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 2017

		► Go to www.irs.gov/Form990 for instructions and the latest			Inspection
	or the	2017 calendar year, or tax year beginning July 1 , 2017, and endi	ng Ju	ne 30	, 20 18
_		applicable C Name of organization Boys and Girls Clubs of Puerto Rico, Inc.		D Employe	r identification number
_	ddress	Note and a set (s. D.O. be for a part of the set of the		E Zalaahaa	66-0327584
┙	lame ch	· ·	uite	E Telephon	
_	nitial ret	0			787-268-4504
_		n/terminated City or town, state or province, country, and ZIP or foreign postal code			
	mende		1	G Gross red	
^	Applicati	on pending F Name and address of principal officer Olga Ramos	I		ubordinates? Yes No
		P.O Box 79526 Carolina PR 00984			included? Yes No list (see instructions)
		npt status	-		
	Vebsite			exemption i	
			ation	M State o	of legal domicile PR
Pa		Summary \	amata adva-		awaranasa and
	1	Briefly describe the organization's mission or most significant activities. To pro-			
Activities & Governance		advocate for the health, social, educational, vocational, and character development	or youth in it	ow income	communities Clubs
Ē.	2	are located within public housing developments or needing communities. Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more the	n 25% of a	te not accote
8	2		or more tha	3	
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)	`	. 4	2
SS	4	Number of independent voting members of the governing body (Part VI, line 1b	, .	5	2
ξ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	•	6	35
Ę	6	Total number of volunteers (estimate if necessary)		. 6 . 7a	67
۱ ۲	7a	Total unrelated business revenue from Part VIII, column (C), line 12	•	. <u>7a</u> 7b	
\dashv	b	Net unrelated business taxable income from Form 990-T, line 34 .	Prior Y		Current Year
		Ocatally transport (Det VIII Inc. 1h)	FIGURE		
9	8	Contributions and grants (Part VIII, line 1h)		9,101,679	12,876,06
Revenue	9	Program service revenue (Part VIII, line 2g)		+	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.404.070	40.070.04
-	12	Total revenue – add lines 8 through 11 (must equal Par VII), persona (A), line 12)		9,101,679	12,876,06
4	13	Grants and similar amounts paid (Part X, column At Irres (A)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-		
ses	15	Salaries, other compensation, employee perefits (Part 18, Column (A), line 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		6,402,088	7,318,47
Expenses	16a	Professional fundraising fees (Part IX, commn (A), line 11e)		0	
훘	a	Total fundraising expenses (Part IX, column (D) line 3 Other expenses (Part IX, column (A), lines 11a GD 18 OTHER)		5mt, 3, 5	5-2 F to
	17			2,680,804	3,735,05
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,082,892	11,053,52
	19	Revenue less expenses. Subtract line 18 from line 12			F-4-4V
S G			Beginning of C		End of Year
22.00	20	Total assets (Part X, line 16)		4,071,300	7,962,98
a d	21	Total liabilities (Part X, line 26)		2,926,883	5,192,17
	22	Net assets or fund balances Subtract line 21 from line 20		1,144,417	2,770,81
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and stati , and complete Declaration of preparer (other than officer) is based on all information of which prepar			ly knowledge and belief, it
——	, correc	, and complete Declaration of preparer (other than officer) is based on all information of which prepare	ei nas any knov		
C:	_			4-17-19	<i>.</i>
Sigr		Signature of officer	υ	ate	
Her	е	OLGA RAHOS - PIRESIDENT			
		Type or print name and title	N=4=		DTIN
Pai	d	Print/Type preparer's name Preparer's signature	Date 4-17-19	Check	
	pare	Jorge Rodriguez Yorke 1 Cod 2		self-emp	loyed P01436390
Pre		· · · · · · · · · · · · · · · · · · ·	1 -	m's EIN ▶	66-0855392
	e Onl	V Firm's name ▶	Fir	III S EIN	00-0033332
Use	e Onl	y Firm's name ► Firm's address ► Prado Alto L-16 Calle 6 Guaynabo PR 00966 S discuss this return with the preparer shown above? (see instructions) .		one no	787-793-2184

