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5377 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection

OMB No 1545-0047

201**2**

For the 2012 calendar year, or tax year beginning 2012, and ending July 1 20 13 June 30 Check if applicable C Name of organization Boys and Girls Clubs of Puerto Rico, Inc. D Employer identification number Doing Business As Address change 66-0327584 Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return P O Box 79526 787-268-4504 \Box City, town or post office, state, and ZIP code Terminated Amended return Carolina PR 00984-9526 G Gross receipts \$ 9 439 645 F Name and address of principal officer Application pending Eduardo Carrera H(a) Is this a group return for affiliates? Yes Vo No P.O. Box 79526 Carolina PR 00984 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust 🔲 Association [L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Organization was created to promote the health, social, educational, vocational, and character development of youth living in low income communities. Clubs are located Activities & Governance within public housing developments or needing communities. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a). 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 399 Total number of volunteers (estimate if necessary) 6 61 7a Total unrelated business revenue from Part-VIII, column:(G), line:1 7a 0 Net unrelated business taxable income from Form 990-7 Line/34 7h 0 S-OSC **Current Year** Pnor Year Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) R 8,240,206 9,439,645 FEB 1 4 2014 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 80 90 100 and 110 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 8,240,206 9,439,645 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,316,683 6,369,366 Professional fundraising fees (Part IX, column (A), line 11e) 16a g St. Grander n. 香水香料 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,783,289 3,056,607 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 8099,972 9,425,973 Revenue less expenses Subtract line 18 from line 12 19 140,234 **... 13,672** Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,084,875 2,937,860 21 Total liabilities (Part X, line 26) 1,770,587 1,609,900 22 Net assets or fund balances. Subtract line 21 from line 20 1.314.288 1.327.960 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date 2-11-14 Here Carrera ardo Print/Type preparer's name reparer's signature Date Check ✓ If **Paid** 2-11-14 Jorge Rodriguez self-employed P01436390 Preparer Firm's EłN ▶ Firm's name Use Only Firm's address ▶ Prado Alto L-16 Calle 6 Guaynabo, PR 00966 787-793-2184 May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🖸 No Form **990** (2012)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

SCANNED WAR 03 2014

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Organization was created to promote the health, social, educational, vocational, and character development of youth living in
	low income communities. Clubs are located within public housing developments or needing communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(0.1
4a	(Code:) (Expenses \$ 2,368,447 including grants of \$ 2,313,844) (Revenue \$ -54,603)
	PUERTO RICO PUBLIC HOUSING ADMINISTRATION (PROJECT LEARN PROGRAM):
	Project Learn is a comprehensive program that impacted more than 2,800 bona fide residents from the different housing projects
	within the ages 6 through 18, and 2,225 adults through its Family Support program Participants took part in a fun and secure
	environment to develop their full potential as productive individuals. Programs supported included Power Learning (831 participants),
	Drug Prevention (708 participants); Leadership Program(244 participants); Performing Arts (615 participants); Sports and Recreation
	(1,729 participants); and Family Support (2,427 participants). All participants were exposed to educational forums, prevention
	programs, family support systems, community development programs, sports and recreation programs, and micro companies
	deelopment. For fical year 2012-2013, 100% of the work plan presented to PRPHA was accomplished. Major program results were as
	follows. 95% of participants pass grade, 97% of participants graduated from high school, and 95% of participants will continue
	with college education. In the drug prevention area, 80% of participants abstained of drinking, 94% abstained to use tobacco and 92%
	abstained from using marihuana and other drugs. Participants increase their knowledge in relation to sexuality and consequences of
4b	sexual relations at an early age, accordingly; 67% of teens abstaind to be sexually active. (Code) (Expenses \$ 2,236,196 including grants of \$ 2,331,508) (Revenue \$ 95,312)
70	21st CENTURY COMMUNITY LEARNING CENTERS:
	21st CCLC is a program which main objective is to improve academic progress, as well as technology skills of participants. During
	fiscal year 2012-2013, 1,411 participants between the ages 6 and 18, and 385 parents benefited from the program At least 90% of
	participants attended services for 30 days or more. Program results statistics were as follows:
	271 participants concluded their school year with an A grade average ; and 348 participants did it with a B grade average
	* 140 out of 458 participants (31%) that started the program with C, D or F grades, ended the school year with A or B average
	* All participants took part in sport and recreational activities as well as art programs
	*Parents of participants took part of educational forums and employment opportunities forums, family time management, and
	healthy lifestyles.
A =	(Code:) (Expenses \$ 427.654 including graphs of \$ 200.000 \ //Dayanus \$ 450.046 \
4c	(Code:) (Expenses \$ 137,654 including grants of \$ 290,000) (Revenue \$ 152,346)
	TANF - SMART MOVES:
	TANF Smat Moves is a prevention services program through the Smart Moves module. Services provided included education of alcohol, tobacco and other drugs effects, pregnancy and sexually transmitted diseases prevention, responsible parenthood and
	positive social habits. During fiscal year 2012-2013, a total of 250 participants and 110 parents benefited from the program through its
	five programmatic areas: sports and recreation, arts, health and lifestyles, career and education developments, and character and
	leadership development.
	ieauci sinp developinent.

