, Ořm	99	<b>x</b> .	OMB No. 1545-0047		
J.,,,					2018
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc		-	
epart tema	ment o	the Treasury  Due Service  Go to www.irs.gov/Form990 for instructions and the latest		iano	Open to Public Inspection
		2018 calendar year, or tax year beginning July 1 , 2018, and endi		1 100(-)	, 20 19
'	·	applicable: C Name of organization Boys and Girls Clubs of PR Inc.			Identification number
1		change Doing business as			66-0327584
7	ame cl		uite	E Telephone	
1	itial ref	<b>_</b>		. (7	87) 268-4504
) Fii	nal retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code			0.7 200 4004
Ar	nende	d return Carolina PR 00984-9526	1	G Gross rece	eipts \$ 14,551,87
A	plicat	ion pending F Name and address of principal officer: Olga Ramos	L H(a) Is this a gro	oup return for sub	ordinates? Yes V No
_		PO Box 79526 Carolina PR 00984-9526	- 11	•	ncluded? Yes No
Τε	x-exe	mpt status:	If "No	o," attach a lis	st. (see instructions)
W	ebsite	: ▶ www.bgcpr.org	H(c) Group	exemption nu	ımber ►
		organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	ation: 1967	M State of	legal domicile: PR
ar	t I	Summary			
- [	1	Briefly describe the organization's mission or most significant activities: To pr	omote, advanc	e, create a	wareness and
		advocate for the health, social, educational, vocational, and character development	of youth in lov	v income c	ommunities. Clubs
		are located withing public housing developments or needing communities.			
	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of its	s net assets.
3	3	Number of voting members of the governing body (Part VI, line 1a)		3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b	)	4	1
<u>:</u>	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	308
	6	Total number of volunteers (estimate if necessary)		6	
١,	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
4	_ <u>b</u>	Net unrelated business taxable income from Form 990-T, line 38		7b	(
			Prior Ye		Current Year
ادِ	8	Contributions and grants (Part VIII, line 1h)	12	,876,068	13,714,724
	9	Program service revenue (Part VIII, line 2g)			<del></del>
	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)			
-	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	,876,068	<u>13,714,72</u>
- 1	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<del></del>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<del></del>	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7	,318,470	8,169,49
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b	Total fundraising expenses (Part IX, column (D), line 25)			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		,735,053	5,536,28
	10	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . Revenue less expenses. Subtract line 18 from line 12		,053,523	13,705,77
	18			,822,545	8,94 End of Year
	18 19	nevenue less expenses. Subtract line 18 from the 12-1.4	Reginning of Co.		-10 V. 1001
- Constant	19		Beginning of Cu		40 400 00
- Cybense	19 20		7	,962,983	13,133,96
nd Balances	19	00 00	7		13,133,96 10,364,19 2,769,76

7/2/2020 Sign Signature of officer Here Olga I. Ramos Carrasquillo, President Type or print name and title PTIN Print/Type preparer's name Date Check if self-employed **Paid** 7/2/2020 P01436390 Jorge Rodriguez Preparer Firm's EIN ▶ 66-0855392 Firm's name **Use Only** 787-793-2184 Firm's address ► Prado Alto L-16 Calle 6 Guaynabo PR 00966 Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

		•
Form	OOA	(2010)

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Part	Statement of Program Service Accomplishments	-,
	Check if Schedule O contains a response or note to any line in this Part III	V
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.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 000 or 000 F70	No
	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?	No
	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 measure	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	ners,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 2,158,263 including grants of \$ 2,096,069 ) (Revenue \$ (62,194) )	
-	PUERTO RICO PUBLIC HOUSING ADMINISTRATION (Project Learn Program):	
	Project Learn is a comprehensive program covering educatioinal, prevention, sports, recreational and art services. It impacted	
	approximately 6,168 bonafide residents from different housing projects within ages 6 through 18; and 1,482 adults through its	
	Family Support Program. Activities supported included: Power Learning (1,702 participants); Empresarism (52 participants); Drug	
	Prevention (690 participants); Leadership Program (419 participants); Performing Arts (867 participants); Sports and Recreation	
	(2,438 participants); and Family Support (1,482 participants). These programs are carried out through different systems including	
	Power Hour, Torch Club, Keystone Club, Goals for Graduation, Visual Arts, Dance, Theater, and Sports and Recreation. For fiscal	
	year 2018-19, 100% of programatic objectives presented to PRPHA were achieved. Major programs results were: 86% of participar	<u>its</u>
	are in the school grade according to their age; 97% of participants graduated from high schools and 92% of those will continue	
	post secundary studies.	
	•	
4b	(Code: ) (Expenses \$ 144,055 including grants of \$ 151,895 ) (Revenue \$ 7,840 )	
70	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	
	were impacted by the program. 100% of participants were able to identify and promote empathy aspects toward their peers. The	
	external evaluation results in a positive experience for all participants.	
	1	
	- -	
	1	
		<b>-</b>
4c	(Code: ) (Expenses \$ 94,122 including grants of \$ 99,607 ) (Revenue \$ 5,485 )	
70	JUVENILE MENTORING PROGRAM (OJP)	
	The Juvenile Mentoring Program 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 123 participants	
	from different clubs, being able to follow up on each of them individually; and 100% of participants were able to accomplish the	
	three components required by the program.	
	!	
<i>-</i>	Other Control (December 2014)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 394,648 including grants of \$ 452,183) (Revenue \$ 57,535)	
	(Expenses \$ 394,648 including grants of \$ 452,183) (Revenue \$ 57,535)	