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	To promote, advance, create awareness and advocate for the health, social, educational, vocational, and character development
	of youth in low income communities. Clubs are located within public housing developments or needing communities.
	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
40	(Code:) (Expenses \$ 2,133,869 including grants of \$ 2,121,658) (Revenue \$ (12,211))
4a	(Code:) (Expenses \$ 2,133,869 including grants of \$ 2,121,658) (Revenue \$ (12,211)) PUERTO RICO PUBLIC HOUSING ADMINISTRATION (PROJECT LEARN PROGRAM):
	Project Learn is a comprehensive program covering educational, prevention, sports, recreational, and art services. It impacted
	approximately 3,107 bonafide residents from different housing projects within ages 6 through 18; and 610 adults through its Family
	Support Program. Activities supported included: Power Learning (631 participants), Empresarism (88 participants), Drug Prevention
	(550 participants), Leadership Program (192 participants), Performing Arts (446 participants), Sports and Recreation (1,200 partici-
	pants), and Family Support (610 participants) These programs are carried out through different programs including Power Hour,
	Torch Club, Keystone CLub, Goals for Graduation, Visual Arts, Dance and Theater, and Sports and Recreation. For fiscal year
	2017-2018, 100% off the programmatic objectives presented to PRPHA were achieved. Major programs results were: 87% of
	participants abstain from using alcohol; 96% of participants abstain from the use of tobacco; and 97% of participants abstain from the
	use of marijuana. In the educational field, 97% of participants graduated from high school and 92% of those will continue post
	secondary studies.
	(Code) (Expenses \$ 1,580,567 including grants of \$ 1,545,535) (Revenue \$ (35,032))
4b	(Code) (Expenses \$ 1,580,567 including grants of \$ 1,545,535) (Revenue \$ (35,032)) 21st CENTURY COMMUNITY LEARNING CENTERS:
	21st CCLC is a comprehensive program covering educational, prevention, sports, recreational and art services. Its main objective is
	to improve academic progress, as well as technology skills of participants. During fiscal year 2017-2018, a total of 1,331 participants
	between the ages of 6 and 18, and 225 parents benefited from the program. Sevices provided included tutorships, homework
	assistance, spanish and english courses, reading, character development, arts, sports and recreational activities Program results
	statistics were as follows:
	* 100% of participants attended services for 30 days or more
	* 58% of participants finish school year with A or B grades in spanish courses
	* Approximately 35% of participants (460), increase their spanish course grade by at least .25 grading points
	* Approximately 99% of participants pass grade
	* Parents of participants took part of educational forums and employment opportunities forums, as well as family time, time management and healthy styles workshops.
4c	(Code) (Expenses \$ 114,286 including grants of \$ 117,853) (Revenue \$ 3,567)
	Victims of Crime Assistance Program (VOCA):
	Sponsored by OJP, the program provides a psico-social curriculum through arts to help crime victims. A total of 50 participants and
	16 parents were impacted by the program 100% of participants were able to identify and promote empathy aspects toward their poors
	The external evaluation reults in a positive experience for all participants.
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 448,266 including grants of \$ 520,517) (Revenue \$ 72,251)
4e	Total program service expenses

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Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		'
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
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	· ·	<u></u>
b		11b		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	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	>	V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		v
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		v
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		,
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		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
			- 000	(0017

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	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		.,	
04-	employees? If "Yes," complete Schedule J	23		
248	\$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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		v
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		V
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		V
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u> </u>
	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		V
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	~	

raπ	Statements Regarding Other IRS Fillings and Tax Compliance			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	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 471			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		<u> </u>	<u>-</u> -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b 40	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b_	├──	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶	70		<u> </u>
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	~
С	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<u> </u>	~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		١.
	required to file Form 8282?	7 <u>c</u>	 	~
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7	<u> </u>		- -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	 	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	\vdash	├─-
•	sponsoring organization have excess business holdings at any time during the year?	8	- 	
9	Sponsoring organizations maintaining donor advised funds.	Ť	 	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	Ì
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u> </u>
Ь	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.	Ш	 -	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	 100 			ĺ
C	Enter the amount of reserves on hand	4.6 =	 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.		struct	ions
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · ·</u>	<u>·</u>	. <u>Ľ</u>
0001	on A. Governing body and Management		Yes	No
1a		27		
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar			
h	committee, explain in Schedule O			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	27		
_	any other officer, director, trustee, or key employee?	2	 	V
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	~
6 7a	Did the organization have members or stockholders?	6	-	~
	one or more members of the governing body?	' _{7a}		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		†	Ť
	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, [
_	the year by the following:	<u> </u>	-	
a b	The governing body?	8a 8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.))
		_	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	ļ	~
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	+	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١.	ļ
13	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	V	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	V	 -
15	Did the process for determining compensation of the following persons include a review and approval by		Ť	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	~	ļ .
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		
100	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			Ť
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	,	i	
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► PR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1024 requires and organization	on 501	(0)(3)0	- only
.5	available for public inspection. Indicate how you made these available. Check all that apply	JII JU II	(0)(0)8	ority)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	nterest	policy	y, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and	ecords	· >	
	Ms. Beverly Santos - PO Box 79526, Carolina PR 00984			