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 247,153 including grants of \$ 273,696) (Revenue \$ 26,543)
4e	Total program service expenses ▶ 4,989,450

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C</i> , <i>Part I</i>	2	✓	
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		<u>▼</u>
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		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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.		が休止エ	- F
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	13 14a		✓
Đ	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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		√
20 a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
		For	m 99 0	(2012)

rart	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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 \$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 25	24a		√
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	:		1 1 2 1 1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,			
38	Part VI	37	1	/
		F	001	(2012)

Form **990** (2012)

Part					
	Check if Schedule O contains a response to any question in this Part V	· · · · ·	<u></u>		
10	Enter the number reported in Pay 2 of Form 1006. Enter, 0, if not applicable	م امه	36. F	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 0	789 1 7674		"
C	Did the organization comply with backup withholding rules for reportable payments t				2.
·	reportable gaming (gambling) winnings to prize winners?	. vendors and	1c	<u>~</u>	س ع
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	10	ψ ŵ Ġν	٠,
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 399			 ?.
ь	If at least one is reported on line 2a, did the organization file all required federal employment t		2b	√	20
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see insti		in Fair	****	\$4 ×
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3a	. مشخص شبط	<i>-</i>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	r other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, o				
	account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶		123,27	, Kirk	**
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi	al Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year [?]	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5b		/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	00, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	• •	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		3.7	75 ° '	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		<u>؞ڎڐؿڐؙ؞</u>	7 \ K! LL' 0.648
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for a support to the Form 2000	or which it was	_		,
	required to file Form 8282?	!	7c	rd-	, _
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	********	3 4:	Trice Trice
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Sponsoring organizations maintaining donor advised funds and section 509(a)		/n	478 X	× • • •
0	organizations. Did the supporting organization, or a donor advised fund maintained b				
	organization, have excess business holdings at any time during the year?	y a sponsoning	8		and and and
9	Sponsoring organizations maintaining donor advised funds.		****	35%	#2 #2
а	Did the organization make any taxable distributions under section 4966?		9a	and the c	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.		ير پُر	-76.9	34.5
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		77	3,1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	1	, t, 12 "	ا معن ^
11	Section 501(c)(12) organizations. Enter:		1		14.
а	Gross income from members or shareholders	11a			147
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b		<u> </u>	í.
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	L.A.	30 T	, , (), ,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		A STATE	1,100	ş, `
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 Schedul	∋ O.	1990	20.3	\$. " '
b	Enter the amount of reserves the organization is required to maintain by the states in which	. 1	T. T.		***
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	1 1/2	1.48° ;;	(\$ just)
.14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	√ -
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	schedule O .	14b	1	I