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Part	V 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	7	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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	·	v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>&gt;</b>
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		<b>V</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		V
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		>
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	V	,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		V
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		من
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	~	
12a	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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	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		v
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		v
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	v	
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		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
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		V

Part	Checklist of Required Schedules (continued)			-
			Yes	No
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	,	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$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		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		v .
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		V
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	,	V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>V</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		V
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		1
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		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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		<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<i>v</i> .
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	,	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	ļ
Part				<b>Г</b> 1
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No L
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	68. Y	105	140
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Content the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Content to 1b Content the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	6 a		7.
J	reportable gaming (gambling) winnings to prize winners?	1c	~	
		For	n 990	(2018)

	90 (2018)		Page <b>5</b>
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
		١	es No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
_	Statements, filed for the calendar year ending with or within the year covered by this return  2a 560		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b (	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	
_		30	- ,
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
b	If "Yes," enter the name of the foreign country:	70	
~	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	V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с	~
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	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del></del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12		
a	Initiation fees and capital contributions included on Part VIII, line 12		
11	Section 501(c)(12) organizations. Enter:		
''a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.10
_	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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	,	
^	the organization is licensed to issue qualified health plans		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		_
	excess parachute payment(s) during the year?	15	V .
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<b>√</b> ,
	If "Yes," complete Form 4720, Schedule O.	-	<b>990</b> (2018)
		rom	<b>33U</b> (2018)

		•	
Form	990	(201)	8

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.				
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. []</u>	
Secti	ion A. Governing Body and Management				
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   18		Yes	No ·	
	If there are material differences in voting rights among members of the governing body, or	3			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1s	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	<del>                                     </del>	1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1	
6	Did the organization have members or stockholders?	6		V	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			$\vdash$	
	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:				
а	The governing body?	8a	~		
b	Each committee with authority to act on behalf of the governing body?	8b	~		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)		
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		~	
ъ	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>V</b>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<b></b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>,</b>		
13	Did the organization have a written whistleblower policy?	13	~		
14	Did the organization have a written document retention and destruction policy?	14	~		
15	Did the process for determining compensation of the following persons include a review and approval by		> <del>-</del>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	,		
a	The organization's CEO, Executive Director, or top management official	15a 15b	7	<del> </del>	
b	Other officers or key employees of the organization	130		1 1 2 2	
16a					
	with a taxable entity during the year?	16a		V	
" b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
<del></del>	organization's exempt status with respect to such arrangements?	16b	<u> </u>	Щ.	
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PR	 T (C -			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (Sec	ะแอ <b>ก</b> :	5U I(C)	
	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 infinancial statements available to the public during the tax year.			y, and	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords			
	Ms. Reverly Santos - PO Box 70526 Carolina PR 00984				

