————————————————				990	(2016)
				. 5.11		(~~,0)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust, ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Boys and Girls Clubs of Puerto Rico, Inc. 66-0327584 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331,8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type Ill functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

(1	i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1~10 above (see instructions))	(iv) is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No														
(A)																			
(B)																			
(C)																			
(D)																			
(E)																			
Total		Carry Florida 5th	1818 Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* (2)	*														

Part	Support Schedule for Organization (Complete only if you checked the						
	Part III. If the organization fails to						
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,439,645	11,615,255	9,683,880	9,389,542	9,101,679	49,230,001
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	9,439,643	11,010,200	5,003,000	9,309,342	3,101,013	43,230,001
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,439,645	11,615,255	9,683,880	9,389,542	9,101,679	49,230,001
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		· /		,	2 ²⁶ 4 ² 5	
	shown on line 11, column (f)	7 " , " , "	\$, " l	*	,	^,	0
6	Public support. Subtract line 5 from line 4	- *	S. Sakin	- ¥	. ,	* .	49,230,001
	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	9,439,645	11,615,255	_9,683,880	9,389,542	9,101,679	49,230,001
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	,		, ,	<u></u>		49,230,001
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>			ear as a sectio	
	ion C. Computation of Public Suppor			(A)			
14	Public support percentage for 2016 (line Public support percentage from 2015 Sci					15	100 % 100 %
15 16a		ization did not	check the box	x on line 13, ai	nd line 14 is 3	31/3% or more,	check this
b	331/3% support test - 2015. If the organ this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ	-and-circumst umstances" te	tances" test, cl	heck this box ization qualifie	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets th meets the "fac	e "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and	stop here.
18	Private foundation. If the organization d					k this box and	see

Schedul	e A (Form 990 or 990-EZ) 2016				1		Page 3
Part	(Complete only if you shecked th	e box on line	10 of Part I	or if the organ			der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part	II.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and 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						
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
6 7a	Total. Add lines 1 through 5		· · · · · · · · · · · · · · · · · · ·				
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						
с 8	Add lines 7a and 7b						
	line 6.)	1 1	EN X AX	· Marianta and All	a state of the sta		
	on B. Total Support	, 		<u>, </u>		,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6			,			
b	royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-				ear as a section	, , , ,
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2016 (line			13, column (fl)		15	%
16	Public support percentage from 2015 Sc					16	
	ion D. Computation of Investment In						
17/	Investment income percentage for 2016			oy line 13. colu	mn (f))	17	%
18	Investment income percentage from 201		• •	•		18	%
19a	331/a% support tests-2016. If the organ	nization did not	check the bo	x on line 14, a	nd line 15 is n	nore than 331/3%	6, and line
	17 is not more than 331/3%, check this box		_	-		_	
þ	331/2% support tests—2015. If the organi line 18 is not more than 331/2%, check this						

Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations	ait v	·/	
			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. If historic 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).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 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		
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 12a or 12b 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	,	
5а	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	5c		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial 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		
L	Did the organization have any excess business holdings in the tay year? (Use Schodule C. Form 4720, to		T	

determine whether the organization had excess business holdings.)