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI			_
Secti	on A. Governing Body and Management			_
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	238767	es No	Wild a silke about
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Sandan Annahar Sanda
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	1	
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	\frac{1}{4}	- -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			·
a b 9	The governing body?	8a 🗸 8b 🗸	,	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		le.)	-
			es No	_
10a b	Did the organization have local chapters, branches, or affiliates?	10a	✓	_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Ì	
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 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a ✓	*	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c ✓	/	
13 14 15	Did the organization have a written whistleblower policy?	13	✓ ✓	
a b	The organization's CEO, Executive Director, or top management official	15a √		_ - - :
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 4
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 organization's exempt status with respect to such arrangements?	16b		-
	on C. Disclosure			_
17 18	List the states with which a copy of this Form 990 is required to be filed PR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply	n 501(c)	(3)s only	y)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of interes	st policy	у,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Mr. Mario Medina - PO Box 79526, Carolina PR 00984	of the		

Form	gan	1201	21

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than out the thick the thi	an		(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Jose A. Campos-Fuste										
Executive Director	40			1	1			78,154	o	0
(2) Eduardo Carrera-Morales			-	Ť	Ė			79,193	Ť	
Operations Director	40			✓	1	1		139,246	اه	0
(3) Mario Medina-Vazquez								,		
Finance Director	40				✓			77,864	اه	0
(4) Niurka Quiñones-Eliza										
Strategy and Learning Leader	40				1			71,495	o	0
(5)										
(6)						-				
(7)										
(8)				_						
(9)										
(10)			_							
(11)										
(12)										
(13)										
(14)								-	-	

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
			i		•	C)							
	(A)	(B)	(do n	ot ch		more	e than o	one	(D)	(E)	l	(F)	
	Name and title	Average	òοx,	unles	s pe	rson	ıs both	n an	Reportable	Reportable		Estimated	
		hours per week (list any			_		or/trus		compensation from	compensation related	from	amount of other	Ī
		hours for	or di	nsti	Officer	Key employee	ang High	Former	the	organizatio		compensati	on
		related organizations	rect	tutic	ğ	emp	est o	ē	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from the organizatio	in
		below dotted	악함	nal		ŏ	e Si		[and related	d
		line)	Individual trustee or director	Institutional trustee		8	pen					organizatio	ns
			"	ее			Highest compensated employee						
(15)								\vdash	-		+		_
1.1.27			}										
(16)	- .							\vdash					
3													
(17)													
3			1				ļ						
(18)												,	
			1										
(19)													
			[
(20)													
(21)													
(22)								1			ŀ		
						<u> </u>		<u> </u>					
(23)		ļ	ļ		1						i		
	,												
(24)													
				_	<u> </u>	ļ <u>.</u>		┞					
(25)								ŀ					
				L			L	Ļ			_		
1b	Sub-total	 VII Costio	 A		•	•	•		366,759		0		0
C		•		•	•	•	•		0		0		0
d	Total (add lines 1b and 1c) Total number of individuals (including but							-\	366,759	oro than G1	0		
2	reportable compensation from the organ		וו טו נו	IUSE	: 1151	leu	above	e) w	no received in	ore man pro	50,000	<i>J</i> 01	
	reportable compensation from the organ	-										Yes	No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	ruste	ee.	kev e	emc	olovee, or high	est compe	nsate		
•	employee on line 1a? If "Yes," complete								· · · ·	,		3	1
4	For any individual listed on line 1a, is the							on a	and other comp	ensation fro	om th		¥.3
•	organization and related organizations	greater th	an \$	150.	,000)? /	f "Ye	s,"	complete Sch	edule J fo	r suci	h 34 44	
	ındıvıdual											4	1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y un	related organiz	zation or ind	lividua	al (5) 24 8 25 2	1
•	for services rendered to the organization											5	√
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	ract	ors that receive	ed more tha	n \$10	0,000 of	
	compensation from the organization. Re	port compe	nsati	on f	or t	he c	alend	dar y	year ending wit	th or within t	the or	ganızatıon's	tax
	year.												
-	(A)								(B)			(C)	
	Name and business add	dress						ot	Description of s	ervices		Compensation	
NONE								\perp					
								$oxed{}$	_				
								_	_				
								 					