		•	
Form	990	(201	81

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 employees."
- 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 org	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, director	, or trustee.
	1				C)	•				
(A)	(B)		4 1		ition			(D)	(E)	(F)
Name and Title	Average	box,	(do not check more than one box, unless person is both an			an	Reportable	Reportable	Estimated	
	hours per week (list any		,			or/trusi	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employes	함	Former	the	organizations	compensation
	related organizations	rect /idu	tt	ĕ	쁔	lest	Rer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	욕출	nai		Į ŏ	BOM				and related
	line)	stee	rust	ļ	ď	) snec				organizations
			8			Highest compensated employee				
(1) Eduardo Carrera	40									•
CEO	+				,			225,000	٥	n
(2) Olga Ramos	40	<del>                                     </del>	<b></b>	$\vdash$		-		220,000		<del></del>
President	1	1		ŀ	1			227,487	·	0
(3) Charna Boguette	40									
Development Officer		1		1				129,737	o	0
(4) Niulka Quiñones	40									
Human Resources Director				~				87,835	.0	0
(5) Joan Rivera	40									
Operations Manager				~	ļ			91,096	0	0
(6) Beverly Santos	40									
Finance Director	<u> </u>			~	<u> </u>		ļ	17,942	<u> 0</u>	. 0
(7) Luz Arroyo	40				1					!
Strategy and Compliance			_	~	<u> </u>	ļ		87,655	0	0
(8) Eduardo Pagan	2.5									
BOD - President	ļ	~	_		L	<u> </u>			0	0
(9) Victor Rodriguez	2.5		1		Ι,					
BOD - Legacy Council	ļ <u>-</u>	~	<u> </u>	<u> </u>	),	· -	<u> </u>	ļ (	0	<u> </u>
(10) Waleska Rivera	2.5					`	ŀ			
BOD - Vice President	<u> </u>	V	<u> </u>	ļ	<u> </u>	<u> </u>	╙	<u> </u>	0	0
(11) Denisse Flores	2.5	ļ		-						
BOD - Treasurer		~	╙	<u> </u>	_	<u> </u>	_	1	0	0
(12) Martha Hermilla	2.5	١.								
BOD - Secretary		~	ـ	↓_	↓			ļ	) 0	0
(13) Brett Finn	2.5	ļ .		ĺ	İ	]				
BOD - Member		1	_	_		ـــــ	_		0	0
(14) Carlos Fernandez	2.5									
BOD - Member		~		<u> </u>	<u>l</u>				0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	at C	ompensated E	mployees (co	ntinue	d)
					((	C)				,		
	(A)	(B)	/do.n	ot ch		rtion	than c	na	(D)	(E)	1	(F)
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable	1	Estimated
		hours per week (list any					or/trust	<u> </u>	compensation from	compensation fro related	om]	amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organizations		compensation
		related organizations	irec	T T	Θď	em	)est iloye	ner	organization (W-2/1099-MISC)	(W-2/1099-MIS	<sup>2)</sup>	from the organization
		below dotted	합합	inal E		ploy	ië con					and related
		line)	uste	trus		99	pen					organizations
			ō	tee			Highest compensated employee					
(15) F	renda Marrero	2.5		-			а					
	Member		~						0		o	0
(16) c	andida Selles	2.5					·					
BOD -	Member		~						0		0	0
(17) J	ose Irizarry	2.5										
	Member		~						0		0	0
	duardo Marxuach	2.5									- }	
	Member		~						0		0	0
	orge Martel	2.5										
-	Member		~	_		<u> </u>			0		0	0
	inoris Lopez-Lay	2.5	,		ŀ							_
	Member				<u> </u>	_		┝	0		0	0
	toberto Torres	2.5	<b>,</b>		ŀ				0			0
	Member Ieriberto Torres	2.5	Ť	├				-		<del></del>	<u> </u>	0
	Member	<u>2.</u> 5	1	ļ					0		0	0
	Sesar Ortiz	2.5				-		$\vdash$				K
	Member	<del></del>	1		ļ				ا ا		0	٥
	laji Khoury	2.5		<del>                                     </del>							1	<del>_</del>
BOD •	Member		1		ŀ				6		0	0
	ose Mendez	2.5										
	 Member		"				ļ		1 0	l	0	0
1b	Sub-total			•				<b>&gt;</b>	866,752		0	0
C	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0	0
d	Total (add lines 1b and 1c)							<u> </u>	866,752		0	0
2	Total number of individuals (including but		to th	1056	list	ted	above	e) w	ho received m	ore than \$100	,000 c	of
	reportable compensation from the organi	zation >	<del></del>									Yes No
3	Did the organization list any former of	ficer direc	tor (	ar tr	uet	22	kev e	mr	olovee or high	est compens	ated	
J	employee on line 1a? If "Yes," complete											3 6
4	For any individual listed on line 1a, is the							n a	and other comm	nensation fron	n the	
7	organization and related organizations	greater th	an \$	150.	.000	)? <i>I</i>	f "Ye	s."	complete Sch	nedule J for	such	
	individual							•				4 V
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	ur ur	related organi	zation or indıv	idual	
_	for services rendered to the organization	? If "Yes," o	omp	lete	Scl	hedi	ule J i	for s	such person	<u></u>		5 🗸
Section	on B. Independent Contractors									<del></del>		<del></del>
1	Complete this table for your five highest compensation from the organization. Rep	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more than	\$100,0	000 of
	year.	ort compe	iiisati	OH	Or ti	116 0	aleile	iai .	year ending wi	ar or within the	o orga	in Lation 5 tax
	(A)								(B)			(C)
	Name and business add	iress							Description of s	services	C	ompensation
Novie								1				
NONE												
	Takal manakan as indan dankan antarak	va /includi	na L			lim	tod +		hose listed sh	ovel who		
2	Total number of independent contractor received more than \$100,000 of compens	ors (Includi sation from	ng ກ the ດ	ut r raar	ioi iizai	tion	ובט (נ דבט (נ	U	HOSE HSIEU AD	OVE) WITO		
	. Section in Section of the information			<u> </u>						P2941		Form <b>990</b> ′(2018)