Form **990** (2017)

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	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.	
		(C)									
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average					than c		Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	익方	lns Sul	오	Key	emg	표 진	from the	related organizations	other compensation	
	related	Individual trustee or director	tit ut	Officer	y en	jhes ploy	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	호텔	900		employee	ee co	`	(W-2/1099-MISC)		organization and related	
	line)	rus	<u> </u>		yee	mpe				organizations	
		e e	nstitutional trustee			Highest compensated employee					
				ļ_		led.					_
(1) Eduardo Carrera	40										
CEO	†			~	~	V		190,725	ا		0
(2) Olga Ramos	40										
President	1	}		~	V			108,264	o		0
(3) Charna Boquette	40										
Development Official				~				75,853	0		0
(4) Niulka Quiñones	40]									
Human Resources Director				~				83,257	0		0
(5) Gloriann Antonetty	40			1			İ				
Communications-Marketing				~				67,925	0		0
(6) Luz Arroyo	40		ļ								
Strategy and Compliance				~			_	83,505	0		0
(7) Joan Rivera	40										
Operations Manager				~				85,092	0		0
(8) Ataveyra Medina	40										
Government Relations Liason				~				84,353	0		0
(9) Mario Medina	40										
Finance Director				~				88,979	0		_0
(10) Eduardo Pagan		١.									
BOD - President	-	~	_	_	_	<u> </u>	_	0	0		0
(11) Waleska Rivera								,			
BOD - 1st VP		~	_	<u> </u>	_		<u> </u>	0	0		_0
(12) Marta Hermilla	. 	١.									
BOD - Secretary	ļ		⊢	_				0	0		_0
(13) Denisse Flores	4										
BOD - Finance Committee	-	-	<u> </u>		_	<u> </u>	<u> </u>	0	0		0
(14) Victor Rodriguez	4										_
BOD - Legacy Council		~			<u></u>	<u> </u>		0	0	222	_0