0	

Schedu	e A (Form 990 or 990-EZ) 2016			age J
Part	Supporting Organizations (continued)			
			Yes	No
11'	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	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. on B. Type I Supporting Organizations	11c		
Secu	on b. Type I oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		-	
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Secti	on C. Type II Supporting Organizations		Var	Nic
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		1
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1		ئـــــــــــــــــــــــــــــــــــــ
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
	- Ale an amble and a formance		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the]	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		[
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	1	
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		ļ	
		3	<u> </u>	<u> </u>
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	ıction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b				
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	nstruc	tions,
2	Activities Test. Answer (a) and (b) below.		Yes	No
a			1	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	1	1	
	that these activities constituted substantially all of its activities.	2a		
b				Γ^{-}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а			<u> </u>	ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1_	_
b		2h		-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	⊥	<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1		
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		<u> </u>
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).	y in	tegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	izations (continued)	Page /	
	on D - Distributions	y oupporting organi	izations (continued)	Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes		- Ourient real	
2	Amounts paid to perform activity that directly furthers exe		orted		
_	organizations, in excess of income from activity				
3					
4	Amounts paid to acquire exempt-use assets			 	
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6	` .			
	Underdistributions, if any, for years prior to 2016	,			
2	(reasonable cause required - explain in Part VI). See	. *			
	instructions.	x' x		· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2016:	, , , , , ,		* * * * * * * *	
<u>a</u>		<u> </u>	<u> </u>	*	
<u>b</u>		****	\$ % \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* * * *	
<u>.</u>	From 2013		× 4 × 1 * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
<u>d</u>	From 2014		* * * .	***	
<u>e</u>	From 2015	<u> </u>			
<u>f</u>	Total of lines 3a through e	}	* *	, ' '	
<u>g</u>	Applied to underdistributions of prior years Applied to 2016 distributable amount				
<u>h</u>	Carryover from 2011 not applied (see instructions)		<u> </u>		
_ <u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u> </u>		
4	Distributions for 2016 from	 			
-	Section D, line 7:	į			
a					
<u>b</u>					
	Remainder, Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, if				
•	any. Subtract lines 3g and 4a from line 2. For result	1			
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in	•	1		
	Part VI. See instructions.	1			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.				
8	Breakdown of line 7:		 		
а					
b	Excess from 2013				
С	Excess from 2014				
d					
е	Excess from 2016				

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2016

Open to Public Inspection

Employer identification number Name of the organization Boys and Girls Clubs of Puerto Rico Inc. 66-0327584 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Part	III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Oth	ner Similar A	ssets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):							
а	☐ Public exhibition		d [Loan o	r exchange	e progra	ams	
b	Scholarly research							
С	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	on's collections ar	nd expla	in how the	ey further t	the orga	anization's exe	empt purpose in Part
5	During the year, did the organization s							
	assets to be sold to raise funds rather the		ned as p	art of the	organizatio	on's col	lection? .	· 🔲 Yes 🗌 No
Part				- 000 D		. ^		
	Complete if the organization a 990, Part X, line 21.	inswered Tes	on Forr	11 990, Pa	art iv, iine	9, or r	eported an a	mount on Form
12	Is the organization an agent, trustee, or	custodian or othe	r interm	ediary for	contributi	ions or	other assets	not
,	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Par							sctc
-		,		3			7	Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount							-
	If "Yes," explain the arrangement in Part Endowment Funds.	t XIII. Check here	If the ex	planation	has been	provide	d on Part XIII	<u> </u>
Par	V Endowment Funds. Complete if the organization a	answered "Vee"	on For	m aan D	art IV line	10		
	Complete if the organization a	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	10,100,000
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and	· · · · · · · · · · · · · · · · · · ·						
	programs							•
f	Administrative expenses							
g	End of year balance					1		
2	Provide the estimated percentage of the			e (line 1g,	column (a))) held a	ıs:	
a	Board designated or quasi-endowment		_%					
b	Permanent endowment ►							
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	% a aboutd agual 10	007					
3a	Are there endowment funds not in the			zation that	are held	and adi	ministered for	the
Va	organization by:	possession or the	o organii	allon that	are riela	and ad	ininstered for	Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	ed on Sch	nedule R?			. 3b
4	Describe in Part XIII the intended uses		n's endo	wment fu	nds.			
Par								
	Complete if the organization	<u>answered "Yes"</u>	on For	m 990, P	art IV, line	e 11a. (See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or oth (investme		(b) Cost or (oth	ner)	de	Accumulated epreciation	(d) Book value
1a	Land					A TORIN		
b	Buildings				68,000		1,700	66,300
C	Leasehold improvements	ļ			936,636		643,236	293,400
d	Equipment	 			3,354,930		2,947,187	407,743
e	Other		0.5	((524,492		422,870	101,622
lotal	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	<u>ιυ, Part)</u>	, column	(¤), iine 10	<i>JC.)</i>	<u> </u>	869,065