Part	VIII	Statement of Reve					5		
		Check if Schedule C	) contains	a res	ponse or note t	O any line in this  (A)  Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
र र	1a	Federated campaigns		1a	70,099		revenue		312-314
Grants	ь			1b	37,960	25-11-12-28-28-28-28-3			
, G	C	Fundraising events .		1c	1,615,058	the state of the state of the state of			
tributions, Gifts, Grants Other Similar Amounts	d	Related organizations		1d	1,010,000				
s, G mik	e	Government grants (con		1e	4,359,369				
Sign	f	All other contributions, gi		"	4,000,000				
Contributions, and Other Sim		and similar amounts not inc	luded above	1f	7,632,238				
i o i	g	Noncash contributions includ	ied in lines 1a-	-1f·\$					
a G	h	Total. Add lines 1a-1	f		<u> </u>	13,714,724			
ıue					Business Code				
yer	2a								
e E	þ								
Zic.	С								
Se	d							,	
ram	e	A.II							
Program Service Revenue	f	All other program sen			L		Post of the second seco		
	<u>g</u> 3	Total. Add lines 2a-2 Investment income							
	3	and other similar amo				,			
	4	Income from investmen	•						<u> </u>
	5	Royalties		•	•		<u> </u>		
		noyanics	(i) Rea		(li) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income-or (	(loss) .		<b>▶</b>			4-	
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other				
		assets other than inventory							
1	b	Less: cost or other basis							
		and sales expenses .	<u> </u>						
	С	Gain or (loss)							
	d	Net gain or (loss) .			<u> ▶</u>		AND SECURITION AND THE SECOND		
/enne	8a	Gross income from fuevents (not including \$	undraising						
Other Reve		•		•					
₹	b	Less: direct expenses		. b					
	С	Net income or (loss) f			events . ►	132777 WERTSTON WACTON			
	9a	Gross income from ga See Part IV, line 19 .	aming activ						
	b	Less: direct expenses		u					THE RESERVE
	c	Net income or (loss)				HARDY DRIVEN BECOME TO BE SHADOW FOR PRODUCTION	Committee the state of state of state of	haramentario del servicio del pareci	
	1	Gross sales of ir					\$40 GEO 640		
		returns and allowance		. а	ļ				
	ь	Less: cost of goods s	sold	. b				100 mg	
	С	Net income or (loss) f		of inv	entory ▶	1			
		Miscellaneous F			Business Code				
	11a								,
	b								1
	C			<b>-</b>			1-		ļ.,.,
	d	All other revenue .		•		<u> </u>	36 garage (1997)		where the same of
	e	Total. Add lines 11a-			🟲	ļ			
	・1フ	Total revenue See i	DISTRICTIONS		•	1 42 744 724	11	F.	1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. A	All other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, o, 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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	000 750	····	000 750	
6	Compensation not included above, to disqualified	866,752		866,752	<u></u> <u>-</u>
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,443,407	4,587,760	757,991	97,656
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				, , , , , , , , , , , , , , , , , , , ,
9	Other employee benefits			_	
10	Payroll taxes	1,859,333	1,158,559	608,313	92,461
11	Fees for services (non-employees):				
а	Management				
b	Legal	15,356		15,356	
C	Accounting	18,700		18,700	<del></del>
d e	Lobbying				· · · · · · · · ·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	1,217,566	720,391	494,087	3,088
12	Advertising and promotion	186,995		85,169	
13	Office expenses	545,130	386,967	157,159	1,004
14	Information technology		= .		
15	Royalties				
16	Occupancy				
17 18	Travel	186,149	85,945	82,015	18,189
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	162,694	104,140	57,692	862
20	Interest	211,747		171,208	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	780,283	624,226	156,057	
23	Insurance	98,330	95,602	2,728	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Cultural and Recreational Activities	1,146,558	* * * * * * * * * * * * * * * * * * * *	85,310	
b	Utilities and Communication	166,271		4,922	
c d	Repairs and Maintenance  Rent Expense	618,200 130,918		22,527 30,000	, ,
e	All other expenses Miscellaneous Expenses	51,388			
25	Total functional expenses. Add lines 1 through 24e	13,705,777			
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	.5,100,111	2,1.02,501	2,02,,00	,
	following SOP 98-2 (ASC 958-720)	1	1		

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,520,749	1	5,112,640
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,276,314	3	3,972,600
	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	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	307	6	
Assets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	347,352
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 6,944,260			
	b	Less: accumulated depreciation 10b 5,219,402	1,965,920	10c	1,724,858
	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	200,000	15	1,976,512
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,962,983		13,133,962
	17	Accounts payable and accrued expenses	1,006,900		682,950
	18	Grants payable		18	
	19	Deferred revenue	2,896,979		2,000,544
	20	Tax-exempt bond liabilities	•	20	
/n	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	7,680,704
	24	Unsecured notes and loans payable to unrelated third parties	1,288,283		7,080,704
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	1,200,200		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,192,172	26	10,364,198
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,397,423	27	335,430
Ba	28	Temporarily restricted net assets	1,373,388	28	2,434,334
pu	29	Permanently restricted net assets		29	The state of the s
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
χĄ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	2,770,811		2,769,764
_	34	Total liabilities and net assets/fund balances	7.962.983	34	13.133.962 Form <b>990</b> (2018)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,714	_ <del></del> 4.724
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,70	-
3	Revenue less expenses. Subtract line 2 from line 1	3	· · · · · · · · · · · · · · · · · · ·		8,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,770	
5	Net unrealized gains (losses) on investments	5	,		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(9	,994)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		2,769	9,764
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ц
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	plaın ir	- 1	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	piled o	r 2b	<b>V</b>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process.	untant?	2c	V	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	n <b>3a</b>	,	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	~	
			For	m <b>990</b> (	(2018)

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Inspection

	or the organization					Linployer identification		
Boys	and Girls Clubs of Puerto Rico Inc.	·- Ot -1 (All				66-032		
Par							ns.	
1 2 3 4	organization is not a private foundat  A church, convention of church  A school described in section  A hospital or a cooperative hos  A medical research organization hospital's name, city, and state	es, or association 1 <b>70(b)(1)(A)(ii).</b> (a pital service organ n operated in co	on of churches descri Attach Schedule E (Fo anization described in	bed in <b>se</b> orm 990 o n <b>section</b>	<b>ction 170</b> or 990-E2 1 <b>70(b)(</b> 1	O(b)(1)(A)(i). ( <sup>(</sup> ).) ((A)(iii).	iii). Enter the	
5	☐ An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a governmenta	al unit described in	
6 7	=							
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organizer or university or a non-land-granuniversity:	zation described it college of agri	in <b>section 170(b)(1)(</b> culture (see instructio	A)(ix) ope ns). Ente	r the nam	e, city, and state of	the college or	
10	An organization that normally re receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and unri ter June 30, 197	nctions—subject to ce elated business taxab 5. See <b>section 509(a</b>	ertain exc ole incom )(2). (Con	eptions, e (less se nplete Pa	and (2) no more than ection 511 tax) from ert III.)	n 33¹/₃% of its	
11	An organization organized and	•	•	-				
12	12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B.</b>							
b	control or management of to organization(s). You must o	he supporting or complete Part IV	rganization vested in t V, Sections A and C.	the same	persons	that control or mana	age the supported	
С	Type III functionally integr its supported organization(s						illy integrated with,	
d	☐ Type III non-functionally integer that is not functionally integer equirement (see instruction).	rated. The organ	nization generally mus	st satisfy	a distribu	ition requirement an		
е	Check this box if the organi functionally integrated, or T						ı II, Type III	
f	Enter the number of supported o	rganizations .						
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
	<u>`</u>			Yes	No	7 4		
(A)							······································	
(B)							<del>,</del>	
(C)			<u> </u>					
(D)								
(E)					-			
				1				