Part VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (con	tinued	1)		
(A) Name and title	(B) Average hours per week (list any	box, i	ot ch unles	s pe	ition more	than o	an	(D) Reportable compensation from	(E) Reportable compensation froi	Reportable		F) mated unt of her	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	,	fror organ and	ensation the nization related ization:	1
(29) Cesar Ortiz						-							
BOD Member		~	Н				-	0		9			0
(30) Jose Vidal BOD Member	 	1								0			0
(31) Ginoris Lopez													
BOD Member		~						0		0			0
(32) Roberto Torres	<u> </u>												_
BOD Member		~	Н					0		9	-		0
(33) Alberto Baco BOD Member	 	,						٥		ا			0
(34) Johny Fernandez							\vdash			1			
BOD Member		"						0		0			0
(35) Jorge Martel													
BOD Member	 	~		_	-		_	0		0			0
(36) Heriberto Torres BOD Member		,								0			0
(37)		<u> </u>				_	_	1		4	<u> </u>		
V=1 /		<u> </u>											
(38)													
			<u> </u>		<u> </u>		_						
(39)	 	-											
1b Sub-total	J	<u> </u>		<u>. </u>			▶	867,953		0			0
c Total from continuation sheets to Part	VII, Sectio	n A					•	0		0	•		0
							>	867,953		0	_		0
2 Total number of individuals (including bu reportable compensation from the organ		d to th	ose	list	ted	above	e) w	ho received m	ore than \$100,	000 o	f		
						1		.1				Yes	No
3 Did the organization list any former or employee on line 1a? If "Yes," complete										itea	3		
4 For any individual listed on line 1a, is the										the	3		
organization and related organizations		-											
ındıvıdual	•								•		4	~	
5 Did any person listed on line 1a receive of for services rendered to the organization										luai			
Section B. Independent Contractors	· 11 163, C	Jonnpi		<u> </u>	7601	110 0 1	0,	sacri persori		•	5		<i>\</i>
Complete this table for your five highest compensation from the organization Reyear													ax
(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) mpens	ation	
NONE											-		
							1						
				_			┢						
		_					\vdash			-			
2 Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue						_
		Check if Schedule O contains	a res	ponse or note to				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns .	1a	76,981				
ran	b	Membership dues .	1b	41,170				
S, G	С	Fundraising events .	1c	1,932,427				
ar /	d	Related organizations	1d			*		
s, (е	Government grants (contributions)	1e	5,694,655				i .
ion	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	5,130,835				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	-1f \$					
	h	Total. Add lines 1a-1f .		. ▶	12,876,068			
лe				Business Code				
eve	2a							
ě.	b							
Š	C							
Se	d					<u> </u>	 	
Iraπ	e	All other program con use revenue						
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f	. e	. •				
<u> </u>	3	Investment income (including	dıvıd				1	
		and other similar amounts)		▶				
	4	Income from investment of tax-exe	mpt b	ond proceeds ▶				
	5	Royalties		▶			1	
	1	(i) Rea	1	(II) Personal				
	6a	Gross rents						ĺ
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of (i) Securit	ies	(II) Other				
		assets other than inventory						
	b	Less cost or other basis and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		•				
	"	rect gain or (loss)						
venue	8a	Gross income from fundraising events (not including \$						
Other Re		of contributions reported on line 1 See Part IV, line 18	c) a	1				
5	I	Less direct expenses						
		Net income or (loss) from fundra		events . >				· -
	9a	Gross income from gaming activ See Part IV, line 19	ities a					
	ь	Less direct expenses	b	· · · · · · ·	1			
		Net income or (loss) from gamin	g act	ivities				
	10a	Gross sales of inventory,	less					
		returns and allowances .	· a				ļ	
	b	Less: cost of goods sold .	t					
	C	Net income or (loss) from sales	of inv					
		Miscellaneous Revenue	_	Business Code				
	11a							
	b						-	
	C	All all all and an annual and an annual and an annual and an an annual and an annual and an						
	d	All other revenue .	•				+	
	e	Total. Add lines 11a-11d		🟲	42.070.000		-	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. Al	ll other organization	s must complete col	lumn (A).
	Check if Schedule O contains a respon-		e in this Part IX .	<u> </u>	
	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	867,953		867,953	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,963,093	4,285,459	391,598	286,036
9 10 11	Other employee benefits Payroll taxes	1,487,424	905,596	516,300	65,528
a b	Management Legal	81,551	40	81,411	
c d	Accounting	10,500		10,500	
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	517,263 78,426	387,338 29,962	129,075 46,967	950 1,497
13 14	Office expenses	643,276	492,898	140,823	9,555
15 16	Royalties				
17 18	Travel	120,257	54,892	56,106	9,259
19 20	Conferences, conventions, and meetings Interest	36,937 128,614	14,840	21,697 128,614	400
21 22	Payments to affiliates . Depreciation, depletion, and amortization .	424,126	360,507	63,619	
23 24	Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	133,537	113,506	20,031	
a	Cultural and Recreational Expenses	983,191	942,695	40,120	376
b c	Rent Expense Educational Supplies	106,656 123,519	116,406	91,656 5,454	15,000 1,659
d	Miscellaneous Expenses	347,200	257,217	51,474	38,509
25	All other expenses Total functional expenses. Add lines 1 through 24e	11,053,523	7,961,356	2,663,398	428,769
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
_	1	Cash-non-interest-bearing	387,244	1	3,520,749
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,751,737	3	2,276,314
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	-	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			1
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		ļ.	1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	63,254	9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 6,405,039			
	b	Less: accumulated depreciation 10b (4,439,119)	869,065	10c	1,965,920
	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	200,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,071,300	16	7,962,983
	17	Accounts payable and accrued expenses	215,749	17	1,006,900
	18	Grants payable		18	
	19	Deferred revenue	347,841	19	2,896,979
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities	1	disqualified persons Complete Part II of Schedule L .		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .	2,363,293	24	1,288,293
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,926,883	26	5,192,172
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			ļ
ĕ		complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	201,948	27	1,397,423
Bal	28	Temporarily restricted net assets	942,469	28	1,373,388
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	<u> </u>	30	<u> </u>
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1,144,417		2,770,811
_	34	Total liabilities and net assets/fund balances	4,071,300	34	7,962,983