Part VII	Investments — Other Securities. Complete if the organization answ	vered "Yes" on For	m 990. Part I	V. line 11	b. See Form	990, Part X. line 12
	(a) Description of security or category (including name of security)		(b) Book valu		(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives	 	<u> </u>			
	neld equity interests					
(3) Other						
(A)						
(B)			<u> </u>			
(C)						
(D)						
(E) (F)						-
(G)	•••••					
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments - Program Related	•	L			
	Complete if the organization answ		rm 990, Part I	V, line 11	c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book val		(c) Met	hod of valuation -of-year market value
(1)						
(2)						
(3)						
_(4)						
_(5)						
(6)					·	
<u>(7)</u>		 	 			
(8)						
(9) Total, (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		-			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.		1			<u> </u>
	Complete if the organization answ	vered "Yes" on Fo	rm 990, Part	IV, line 11	d. See Form	990, Part X, line 15.
(1)						(a) Book tales
(2)						1
(3)						
(4)						
(5)						
(6)						
(8)						
(9)	ımn (b) must equal Form 990, Part X, co	ol (R) line 15)			•	
Part X	Other Liabilities. Complete if the organization ansuline 25.		rm 990, Part			e Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal i	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h) must equal Form 000 Part V and (D) fine 051 h					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶ or uncertain tax positions. In Part XIII, provi	de the text of the fact	note to the area	nization's f	nancial of the	anto that remerts AL -
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the to	ext of the fo	ootnote has bee	en provided in Part XIII

Part	ΧI	Complete if the organization answered "Yes" on Form 990,		-	Return.	
1	Total	revenue, gains, and other support per audited financial statements			1	10,008,056
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			,	10,000,000
а		nrealized gains (losses) on investments	2a			
ь		ted services and use of facilities	2b	906,377	1.7.	
c	Reco	veries of prior year grants	2c		1, 1	
d		(Describe in Part XIII.)	2d		A	
е	Add I	nes 2a through 2d			2e	906,377
3		act line 2e from line 1			3	9,101,679
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:			mái:	
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other	(Describe in Part XIII.)	4b			
c		nes 4a and 4b			4c	C
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,101,679
Part	XII	Reconciliation of Expenses per Audited Financial Staten			er Return) .
		Complete if the organization answered "Yes" on Form 990,				
1		expenses and losses per audited financial statements			1	9,989,269
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:			3	
а		ted services and use of facilities	2a	906,377		
b		year adjustments				
С		·losses				
d		(Describe in Part XIII.)				
е		ines 2a through 2d			2e	906,377
3		ract line 2e from line 1	; .		3	9,082,892
4		unts included on Form 990, Part IX, line 25, but not on line 1:			44	
а		tment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)				
_c		ines 4a and 4b			4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	1e 18.)		5	9,082,892
		Supplemental Information.				4.5.47.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		·	•	-		•
Part X	, Line 2	: Text to Note 8 to Audited Financial Statements:			•	
		To Constitute the boundaries and the second state of the second st	. .	D: 14 15		
Note 8	s: incor	ne Taxes - The Organization has been granted tax-exempt status by the	Puerte	o Rico internal Revenu	e Code Sec	tion 1101 (6) and
Al	14	-		and the standard and the		
by the	intern	al Revenue Code Section 501(c)(3). Accordingly, no provision for incom	ie taxe	s is included in the fina	ancial state	ments
50CD		10 40 (lake				
FASB	ASC /	40-10 (Interpretation 48), prescribes a recognition threshold and a meas	ureme	ent attribute for the fina	ncial state	ment recognition
		and the second s				
and m	easure	ment of a tax position taken or expected to be taken in a tax return, and	provi	de guidance on dereco	gnition of	income tax
	كالمسمم	abilities alongification of assument and deformed income tour coats and li	- h . l . d !			
asset	s and II	abilities, classification of current and deferred income tax assets and li	abilitie	s, accounting for intere	est and per	naities associated
		siana and maana san diadaanna				
WILL	ax posi	tions and income tax disclosures.				
06	l	0. 2017			17.4	
AS OI	June 3	0, 2017, management of the Organization believes that there are no unc	ertain	tax positions, accordin	igiy, no ilat	ollity for uncertain
			_			
tax po	Sitions	has been recorded in the accompanying statement of financial position	<u>n.</u>			
0 6	1	0. 2047 A	. () .	T		
AS 01	липе 3	0, 2017, tax years 2012 to 2016 are open to investigation by Department	or the	ireasur y .		
	•••••	•••••••••••••••••••••••••••••••••••••••				••