Total

<b>Part</b>	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	ete Part III.)	
	on A. Public Support	<b>,</b>					, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,683,880	9,389,542	9,101,679	12,876,068	13,714,424	54,765,593
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,683,880	9,389,542	9,101,679	12,876,068	13,714,424	54,765,593
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,094,278
6	Public support. Subtract line 5 from line 4						53,671,315
Secti	on B. Total Support						, , , , , , , , , , , , , , , , , , , ,
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	9,683,880	9,389,542	9,101,679	12,876,068	13,714,424	54,765,593
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						54,765,593
12	Gross receipts from related activities, etc					12	<u> </u>
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere	· · · · ·			ear as a sectio	▶ .
	on C. Computation of Public Support percentage for 2018 (line			It column (A)		14	98 %
14 15 16a	Public support percentage for 2016 (line Public support percentage from 2017 Sc 331/2% support test—2018. If the organ box and stop here. The organization qua	hedule A, Part uzation did not	II, line 14 check the bo	x on line 13, ar	 nd line 14 is 33	15 31/3% or more,	100 % check this
b	331/8% support test—2017. If the organ this box and stop here. The organization	ization did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ 	-and-circumst umstances" to	ances" test, chest. The organi	neck this box a zation qualifie	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets the fac	e "facts-and- ts-and-circum	circumstances stances" test	" test, check The organizat	this box and some ion qualifies as	stop here. a publicly
18	Private foundation. If the organization d	lid not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2018

Schedu	le A (Form 990 or 990-EZ) 2018						Page 3
Part						· · · · · · · · · · · · · · · · · · ·	
	(Complete only if you checked the						nder Part II.
0	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	11.)	/
	on A. Public Support		T		10001	( ) 00/0	1 (7 7 1 (1)
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			l			
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						
c 8	Add lines 7a and 7b					a do Pila a serie	
	line 6.)	<u> </u>	C. Service				3
	on B. Total Support	4 3 0044					<del></del>
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Amounts from line 6		<del></del>				<del>                                     </del>
IVa	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					,	
	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						
Section	organization, check this ox and stop he on C. Computation of Public Support			<del></del>	% %	<del></del>	
15				12 column (f)		145	%
	Public support percentage for 2018 (line						
16 Secti	Public support percentage from 2017 Sci on D. Computation of Investment In			· · · ·	· · · · ·	16	
17	Investment income percentage for 2018			hy line 13 coli	ımn (fi)	17	%
18	Investment income percentage for 2013 investment income percentage from 201					18	
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box	ization did no	t check the bo	x on line 14, a	ind line 15 is m	nore than 331	3%, and line
b	33/3% support tests—2017. If the organization		-				
D	line 18 is not more than 331/3%, check this						
20 /	Private foundation. If the organization d	=	_	-	-		

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 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.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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**.
- **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**.
- c 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.**
- 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.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
c	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
Section	on B. Type I Supporting Organizations	· · · · · · · · · · · · · · · · · · ·
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit 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	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Section	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	
	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	
	supported organizations played in this regard	
Cooti		3
	on E. Type III Functionally Integrated Supporting Organizations	instructions)
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	แลน นอนอกร).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
G	The organization is the parent of each of its supported organizations. Complete line & below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	(see instructions)
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	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. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying 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)
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	<u>-</u>	
<b>b</b> Average monthly cash balances	1b		<del> </del>
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	HUNTER MEDICAL	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly ın	tegrated Type III supporting	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D—Distributions <sup>.</sup>			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	······		
4	Amounts paid to acquire exempt-use assets	IIIZations				
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		<del></del>			
7	Total annual distributions. Add lines 1 through 6.	·				
8	Distributions to attentive supported organizations to whice	h the organization is res	noneive			
0	(provide details in Part VI). See instructions.			•••••		
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		(ii)			
Secti	(iii) Distributable Amount for 2018					
_1_	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for ŷears prior to 2018		-			
	(reasonable cause required—explain in Part VI). See					
	instructions.		Part of the Late o			
_3_	Excess distributions carryover, if any, to 2018					
a	From 2013					
<u>b</u>	From 2014					
<u> </u>	From 2015					
<u>d</u>	From 2016					
	From 2017					
<u>f</u>	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2018 distributable amount					
<u> </u>	Carryover from 2013 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Part Control of the C		
4	Distributions for 2018 from					
	Section D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
	· · · · · · · · · · · · · · · · · · ·					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			₽ <b>1</b>		
7	Excess distributions carryover to 2019. Add lines 3					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2014 *					
b	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018					