Page	1	2

Pari	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. \sqcap
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,8	76,068
2	Total expenses (must equal Part IX, column (A), line 25)	2			53,523
3	Revenue less expenses Subtract line 2 from line 1	3		1,8	22,545
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	44,417
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		2	00,000
7	Investment expenses	7			
8	Prior period adjustments	8_		(39	6,151)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,7	70,811
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u> </u>	· T	<u>, </u>
	A			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	oloro i	_		
	Schedule O	piaini	"		
٥.			2a	-	╽┰╵
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com	niled r	· —	+	
	reviewed on a separate basis, consolidated basis, or both:	piica (,		
	<u>_</u>				
.	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? .		. 2b	-	╢
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on		+-	
	separate basis, consolidated basis, or both	SG OII	"		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versial	nt		<u> </u>
C	of the audit, review, or compilation of its financial statements and selection of an independent accounts.	_		\ \r	
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>	+-	1
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in	-	-
	the Single Audit Act and OMB Circular A-133?		3a	/	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th		1	1
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1	
			Fo	rm 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Inspection

Boys	and Girls Clubs of Puerto Rico, Inc		···				327584		
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The o	The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)								
1	A church, convention of church						ÑΧ		
2	A school described in section						U I		
3	A hospital or a cooperative ho		•				en =		
4	A medical research organizati	•	onjunction with a hosp	bital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the		
-	hospital's name, city, and stated an organization operated for		anllaga or unuspraitu			d by a mayorman	talt dagaanhad		
5	section 170(b)(1)(A)(iv). (Com		college of university	owned c	ii operate	ed by a government	iai unii described in		
6	A federal, state, or local gover		mental unit described	l in sectio	on 170(h)	\(4\\\A\\\\\)			
7	An organization that normally	•					n the general public		
•	described in section 170(b)(1			port iron	· u govo	innontal diff. or non	in the general public		
8	☐ A community trust described			Part II.)					
9	☐ An agricultural research organ			•	erated in	conjunction with a l	and-grant college		
	or university or a non-land-gra								
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 331/3% of its		
11	☐ An organization organized and								
12	An organization organized and	•	•	-			rry out the purposes		
	of one or more publicly supp	orted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	organizati	on and complete line	es 12e, 12f, and 12g		
а	Type I. A supporting organ								
	the supported organization	• •	• • • •			he directors or trust	ees of the		
	supporting organization. Y	=							
b	☐ Type II. A supporting orga	-							
	control or management of organization(s). You must		-		Persons	that control of man	age the supported		
С	☐ Type III functionally integ				onnectio	n with, and function	ally integrated with		
Ŭ	its supported organization	• • •					,		
d	☐ Type III non-functionally		·				orted organization(s)		
	that is not functionally inte	_							
	requirement (see instruction	ons) You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
е	☐ Check this box if the organ						e II, Type III		
	functionally integrated, or	• •	tionally integrated sur	pporting (organizat	ion	,		
f	Enter the number of supported	•			•		· · []		
g	Provide the following information			1			<u> </u>		
	(i) Name of supported organization	(ii) EIN	(described on lines 1–10	listed in you	organization ur governing	support (see	(vi) Amount of other support (see		
]	above (see instructions))	docu	ment?	instructions)	instructions)		
				Yes	No				
(A)									
(B)									
		_							
(C)									
(D)									
							<u> </u>		
(E)									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . 11,615,255 9,683,880 9,389,542 9,101,679 12,876,068 52,666,424 levied for revenues organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . 11,615,255 9,683,880 9,389,542 9,101,679 12,876,068 52,666,424 The portion of total contributions by person each (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 52,666,424 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . 11,615,255 9,389,542 9,101,679 9,683,880 12,876,068 52,666,424 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources 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.) . . Total support. Add lines 7 through 10 11 52,666,424 Gross receipts from related activities, etc. (see instructions) . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶ □ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedu	le A (Form 990 or 990-EZ) 2017						Page \$
Part		tions Descri	bed in Secti	ion 509(a)(2)			
	(Complete only if you checked th				nization failed	d to qualify ເ	under Part,II.
	If the organization fails to qualify						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						<u> </u>
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	Total. Add lines 1 through 5 .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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	Add lines 7a and 7b		-			•	
8	Public support. (Subtract line 7c from line 6.)		/	<u>ئ</u>			
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013 /	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 her		's first, secon	d, third, fourth		ear as a secti	on 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3, column (f))		15	%
16	Public support percentage from 2016 Sch					16	%

Section D. Computation of Investment Income Percentage

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2016 Schedule A, Part III, line 17

33/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

331/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 33^{1} 2%, check this box and **stop here.** The organization qualifies as a publicly supported organization

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization .

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

%

%

▶ □

17

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.)

Sect	ion A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. 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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
-	Did the organization have any expect historics holdings in the tay year? (Lise Schedule C. Form 4720, to			

determine whether the organization had excess business holdings)

10b

Part	V Supporting Organizations (continued)		,	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			Ì
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations		r —	
_			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.		l	
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		i	
	supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	aın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	-	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	•	
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	tegrated Type III supporti	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe	orted						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5_	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI) See instructions.							
	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 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017			<u> </u>				
a								
b	From 2013		<u> </u>					
С	From 2014		· · · · · · · · · · · · · · · · · · ·					
d	From 2015	,						
е_	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
<u>i</u>	Carryover from 2012 not applied (see instructions)							
<u>_</u> j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from			[
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b_	Applied to 2017 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, if			}				
	any Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018 Add lines 3 _j and 4c							
8	Breakdown of linc 7							
а	Excess from 2013							
b	Excess from 2014							
С	Excess from 2015							
d	Excess from 2016							
е	Excess from 2017 .							

Page	

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Boys a	and Girls Clubs of Puerto Rico Inc		66-0327584
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	=	— —
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?	ill of the donor or donor advisor, or f	· · · · — —
Dar	Conservation Easements.		· · · · Yes · No
Par	Complete if the organization answered	"Vee" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	-	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	- Preservation e	a confined historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran-	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		·
_	violations, and enforcement of the conservation ea		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	-		
7	Amount of expenses incurred in monitoring, inspectir \$\rightarrow\$\$	ig, nandling of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(b)(4)(R)(i)
0	470/11/10/10		· · · Yes No
9	In Part XIII, describe how the organization reports		
3	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the t	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art		assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these if	
a	•		· · · > \$
b	Assets included in Form 990, Part X	· · · <u>· · · · · · · · · · · · · · · · </u>	▶ \$.

Part	III Organizations Maintaining								
3	Using the organization's acquisition,	accession, and otl	her recor	ds, chec	k any of th	e follov	ving that are a	significant i	ise of its
	collection items (check all that apply).								
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research		е	Other					
С	Preservation for future generations	5							
4	Provide a description of the organizar	tion's collections a	ind expla	in how t	hey further	the org	janization's exe	mpt purpos	e in Part
	XIII.								
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simi	lar	
	assets to be sold to raise funds rather	than to be mainta	ined as p	art of the	e organizati	on's co	llection?	☐ Yes	☐ No
Part	IV Escrow and Custodial Arra		<u> </u>						
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	9, or	reported an a	mount on I	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee	, custodian or oth	er interm	ediary fo	or contribut	ions or	other assets r	not	
	included on Form 990, Part X? .							☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	able.				
	, ,						1 -	Amount	
С	Beginning balance .					1c	:		
d	A 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1d	1		
e	5					1e	:		
f	Ending balance					1f			
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ustodia	l account liabilit	y? ☐ Yes	☐ No
	If "Yes," explain the arrangement in P								
Par						•	•		
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses .								
g	End of year balance								
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g	, column (a)) held a	as		
а	Board designated or quasi-endowme	-	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%						
За	Are there endowment funds not in th			zation tha	at are held	and ad	ministered for t	he	
	organization by:							Y	es No
	(i) unrelated organizations						•	3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses								
Pari	VI Land, Buildings, and Equip	oment.							
	Complete if the organization		on For	m 990, I	Part IV, line	e 11a.	See Form 990), Part X, lır	ne 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book	
	, , , ,	(investm	ent)	(0	ther)	de	epreciation		
1a	Land								
b	Buildings				68,000		4,156		63,844
c	Leasehold improvements .		_		1,936,290		778,868		1,157,422
d	Equipment				3,876,257		3,182,181	•	694,076
e	Other				524,492		473,914		50,078
	Add lines 1a through 1e (Column (d) r	nust equal Form 9	90, Part)	K, columr)c.) .	▶	1,9	65,92014