		"						<u> </u>			Sav.		the out
2	Total number of independent contract							o th	nose listed ab	ove) wno			

Part VIII Statement of Revenue								
	ar ales	Check if Schedule O	contains a resp	onse to any ques				
				20	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	i <u>1</u> a	111,592				
is, Grants Amounts	b	Membership dues	<u>1b</u>	37,784				
ß,	С	Fundraising events .					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Gifts, ilar Ar	d	Related organizations						
ons, Giff Sımilar	e	Government grants (con	· —	7,830,250		2		
utic	ī	All other contributions, gi and similar amounts not inc		1 004 044				
Contributions, and Other Sim	~	Noncash contributions includ		1,291,014				
Son	g h	Total. Add lines 1a-1			9,439,645			
		Total: Add lines ta h	<u>' </u>	Business Code	3,433,043	#50 485 445	3 46° GC	
enu	2a				LI LA	388 4.3		<u></u>
Rev	b							
ice	C							,
Ser.	d							
E	е							
Program Service Revenue	f	All other program sen	vice revenue					
<u> </u>	g	Total. Add lines 2a-2		<u> ▶</u>		毒: 定…数.	\$1.00 C\$	
	3	Investment income		dends, interest,				
		and other similar amo	= -					
	4 -	Income from investment	t of tax-exempt	oona proceeas				
	5	Royalties	(i) Real	(II) Personal			630 - 2800 - 1380	1550622200000000000000000000000000000000
	60	Gross rents	(1) Fical	(ii) i ci soriai				
	6a b	Less. rental expenses		 		100 m 52		
	C	Rental income or (loss)						
	d	Net rental income or (37.00		
	7a	Gross amount from sales of	(i) Securities	(II) Other	2000		10.44	
		assets other than inventory						
	b	Less cost or other basis			P. Carlotte			
		and sales expenses		 		And the sales		
	С	Gain or (loss)						The Massier's
	d	Net gain or (loss) .		•	NAMES OF STREET	Salar Cherry	With State of the State	10 H 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>a</u>	00	Gross income from fu	indraisina					
enc	Oa	events (not including \$	indiaising		D.	10 m		
ě		of contributions reporte	ed on line 1c)			in .		
Other Reven		See Part IV, line 18	•	a	54.			
the state	ь	Less: direct expenses		b		De ne le		
O	С	Net income or (loss) f		g events . ►				
	9a	Gross income from ga				## TEN 1700		· 1000年的 1000年 10
		See Part IV, line 19 .		a				Good State 1
	b	Less: direct expenses		b	Barrado, italia	4.00		
	С	Net income or (loss) f				CANAL MARKE WAVE C. PLATE	2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	1
	10a	Gross sales of ir	•	1				
		returns and allowance		a				
	b	Less: cost of goods s		b	4	-170 1 K 6 20 20 77 T		
	С	Net income or (loss) f		Business Code			li and the second	Water is a significant of the same of the
	110		 	- Dubinios Godo		4	<u> </u>	القصد، الأنديب الشيائة فالتقائد
	11a b				 		1	
						 		