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
		••••••••••••••••••••••••
	•	
		•

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

Boys Par	and Girls Clubs of Puerto Rico, Inc Fundraising Activities		ne organiza	tion anew	vered "Yes" on F	66-	0327584 lina 17
<u> </u>	Form 990-EZ filers are				vered res on r	onn 550, i art iv,	mic ii.
1	Indicate whether the organizati				owing activities C	heck all that apply	
a	Mail solicitations	on raised range i			ion of non-govern		
b	☐ Internet and email solicitation	one			ion of government	_	
	☐ Phone solicitations	JI 15			-	-	
C	=		g 🗀	Special	fundraising events	•	
d	In-person solicitations						
2a	Did the organization have a wri						`
b	or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 b	d individuals or e	entities (fund		•	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	control of	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		 	Yes	No			
1							
2							
3							
4		 					
5							
6			 		-		
7							
8		-					
9							
10							
Tota 3	List all states in which the org	ganization is regi	stered or lic	ensed to	solicit contribution	ns or has been notif	ied it is exempt from

	•••		•••••				

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross rossipto groutor the	(a) Event #1 Youth of the Year (event type)	(b) Event #2 Breakfast (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	32,991	80,354		113,345
	2 3	Less: Contributions Gross income (line 1 minus line 2)	32,991	80,354		113,345
	4	Cash prizes	32,331	60,334		113,343
Ì	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	10,509	 		10,509
Direct	8	Entertainment	8,131			8,131
	9	Other direct expenses .	5,665	10,000		15,665
Pa	10 11	Direct expense summary. And Net income summary. Subtr	act line 10 from line 3, o	olumn (d)		34,305 79,040
Revenue		than \$15,000 on Form 9		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1_	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	Yes %	
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summa	ry. Subtract line 7 from	ine 1, column (d)	<u> </u>	
ę	a la	Enter the state(s) in which the o s the organization licensed to o f "No," explain:		s in each of these state		🗌 Yes 🗌 No
10		Were any of the organization's	gaming licenses revoke		ated during the tax year	

chedu	ule G (Form 990 or 990-EZ) 2016			Page 3
11	Does the organization conduct gaming activities with nonmembers?	<u></u>	es [No
12	formed to administer charitable gaming?	□ '	res [□ No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	П,	Yes [⊐ No
b	and the second s		.00	
c	If "Yes," enter name and address of the third party:			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or 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 See instructions	and (v rmati	v); an on.	d
		 		· <i>-</i>
				··
				.
				
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				•

SCHEDULE J (Form 990)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Boys and Girls Clubs of Puerto Rico, Inc.

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. Name of the organization

Employer identification number

Part	Outstions of Puerto Rico, Inc. 66-0327	584		
r ar t	Questions Regarding Compensation			
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.		Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)	٠.		
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 explain	1b	n venter	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
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. Compensation committee			
	☐ Independent compensation consultant ☐ 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:		š	-
a b c	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c		√ √ √
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 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:			
a b	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b		√
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:			
a b	The organization?	6a 6b		<u>√</u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III			✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	8		<u>√</u>

Schedule J (Form 990) 2016

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

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	* W-2 and/or 1099-MIS	Compensation				
					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred on prior
				compensation				Form 990
	8	176,712			1,557		178,269	
1 Eduardo Carrera - President	冟							
	€							
2	Ξ							
	6							
8	€			6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
	ε							
4	E			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	ε							
5	(ii)							
	Θ							
9	E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8							:
7	E			1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(
8	<u>e</u>							
	(i)							
6				1				
	(i)							
10	(E)							
	(0)							
11	E							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12	€							
	e							
13	Ξ							
	E							
14	(E)							
	e							
15	€							
	€							
16	€							

Schedule J (Form 990) 2016

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information											Schedule J (Form 990) 2016
art I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b,											
tion, explanation, or descriptions required for P formation											
Provide the information and additional information	tim to										