Part VII	Investments - Other Securities Complete if the organization ans		m 000 Part IV line	11h See Form 90	In Part Y line 12
	(a) Description of security or catego		(b) Book value		of valuation
	(including name of security)		(5) 200% (4.00		ear market value
(1) Financial					<u> </u>
	neld equity interests				
(A) (B)					
(C)				 	
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) 🕨				
Part VIII	Investments-Program Relate			_	
	Complete if the organization ans	swered "Yes" on For			
	(a) Description of investment		(b) Book value		of valuation ear market value
					——————————————————————————————————————
(1)					
(2)	· · · · · · · · · · · · · · · · · · ·			· -	
(3)					
(4)					
(6)					
(7)					
(8)				·· ·	
(9)					
	b) must equal Form 990, Part X, col (B) line 13.) 🕨	· · · · · · · · · · · · · · · · · · ·			
Part IX	Other Assets.		000 0 . 114 11	44.0 5 00	0.5.17.145
	Complete if the organization ans		m 990, Part IV, line	e 11d See Form 99	(b) Book value
		(a) Description			(b) BOOK Value
(1)					
(2)					
(4)					
(5)					
(6)		 -			
(7)					
(8)					<u> </u>
(9)					
	mn (b) must equal Form 990, Part X,	col_(B) line 15)	<u> </u>	<u> ▶ </u>	
Part X	Other Liabilities.		000 D + 11/4 P -	. 44 446 0 5	000 D- + V
	Complete if the organization and line 25.		rm 990, Part IV, line	e 11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)		ļ			
(3)					
(4)		 			
(5)		 			
(6) (7)		-			
(8)		 			
(9)		 			
	b) must equal Form 990, Part X, col (B) line 25)	+			
	r uncertain tax positions. In Part XIII, pro		ote to the organization	's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	14,119,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,243,499	1 1	
c	Recoveries of prior year grants	2c	.,	1 1	
d	Other (Describe in Part XIII)	2d		i i	
e	Add lines 2a through 2d			2e	1,243,499
3	Subtract line 2e from line 1			3	12,876,068
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ĹÌ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		!	
b	Other (Describe in Part XIII.)	4b		1	
C	Add lines 4a and 4b			4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	12,876,068
Part	the state of the s			r Return	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	12,097,018
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,,.
a	Donated services and use of facilities	2a	1,043,495		
b	Prior year adjustments	2b	.,,,,,,,,,,		
C	Other losses	2c	<u></u> ,	1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	1,043,49
3	Subtract line 2e from line 1			3	11,053,523
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			.,,.,,.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<u> </u>		
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)		5	11,053,523
Part				·	
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Pa	art IV, lines 1b and 2b	, Part V, lir	ne 4, Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part				
Part X.	Line 2: Text to Note 7 to Audited Financial Statements:				
111000111					
Note 7	: Income Taxes - The Organization has been granted tax-exempt status by the	Puerto	Rico Internal Revenue	Code Sec	tion 1101(4)
					3-2
and by	the United States Internal Revenue Code Section 501(c)(3). Accordingly, no p	rovisio	n for income taxes is I	ncluded in	the financial
statem	ents. FASB ASC 740-10 (Interpretation 48), prescribes a recognition threshold	and m	easurement attribute f	or the finar	icial statement
recoar	nition and measurement of a tax position taken or expected to be taken in a tax	return	, and provides guidan	ce on derec	cognition of
1111191					
of inco	ome tax assets and liabilities, classification of current and deferred income tax	assets	and liabilities, accour	ntına for int	erest and
penalti	ies associated with tax positions and income tax disclosures.				
I		••			
As of .	June 30, 2018, management of the Organization believes that there are no unce	ertain ta	ax positions, according	alv. no liab	ılıtv for uncertain
110.01.0				912711111111	
tax no	sitions has been recorded in the accompanying statement of financial position	١.			
As of	June 30, 2018, tax years 2012 to 2017 are open to investigation by Department	of the ¹	Treasury.		
	and any management and appear to introduce any populations			**	
					••••••

Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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		•

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name (of the organization					Employer identific	cation number	
Boys	and Girls Clubs of Puerto Rico Inc						0327584	
Par		Complete if the	ne organiza	ation ansv	vered "Yes" on F	orm 990, Part IV,	line 17.	
	Form 990-EZ filers are r	not required to	complete	this part.				
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. Ch	eck all that apply		
а	Mail solicitations				ion of non-governm			
Ь	☐ Internet and email solicitation	ns	f [•		on of government	_		
C	☐ Phone solicitations		g Ē		fundraising events	•		
d	☐ In-person solicitations		3 _					
2a	Did the organization have a writ	tten or oral agre	ement with	any individ	dual (including offic	ers. directors, trust	ees.	
	or key employees listed in Form							١
b			-			-		
	compensated at least \$5,000 by			· · , ,				
	•	,						
-		T	T		T	(v) Amount paid to	T	
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)	
	or entity (fundraiser)	.,	contrit	outions?	from activity	fundraiser listed in col (i)	organization	
			Yes	No	 			-
1					1			
•			1	ł			1	
2								-
-				1				
3		 		 	 	.	 	
J			-	1				
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10		 	+	 				
		1		}				
		.L			†		† ·	
Total				>				
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contributions	or has been notific	ed it is exempt from	1
	registration or licensing.	•					·	
								•
								-
								•
			·					-
	·		*					-
	-		·					-
				••				