	ď	All other revenue .						
	e Total. Add lines_11a-11d			▶		"那些多数是 "	深体 6300 据争	· · · · · · · · · · · · · · · · · · ·
	12	Total revenue. See I		▶	9,439,645	i		
								Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a respon		in this Part IX					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21							
2	Grants and other assistance to individuals in the United States See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.							
4 5	Benefits paid to or for members							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages	5,483,168	4,324,603	1,063,596	94,969			
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·				
10	Payroll taxes	886,198	681,172	196,113	8,913			
11	Fees for services (non-employees).		,	·				
а	Management							
b	Legal	8,487		8,487				
C	Accounting	5,000	5,000					
d	Lobbying		LOCALIC FOLLESSACION NORMAN A	7. monacan, 22222 B2227 . 74237.				
e	Professional fundraising services. See Part IV, line 17							
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule (A)							
	(A) amount, list line 11g expenses on Schedule O) .	269,639	107,002	162,437	200			
12	Advertising and promotion	32,323	3,289	27,840				
13	Office expenses	442,682	309,038					
14	Information technology	52,632	16,186	36,446				
15 16	Occupancy		-					
17	Travel	78,807	34,318	44,489				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	70,007	34,310	44,403				
19	Conferences, conventions, and meetings .	43,052	21,382	21,375	295			
20	Interest	86,285		86,126				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	413,175	316,684	96,491				
23	Insurance	71,193		54,976	7. 3			
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.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
а	Cultural and Recreational Activities	362,051	332,329	26,866	2,856			
b	Contracted Services	64,972			639			
C	Rent Expense	823,964						
d	Educational Supplies	108,719						
e	All other expenses Miscellaneous Expenses	193,626						
25	Total functional expenses. Add lines 1 through 24e	9,425,973						
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 following SOP 98-2 (ASC 958-720)	-						

Form 990 (2012) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 617,150 259,371 2 2 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net 3 1,566,362 1,733,172 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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. . . . 6 Notes and loans receivable, net . 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 45,213 45,559 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c 2,272,024 856,150 899,758 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 . 12 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 3,084,875 2,937,860 17 Accounts payable and accrued expenses . . . 17 264,337 357,750 18 Grants payable 18 19 Deferred revenue . . 19 49,154 76,150 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 1,457,096 1,176,000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . 25 26 26 Total liabilities. Add lines 17 through 25 1,770,587 1,609,900 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34.

27	7 Unrestricted net assets	553,194	27	398,223
28	3 Temporarily restricted net assets	761,094	28	929,737
29	Permanently restricted net assets		29	
ŀ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
3	Paid-in or capital surplus, or land, building, or equipment fund		31	
3:	Retained earnings, endowment, accumulated income, or other funds.		32	
3	3 Total net assets or fund balances	1,314,288	33	1,327,960
34	Total liabilities and net assets/fund balances	3,084,875	34	2,937,860

Form **990** (2012)

	200 (2012)			raye	
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>	. <u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		9,439,6	645
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,425,9	973
3	Revenue less expenses. Subtract line 2 from line 1	3		13,6	672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,314,2	288
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,327,9	960
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		
				Yes N	lo
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	m 🎉	-17	
	Schedule O.				أوضمت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	/	_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:			3.5	
	Separate basis Consolidated basis Both consolidated and separate basis		1000		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on	a R	3 3	3
	separate basis, consolidated basis, or both:				, 4
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		تَمَنَّقُتِهِ	عَالِيُّةً ـ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account			✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 🎉		j
	Schedule O				3
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?		3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	✓	
			For	m 990 (20	012)