Part VI	Form 990 or 990-EZ) 2018  Supplemental Information. Provide the explanations required by Part II, line 10; Part	Page t 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, an B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, S	d 11c; Part IV, Section
	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 instruction	ons.)
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f the organization		Employer identification number
Boys a	nd Girls Clubs of Puerto Rico Inc.		66-0327584
Par	Organizations Maintaining Donor Adv		
	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		
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?	and donor advisors in writing that gran	or any other purpose
Par			
	Complete if the organization answered		<u> </u>
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	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 easemen	ts	2b
C	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, trantax year ▶	sferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	anystion essement is located	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fir	
Pari	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance o
b	If the organization elected, as permitted under 8 works of art, historical treasures, or other simila public service, provide the following amounts relatives.	SFAS 116 (ASC 958), to report in its ir assets held for public exhibition, ed	revenue statement and balance shee
	(i) Revenue included on Form 990, Part VIII, line 1	<i></i>	▶ \$
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of an		
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	tems:
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

Cat. No 52283D

Schedule D (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule	D'/Form	000\	201	۰
Scriedule	v ironn	9901	2U I	o

000		2
rac	е	~

Part	Organizations Maintaining (							
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	her reco	rds, che	ck any of th	ne follov	ving that are a	significant use of its
а	☐ Public exhibition		d	□Loar	or exchang	ae prog	rams	
b	Scholarly research							
c	☐ Preservation for future generations		•	00	''			
4	Provide a description of the organization	n's collections a	nd evals	ain how t	they further	the oro	ianization's ev	amnt nurnose in Part
•	XIII.		ara expir	2111 710 00	ancy turner	110 019	Janization 3 CA	simple purpose in Fait
5	During the year, did the organization s	olioit or receive	donation	s of art	hictorical t	roacura	o or other sim	ilar
•	assets to be sold to raise funds rather t							
Part			- and a	3411 01 111	- Organizat	1011 3 00	inconon: .	☐ Yes ☐ No
· ai c	Complete if the organization a 990, Part X, line 21.		' on For	m 990,	Part IV, line	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							_
						• •		· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the to	llowing t	able:	г	· · · · · · · · · · · · · · · · · · ·	American
	D						<del></del>	Amount
C	Beginning balance					10		<del></del>
d	Additions during the year					<u>1d</u>		<del></del>
e	Distributions during the year					1e	<del></del>	<del></del>
f	Ending balance					l 1f		····
2a	Did the organization include an amount							
	If "Yes," explain the arrangement in Par	t XIII. Check here	e if the ex	<u>kplanatio</u>	n has been	provide	ed on Part XIII	<u> </u>
Part			_					
	Complete if the organization a							
	<u>[_</u>	(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							· ·
	losses	1						
d	Grants or scholarships							
е	Other expenditures for facilities and				,			
	programs				1			
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	e current vear en	d balanc	e (line 1	a. column (a	i)) held	as:	<del></del>
а	Board designated or quasi-endowment	-	%	` `				,
b	Permanent endowment ▶	%	•• ' -					
	Temporarily restricted endowment ▶	<sup>/3</sup> %						
•	The percentages on lines 2a, 2b, and 2c		20%.					
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for	the
	organization by:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· g · · ·					Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations					•		. 3a(ii)
L	If "Yes" on line 3a(ii), are the related org							. 3b
b 4	Describe in Part XIII the intended uses	janizations listeu of the organizatio	as requi	wment f	inde	• •		. [55]
			, i s ende					
Part	Complete if the organization a	newered "Vee"	on For	m gan	Part IV lin	e 11a	See Form aar	Part X, line 10
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost or oth		, , ,	other)		epreciation	(e) Dook value
	Land	<del></del>		<del>                                     </del>	·	ŀ		
b	Buildings		· · · · · ·		68,000		6,234	61,766
c	Leasehold improvements				2,186,591		1,108,002	1,078,589
d	Equipment				4,162,442		3,602,952	559,490
e	Other				527,227		502,214	25,013
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 99	90, Part	X, colum			🕨	1,724,858