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

	nd Girls Clubs of Puerto Rico, Inc					66-03275	34		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method o		•	-
1	Art – Works of art					 -			
2	Art - Historical treasures						-		
3	Art - Fractional interests					-			
4	Books and publications					-			
5	Clothing and household goods	_							
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property			· · · · · · · · · · · · · · · · · · ·	· · · · · ·				
9	Securities—Publicly traded								
10	Securities - Closely held stock .						_		
11	Securities - Partnership, LLC,			<u> </u>					
	or trust interests								
12	Securities - Miscellaneous						_		
13	Qualified conservation								
	contribution — Historic								
	structures					<u> </u>			
14	Qualified conservation	_							
	contribution—Other								
15	Real estate - Residential								
16	Real estate — Commercial								
17	Real estate — Other	<u> </u>	1		68,000	Value per Do	nation	Deed	1
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	_					<u> </u>		
21	Taxidermy								_
22	Historical artifacts								
23	Scientific specimens						-		
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other ► (<u> </u>	<u> </u>	l					
29	Number of Forms 8283 received								
	which the organization completed	1 Form 828	3, Part IV, Donee Acknowle	eagement		29			
								Yes	No
30a									l
	28, that it must hold for at least t								
	to be used for exempt purposes		- •				30a		✓
	If "Yes," describe the arrangemen				_				ĺ
31	Does the organization have a								
	contributions?						31		1
32a	<u> </u>] [l
	contributions?						32a		1
	If "Yes," describe in Part II.								ĺ
33	If the organization didn't report ar	n amount in	column (c) for a type of pro	operty for which	column (a)	ıs checked,			

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Boys and Girls Clubs of Puerto Rico, Inc. 66-0327584 (1) Page 2, Part III, Line 4d: Other Program Services \$275,538 The Organization provides other services funded through Private Foundations, Local Governments 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 122 participants from different clubs, been able to to follow up on each one of them individually, and 95% of participants were able to accomplish with the three components required by the program * Alcohol Prevention: Sponsored by San Juan Municipality, program was directed to the prevention of sale and consumption of alcohol to minors. A total of 1,952 participants were reached by this iniciative, 100% of programmatic objectives were achieved * Prevention and Mentorship through Science: Sponsored by Sea Research Foundation, program was directed to the prevention and mentorship of youth through science. A total of 72 participants between 6 and 10 years old were reached by the program, and 81% of them attended at least 18 educational sessions. Volunteers Program. Program directed to capacitate volunteers through healthy habits activities. A total of 487 participants benefited from this initiative 100% of programmatic objectives were achieved. * Psicologic and Social Help for Crime Victims: Sponsored by OJP, the program provides a psico-social curriculum through arts to help crime victims. A total of 50 participants were impacted by the program. 100% of participants were able to identify and promote empathy aspects toward their peers. Sexual Education and Prevention of STD: Sponsored by PR Health Department, the program provides an educational curriculum for prevention of STD, to youth and their parents. A total of 50 youth participants and 16 parents were impacted by the program. The program achieved 100% of its programmatic objectives, and a total of 6 youth participants were able to document their learning experience through the "photo-voice" methodology. (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.

chedule O (Form 990 or 990-EZ) (2016)	Page 2
ame of the organization	Employer identification number
toys and Girls Clubs of Puerto Rico, Inc	66-0327584
2) Page 6, Part VI, Section B, Line 11b: Revision of Form 990 (continued)	
form is distributed to members of the BOD for comments but it is ultimately verified by the Finance Comm	nittee of the BOD who approves
ssuance. 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	h could create a conflict or the
appearance of a conflict is stictly prohibited. The policy is highly enforced with members of the BOD and I	key employees and it is part of the
Ethic Code of the Organization. Annually, BOD members and key employees are required to disclose if the	ey have any interest that could
create a conflict with those of the Organization. The policy is reinforced with orientations and workshops	given throughout the year
(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 market research are i	used to determine reasonability.
These are revised by Finance 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 public inspection upon req	uest. Once a written request
is made for inspection, coordination is made between the Organization and the requesting party to facilita	ite the inspection process.
	•
	,