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 charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization Employer identification number Boys and Girls Clubs of Puerto Rico Inc. 66-0327584 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (III) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(m) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in in col (i) listed in your organization in col organization (described on lines 1-9 support governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . 4,435,297 5,213,606 6,430,375 8,240,206 9,439,645 33,759,129 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3. . . . 4,435,297 5,213,606 6,430,375 8,240,206 9,439,645 33,759,129 The portion of total contributions by (other than each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 33,759,129 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 8,240,206 9,439,645 33,759,129 4,435,297 5,213,606 6,430,375 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) . . . Total support. Add lines 7 through 10 11 33,759,129 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage <u>100.</u>00 % Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2011 Schedule A, Part II, line 14 15 15 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\sqrt{}$ b 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\overline{ }$ 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II lf the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Secu	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		_				
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the	-					
7	organization's benefit and either paid						İ
	to or expended on its behalf						
_	•						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
e							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
ı a	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						
_	Add lines 7a and 7b						
С 8	Public support (Subtract line 7c from	344, 128, 25		. star est si	2.5° 3.1° 3.33	19 (- 18	
Ü	line 6)						
Section	on B. Total Support	24.7448 SE 12.88	The Control of the Co	1 . 17 1/2 · 10 Table 1	Herry Level - Limited	/ *J** ** 3/8	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
9	Amounts from line 6	(a) 2000	(b) 2009	(0) 2010	(u) 2011	(6) 2012	- (i) iotai
	Gross income from interest, dividends,				 		
IUa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
_	Unrelated business taxable income (less						-
þ	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b		<u> </u>				
C	Net income from unrelated business						
11	activities not included in line 10b, whether		ŀ				
	or not the business is regularly carried on		·				
40							
12	Other income. Do not include gain or loss from the sale of capital assets	ļ					
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				 		
	and 12)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	o, or fifth tax ve	ear as a se	ection 501(c)(3)
• •	organization, check this box and stop he	_					▶ □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2012 (line			13. column (fl)		15	%
16	Public support percentage from 2011 Sc					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012			y line 13. colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2012. If the organ	nization did not	check the bo	x on line 14, a	nd line 15 is m		
ışa	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organi						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						
				. ,			m 990 or 990-FZ) 2012

Part IV		Page 4
Partiv	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10,	
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	
		
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

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

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, ched	k any of th	e follo	wing that are a s	significant use of its
а	☐ Public exhibition				or exchang			
b	Scholarly research		е	☐ Othe	r			
C	Preservation for future generations							
4	Provide a description of the organization XIII.	tion's collections	s and expl	ain how t	hey further	the org	ganization's exer	npt purpose in Part
5	During the year, did the organization	solicit or receive	e donation	ns of art.	historical tr	reasure	s, or other simil	ar
_	assets to be sold to raise funds rather							
Part	V Escrow and Custodial Arra							
	line 9, or reported an amour							
1a	Is the organization an agent, trustee included on Form 990, Part X?					tions of		
b	If "Yes," explain the arrangement in P							
	_						A	mount
С	Beginning balance					10	;	,
d	Additions during the year					10		
е	Distributions during the year .					16		
f	Ending balance							
2a	Did the organization include an amount if "Yes," and the arrangement in D					provid		☐ Yes ☐ No
Pari	If "Yes," explain the arrangement in P Endowment Funds. Compl							· · ·
T all	Endowment runds. Compr	(a) Current year		or year	(c) Two year			
1a	Beginning of year balance		 '	·			, ,	
b	Contributions	<u> </u>						
C	Net investment earnings, gains, and							
	losses		1					
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							<u> </u>
f	Administrative expenses		-					
g	End of year balance	L	and balan	no /lino 10	n ookumn (n	// hald		
2	Provide the estimated percentage of t			ce (line 1ç	j, column (a	i)) neid	as.	
a b	Board designated or quasi-endowment Permanent endowment ▶		⁷⁰					
C	Temporarily restricted endowment		į					
·	The percentages in lines 2a, 2b, and 2							
За	Are there endowment funds not in th	e possession of	the organ	ization th	at are held	and ac	lmınıstered for tl	ne
	organization by.							Yes No
	(i) unrelated organizations					•		3a(i)
	(ii) related organizations			•				3a(ii)
b	If "Yes" to 3a(II), are the related organ					•		3b
4	Describe in Part XIII the intended use							
Part				Ţ		(2)	Assumulated	(d) Book value
	Description of property		other basis tment)	1	or other basis other)	d	Accumulated lepreciation	(d) BOOK VAIUE
1a	Land			-				
b	Buildings	·	_	 				
c	Leasehold improvements	.		 	579,443		270,990	308,453
d	Equipment			-	2,273,672		1,820,232	453,440 137,865
E Total	Other	must equal Form	990 Part	X colum	318,667 n (R), line 10		180,802	899,758
rotal.	Aud mies la miough le. [Column (d)]	nust equal i offi	550, r art	,, ooium	(2),	-1-7-7		adula D (Form 000) 2012