Part VII	Investments—Other Securities.				oooooooooooooooooooooooooooooooooooooo
	Complete if the organization answ		rm 990, Part IV, lin	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	-	(b) Book value		nod of valuation: of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other			_		
(A)					·
(B)					
(C)					
(D)	,				,
(E)				1	
(F)					· · · · · · · · · · · · · · · · · · ·
(G)					•
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		I		
Part VIII	Investments—Program Related		una OOO Doubly lun	o 11a Caa Earm	000 Bort V line 12
	Complete if the organization answ	vered ves on For			
	(a) Description of investment	•	(b) Book value		hod of valuation: of-year market value
(1)					
(2)		4	1	-,	<del></del>
(3)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *		
(4)	•				
(5)					
(6)	<del> </del>			<u> </u>	·
<u>(7)</u> (8)					
(9)			· · · · · · · · · · · · · · · · · · ·		
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		<u> </u>	terral actual and an artist of the second	
	Complete if the organization answ	vered "Yes" on Fo	rm 990, Part IV, Iir	ne 11d. See Form	990, Part X, line 15.
		Description			(b) Book value
(1) Contribu	ited use of premises	,			150,00
	ation in Social Holding Foundation			,	1,826,51
(3)					
(4)				•	
(5)		١.			, , ,
(6)					·
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	<u></u> ▶	1,976,51
Part X	Other Liabilities. Complete if the organization answ	vered "Yes" on Fo	rm 990. Part IV. lir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.		,,		
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes				
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footi	note to the organization	on's financial stateme	ents that reports the
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has bee	en 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		v, iiio 12a.	1	14,551,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •			14,551,670
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	909,369	2.0	
С	Recoveries of prior year grants	2c	000,000		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	909,369
3	Subtract line 2e from line 1			3	13,642,509
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		[		10,012,000
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	72,215		
С	Add lines <b>4a</b> and <b>4b</b>	-		4c	72,215
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	13,714,724
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er Retur	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	14,542,931
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities	2a	909,369		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	909,369
3	Subtract line 2e from line 1			3	13,633,562
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		[	1,5	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	72,215	74.7	
С	Add lines <b>4a</b> and <b>4b</b>			4c	72,215
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	13,705,777
Part	XIII Supplemental Information.			·	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; P	art IV, lines 1b and 2b	; Part V,	line 4; Part X, line
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	formation	٦
(1) Par	t X, Line 2: Text to Note 9 to Audited Financial Statements:				-
3					
Note 9	- Income Taxes: The Organization has been granted tax-exempt status by the	Puerto	Rico Internal Revenue	e Code Se	ction 1101(6)
and by	the United States Internal Revenue Code Section 501(c)(3). Accordingly, no p	rovisio	on for income taxes is i	included i	n the financial
31031.72		13.11511			
statem	ents.				
FASB	ASC 740-10 (Interpretation 48), prescribes a recognition threshold and measu	ement	attribute for the finance	cial staten	nent recognition
324352	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<del></del>
and me	easurement of a tax position taken or expected to be taken in a tax return, and	provid	des quidance on derec	ognition o	of income tax
	,				
assets	and liabilities, classification of current and deferred income tax assets and lia	bilitie	s, accounting for intere	est and pe	nalties associated
with ta	x positions and income tax disclosures.			100 00	
33331123				,	
As of	June 30, 2019, management of the Organization believes that there are no unc	ertain t	tax positions; accordin	gly, no lia	bility for uncertain
tax po	sitions has been recorded in the accompanying statement of financial position	1			
As of	June 30, 2019, tax years 2013 to 2018 are open to investigation by Department	of the	Treasury.		
	***************************************				

Schedule D (Fo	orm 990) 2018			Page 5
Rart XIII	Supplemental Informat	i <b>on</b> (continued)		
(2) Part XI, L	ine 4b and Part XII, Line 4b:			
For financial	statements purposes, due to c	hanges in presentation, \$72,215	of fund raising activities expenses w	ere netted against the
respective re	evenue, therefore; gross revenue	es for financial statements pres	entation were reduced by the expens	e amount. Form 990 present
gross reveni	ues and expenses, therefore; re	venues and expenses are increa	ased by \$72,215. (See Schedule G, Pa	ert II)
	45 1		, <u>",</u> ,"	
	**************************************			
			, ,	
				•
				,

#### 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.

entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

20**18** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

Employer identification number Boys and Girls Clubs of Puerto Rico Inc. 66-0327584 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants c ☐ Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity or entity (fundraiser) organization col (i) Yes No 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			(a) Event #1	(b) Event #2	(c) Other events	
			Youth of Year		(o) other overtex	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	600,790			600,790
_	2	Less: Contributions			•	
	3	Gross income (line 1 minus				
$\dashv$		line 2)	600,790			600,790
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	10,440			10,440
Direc	8	Entertainment				
.	9	Other direct expenses .	61,775			61,775
	10	Direct expense summary. Ad-	d lines 4 through 9 in co	olumn (d)		72.245
	10 11	Direct expense summary. Ad- Net income summary. Subtra				72,215 528.575
Pa		Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co	olumn (d)		528,575
	11	Net income summary. Subtra	ct line 10 from line 3, co	red "Yes" on Form		528,575 , or reported more than
	11	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co	olumn (d)		528,575
	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	528,575, or reported more than
	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	528,575, or reported more than
Revenue	11 1 III	Net income summary. Subtra <b>Gaming.</b> Complete if the \$15,000 on Form 990-EZ	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	528,575, or reported more than
Kevenue	11	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	528,575, or reported more than
t Expenses Revenue	1 2	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	528,575, or reported more than
t Expenses Revenue	1 2 3	Rent/facility costs	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	528,575, or reported more than
t Expenses Revenue	1 2 3 4	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes	act line 10 from line 3, co e organization answe Z, line 6a.	red "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19	528,575, or reported more than  (d) Total gaming (add col. (a) through col. (c))
t Expenses Revenue	11 2 3 4 5	Gross revenue	ct line 10 from line 3, core organization answer. line 6a.  (a) Bingo	olumn (d) red "Yes" on Form (b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming	528,575, or reported more than  (d) Total gaming (add col. (a) through col. (c))
t Expenses Revenue	11 2 3 4 5 6	Gross revenue	ct line 10 from line 3, core organization answer. In the 6a.  (a) Bingo  Yes%  No	olumn (d) red "Yes" on Form (b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming    Yes	528,575, or reported more than  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Other direct expenses  Volunteer labor	The time 10 from line 3, code organization answers. Inne 6a.  (a) Bingo  Yes %  No  d lines 2 through 5 in code. Subtract line 7 from lines.	Dlumn (d) red "Yes" on Form (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  Dlumn (d)	(c) Other gaming    Yes	528,575, or reported more than  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Other direct expenses  Volunteer labor  Direct expense summary. Ad.  Net gaming income summary.	Tyes %  No  d lines 2 through 5 in conducts ganization conducts ganization conducts ganization answer.	Dlumn (d) red "Yes" on Form (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  Dlumn (d)	(c) Other gaming    Yes%   No	528,575 , or reported more than  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8 Er a ls	Gross revenue  Cash prizes  Noncash prizes  Other direct expenses  Volunteer labor	Tyes % No d lines 2 through 5 in co	olumn (d) red "Yes" on Form (b) Pull tabs/instant bingo/progressive bingo  Yes % No  olumn (d)	(c) Other gaming    Yes	528,575 , or reported more than  (d) Total gaming (add col. (a) through col. (c))