Part II

		than \$15,000 of fundraising gross receipts greater that		and gross income on	1 Offit 990-LZ, iiiles 1 8	and ob. List events with
			(a) Event #1 Youth of Year	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	268,810			268,810
ш	2	Less. Contributions Gross income (line 1 minus				
		line 2)	268,810			268,810
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs .			- , .	
t Exp	7	Food and beverages	23,345		-0.000	23,345
Direc	8	Entertainment .	14,480			14,480
	9	Other direct expenses	25,653			25,653
	10 11	Direct expense summary Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d) .	>	63,478 205,332
Pa	rt II	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue .				
ses	2	Cash prizes .				
Expen	3	Noncash prizes .				
Direct Expenses	4	Rent/facility costs .				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d) .	. ▶	
			J			
	8	Net gaming income summar	•	ne 1, column (d)	<u> ▶</u>	
			y Subtract line 7 from li			
g	a 1:	Enter the state(s) in which the or s the organization licensed to co	y Subtract line 7 from li	ming activities: s in each of these states		. 🗌 Yes 🗌 No
g	a 18 b 19	Enter the state(s) in which the or s the organization licensed to co f "No," explain:	y Subtract line 7 from li ganization conducts ga onduct gaming activities	ming activities: s in each of these states	?	
9	a 1: b 1:	Enter the state(s) in which the or s the organization licensed to confirm the first state of the organization of the organizat	y Subtract line 7 from li ganization conducts ga onduct gaming activities	ming activities: s in each of these states	?	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

chedul	ule G (Form 990 or 990-EZ) 2017		Page 3
11 12	'Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	☐ Yes	
13	Indicate the percentage of gaming activity conducted in: The organization's facility		%
а	1110 01941111111111111111111111111111111		%
b			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address▶		
	revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
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		☐ Yes	□ No
b	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) at Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations	nd (v); an mation.	id
			·
		_	
-		·	
			
		·	
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Boys and Girls Clubs of Puerto Rico Inc 66-0327584 Part I Questions Regarding Compensation No Yes 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) 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 1b 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 2 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 ☑ Written employment contract Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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 a Receive a severance payment or change-of-control payment? . 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? J 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? . . . 5a **b** Any related organization? . . 5b If "Yes" on line 5a or 5b, describe in Part III. 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. The organization? . . . 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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. . . . 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

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	282	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	III VIII COCNICII VI III VI	in a constant in the constant		
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) i otal of columns (B)(ऐ-(D)	n column (B) reported as deferred on pnor Form 990
	9	189.225			1.500		190,725	
1 Eduardo Carrera - CEO	3	7						
	3							
2	€							
	8							
3	(E)							
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16								

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017
Partill Supplemental Information 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) 2017

SCHEDULE Q (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2017
Open to Public

Inspection

Employer identification number

Boys and Girls Clubs of Puerto Rico, inc 66-0327584 (1) Page 2, Part III, Line 4d: Other Program Services: \$448,266 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, being able to follow up on each one of them individually; and 100% of participants were able to accomplish the three components required by the program. * Prevention and Mentorship through Science (STEM): 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. All participants benefited from food educational activities, 8 participants completed more than 30 hours of education and 100% of programmatic objectives were achieved. *Sexual Education and Prevention of STD: Sponsored by PR Department of Health, 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 8 participants were able to document their learning experience through the "photo-voice" methodology. * Mentorship Program to Prevent Risk Conducts: Sponsored by OJP, is an NPAL program directed to provide mentorsip to youth to prevent risk conducts. A total of 84 participants were impacted by the program. More than 72 hours of contact service were provided. * Temporary Assistance for Needing Families. Program addressed to prevention services through SMART Modes module. Main objectives are to promote auto-sufficiency and promote strength of family relationships. Program directed to promote employment and encouragement of responsible maternity/paternity. Programmatic objectives were achieved 100%.