Part VII	Investments - Other Securities	. See Form 990, Part >	(, line 12.	
(Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
	ıl derivatives			
	held equity interests			
(3) Other		· · -		
(A)				P1
(B) (C)				
(D)			-	
(E)				
(F)				
(G)		-		
(H)			·-	
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	-		1225.11 \$
Part VIII	Investments-Program Related	J. See Form 990, Part		
	(a) Description of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)	*			
(10)				
	(b) must equal Form 990, Part X, col (B) line 13) ▶			SCHALLY WELL VIEW
Part IX	Other Assets. See Form 990, Pa			
	(8	a) Description		(b) Book value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)		***		
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c			
Part X	Other Liabilities. See Form 990,		Proceedings of the second statement of the statement of the second secon	783-8-87 NEEDS
1. (1) Forders	(a) Description of liability I income taxes	(b) Book value		
	I income taxes			KRES CHAN
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		· 	The same of the sa	
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25.) ▶			MARKET AND A STATE OF THE STATE
2. FIN 48 (A	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the	organization's financial statements that re	ports the organization's
liability for u	incertain tax positions under FIN 48 (ASC	740). Check here if the text	of the footnote has been provided in Part	XIII

Pan	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	9,439,64
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	£16.	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	100 mg	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,439,645
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	设施	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,439,645
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
1	Total expenses and losses per audited financial statements	1	9,425,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	9,425,973
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	The state of the s	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,425,973
Part	XIII Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F	art IV, lines	1b and 2b,
Part V	, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide an	y additional
nform	nation.		

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
		•

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	and Girls Clubs of Puerto Rico Inc Fundraising Activities	Complete of the	ho oi		wared "Vee" to F	66-	0327584
Par	Form 990-EZ filers are				vered "Yes" to F	form 990, Part IV,	ine 17.
1	Indicate whether the organization				owing activities. C	heck all that apply	
а	Mail solicitations			_	ion of non-govern		
b	Internet and email solicitation	ons	f [Solicitat	ion of government	t grants	
C	☐ Phone solicitations		g 🗓	Special	fundraising events	3	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
b	or key employees listed in Forn If "Yes," list the ten highest pai compensated at least \$5,000 b	d individuals or	entities (fun		•	-	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of buttons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1]		
2							
3							
4							
5							
6							
7							
8	·-···		<u> </u>				
9							
10							
Total				<u> </u>		,	
3	List all states in which the organization or licensing.	anization is regi	stered or lic	censed to s	solicit contribution	s or has been notifi	ed it is exempt from
		•••••					

Schedule G (Form 990 or 990-EZ) 2012

—		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	Τ
			Golf Tournament	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	100,000			100,000
Œ	2	Less [.] Contributions Gross income (line 1 minus	-		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	line 2)	100,000			100,000
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment .		-	···	
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Comb				100,000
Pa	rt III	Gaming. Complete if the	organization answer			
		than \$15,000 on Form 99	90-EZ, line 6a.			
Ψ				(b) Pull tabs/instant		(d) Total gaming (add
au.			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenu			(a) Bingo		(c) Other gaming	
Revenue	_ 1	Gross revenue	(a) Bingo		(c) Other gaming	
	12	Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenu	2	Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	
	2 3 4	Cash prizes	(a) Bingo Yes% No		(c) Other gaming Yes % No	
	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes%	
	2 3 4 5	Cash prizes	Yes % No	bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No Id lines 2 through 5 in co	bingo/progressive bingo Yes % No Olumn (d)	☐ Yes % ☐ No	col (a) through col (c))
	2 3 4 5 6 7 8 En	Cash prizes	Yes % No Id lines 2 through 5 in coor Combine line 1, colur ganization operates gar perate gaming activities	bingo/progressive bingo Yes % No olumn (d)	☐ Yes % No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in co	bingo/progressive bingo Yes % No olumn (d)	☐ Yes % No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary inter the state(s) in which the ore the organization licensed to or "No," explain.	Yes % No d lines 2 through 5 in coy Combine line 1, colur ganization operates gar perate gaming activities	bingo/progressive bingo Yes % No No olumn (d)	Yes % No	col (a) through col (c)) () Yes No Yes No