Schedu	ıle Ğ (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a <sub>.</sub>	The organization's facility		%
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
,	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	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 ▶ \$		
С	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	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (I Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
<b>-</b>			
<b></b> -			
	······		

#### **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

2018

Employer identification number

Open to Public Inspection

	and Girls Clubs of Puerto Rico Inc. 66-03275	84		<del></del>
Part	Questions Regarding Compensation		<del>1 : : : -</del>	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	☐ First-class or charter travel ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ 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 explain	1b	<i>v</i>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	✓ ·	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee       ✓ Written employment contract         ☐ Independent compensation consultant       ☐ Compensation survey or study         ☐ Form 990 of other organizations       ✓ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a b c	Receive a severance payment or change-of-control payment?	4a 4b 4c		V V
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a b	The organization?	5a 5b		7
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a b	The organization?	6a 6b		ン ン ジ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		v .
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		,
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown o	W-2 and/or 1099-MIS				/_//	
(A) Name and Title		(f) Base compensation	(ii) Bonus & Incentive compensation	(III) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>b</b> ) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation In column (B) reported as deferred on prior Form 990
	0	225,000			1,500		226,500	
1Eduardo Carrera - CEO	€							
	8	227,487			4,038		231,525	
20lga Ramos - President	€							
	8							
3	€							
	6							
4	8							
	6		111111111111111111111111111111111111111					
5	(3)							
4.	(1)							
8	<b>(E)</b>							
	8							
7	€							
	(1)							
8	(1)							
	8				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
. 6	<b>(E)</b>							
	(8)							
10	€							
•	8			1	1			
11	€							
	€							
12	€							
	<b>E</b>						111111111111111111111111111111111111111	
13	E							
	E							
14	(ii)							
	8							
15	8							
	<b>E</b>							
16	Ξ							

Schedule J (Form 990) 2018

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization

Boys and Girls Clubs of Puerto Rico Inc.

Employer identification number
66-0327584

(1) Page 2, Part III, Line 2 - New Services
During August 2018, BGCPR started the administration of a charter school (Vimenti) located within one of its clubs facilities. Vimenti School
will cover kinder to fifth grades. The operation will be financially supported by a subsidy per student from the Department of Education
and from donations from the private sector. Vimenti School is not a formal separate entity from BGCPR, but functions as another program
within BGCPR operations.
(2) Page 2, Part III, Line 4d - Other Program Services: \$394,648
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.
* 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. In a separate module, 1,134 participants benefited, added 97 new volunteers, provided 532 hours of service
*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%.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Boys and Girls Clubs of Puerto Rico Inc	66-0327584
(2) Page 2, Part III, Line 4d - Other Program Services (cont.):	
*21st Century Community Learning Centers:	
21st CCLC is a comprehensive program covering educational, prevention, sports, recreation and art servi	ces. Its main objective is to improve
the academic progress, as well as technology skills of participants. For FY 2019, program was limited to c	omplete tasks from prior fiscal year
due to end of program.	
(3) Page 6, Part VI, Section B, Line 11b: Revision of Form 990	
Once Form 990 is completed, Finance personnel verified that amounts included in the Form are in agreem	ent with amounts included within
audited financial statements and accounting records. They also verify that answers provided to information	on questions are answered to the
best of their knowledge and belief. Any contributors information is verified for correctness. Form is distrib	outed to BOD Finance Committee
for comments and final approval for issuance. Finance Department verify that the Form is signed and date	ed by a responsible official.
(4) Page 6, Part VI, Section B, Line 12c: Conflict of Interest Policy	
The Organization has a Conflict of Interest Policy which is discussed with all employees. Any activity which	ch could create a conflict or the
appearance of a conflict is strictly prohibited. The policy is highly enforced with members of the BOD and	key employees and it is part of the
Ethic Code of the Organization. Annually, BOD members and key employees are required to disclose if the	ey have any interest that could
create a conflict with those of the Organization. The policy is reinforced with orientations and workshops	given througout the year.
(5) Page 6, Part VI, Section B, Line 15a and 15b: Compensation Determination	
Compensation plans are evaluated every two years. In establishing compensation, a benchmark from Boy	s and Girls Clubs of America,
statistics from the Puerto Rico Employment and Human Resources Department, and market research are	used to determine reasonability.
These are revised by Finance Department and Human Resources Department and the responsibilities of e	ach position is measured against
the Organization's structure. Final compensation is approved by the BOD.	J.^
(6) Page 6, Part VI, Section C, Line 19: Documents Availability	
The governing documents, financial statements, and Form 990 are available to public inspection upon rec	uest. Once a written request is
made for inspection, coordination is made between the Organization and the requesting party to facilitate	the inspection process.