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

Schedu	ile G (Form 990 or 990-EZ) 2012	Page 3
11 12	Does the organization operate gaming activities with nonmembers?	
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events book records	s and
	Name ▶	
	Address►	
15a	Does the organization have a contract with a third party from whom the organization receives garevenue?	
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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming process retain the state gaming license?	edsto · ∏Yes∏No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$	ons or
Part	Supplemental Information. Complete this part to provide the explanations required by F columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. All part to provide any additional information (see instructions).	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Boys and Girls Clubs of Puerto Rico, Inc	66-0327584
(1) Page 2, Part III, Line 4d: Other Program Services: \$247,153	
The Organization provides other program services funded through Private Foundations, Local Govern	ment grants and Federated Campaigns
The Organization provided drug prevention and family support programs as well as mentorship program	nms and provides job training and
help youth in obtaining jobs. Through the mentor and leadership program sponsored by OJP, the Organical States of the Company of the Organical States	anization implemented BGCA core
programing: character and leadership development, educational and career development and helath a	nd life skills. OJP program benefited
75 participants from differents clubs. Girls Circle program sponsored by OCAM benefited 50 girls incre	easing their skills to prevent and reduce
risk factors. Through Family Plus Program sponsored by ADFAN, 30 families were impacted providing	direct support to parents and
providing occupational skils. Also programs sponsored through ASSMCA provide prevention mesures	s against the use and abuse of alcohol,
tobacco and other drugs	
(2) Dans S. Dart VI. Spation P. Lyng 11b, Position of Form 990	
(2) Page 6, Part VI, Section B, Line 11b: Revision of Form 990	- :
Once Form 990 is completed, accounting personnel verified that the amounts included in the return ar	
within audited financial statements and accounting records. They also verified that answers provided	to information questions are
answered to the best of their knowledge and belief. Any contributors information is verified for correct	tness Form is verified by the Finance
Committee of the BOD who approves issuance. Finance Department verified that the Form is signed a	nd dated by a responsible official.
(3) Page 6, Part VI, Section B, Line 12c: Conflict of Interest Policy	
The Organization has a Conflict of Interest Policy which is discussed with all employees. Any activity	which could create a conflict or the
appearance of a conflict is strictly prohibited. At hiring moment, employees have to notify if they are u	inder any covenant not to compete
from previous employeers. Equipment and facilities of the Organization can only be used for the bene	fit of the Organization and non related
activities cannot be performed during time compensated by the Organization. To undertake any additi	onal jobs outside the Organization,
approval is needed from Human Resources Department. HR Department follow up and monitors comp	oliance with policy annually through
the annual performance evaluations they performed of all employees.	

Name of the organization	Employer identification number
Boys and Girls Clubs of Puerto Rico Inc.	Employer identification number 66-0327584
(4) Page 6, Part VI, Section B, Lines 15(a) and 15(b): Compensation Determination	`
Compensation plans are evaluated every two years. In establishing compensation, a	benchmark from Boys and Girls Clubs of America
and from Puerto Rico Employment and Human Resources Department is issued. The	se are revised by Finance Department and Human
Resources Department and the responsibilities for each position is measure against	the Orgaization's employment structure. Final
compensation is approved by the BOD.	•
(5) Page 6, Part VI, Section C, Line 19: Documents Availability to Public	
The governing documents, financial statements, and Form 990 are available to the pu	blic for inspection upon request. Once a written
request is made for inspection, coordination is made between the Organization and the	ne requesting party to facilitate the inspection process.
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······	
······	······
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