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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	<u> </u>	For the	2013 cale	endar year, or	tax year beginni	ng	July 1	, 20	013, an	d ending	<u>Ju</u>	ne 30		, 20 14	
	В	Check if	applicable.	C Name of orga	anization Boys and	d Girls Cli	ubs of Puerto F	≀ico Inc.				D En	nployer	identification n	umber
		Address	change	Doing Busine	ess As									66-0327584	
		Name ch	nange	Number and	street (or P.O box if	f mail is not	delivered to stree	t address	i) 1	Room/suit	θ	E Tel	lephone	number	
☐ Initial return P.O. Box 79526									ı	7	87-268-4504				
		Terminat	ed:	City or town,	state or province, co	ountry, and	ZIP or foreign pos	stal code							
		Amende	d return	Carolina PR	00984-9526							G Gr	oss rece	eipts \$ 1	1,615,25
		Applicati	on pending	F Name and ad	dress of principal of	ficer Ed	uardo Carrera				H(a) Is this a	group ret	urn for sub	pordinates? Yes	
		• •		4	26 Carolina PR (00984								ncluded? 🔲 Yes	
	_	Tax-exer	npt status	 ✓ 501(c)(3)			◀ (insert no)	4947(a)(1	1) or [527				st (see instruction	
∏ 07		Website		w.bgcpr.org	·						H(c) Grou	p exem	ption nu	umber ►	
	K	Form of o		✓ Corporation	Trust Asso	ciation	Other ▶		L Year	of formation				legal domicile	PR
-3		art I	Summ												
3					rganization's mi	ission or	most significa	nt activ	uties:	Organiz	ation was	create	d to pr	romote the he	alth.
_ _	ارو				cational, and cha		-								
-	Activities & Governance	ı			developments or			<u> </u>	viild iit.	IOM IIICO	ine commi	iiiiiie 3	s. Club	s are located	
ב	Ë	2			f the organization			rations	or dier	osed o	f more tha	n 250	6 of its	e net accete	
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	4				ess revenue fror					- SSI -		-	7a		
		b	Net unre	lated busines	ss taxable incon	ne from F	orm aan 11 Clu	<u>ye 34 / [</u>	L.F.	<u> 1일</u> :-			7b		
										RS -	Prior Y	ear		Current Y	ear
	ě			-	ants (Part VIII, Iir		OGD		LIT	7		9,439,	,645	1	1,615,25
	enr	9	_		nue (Part VIII, Iir								_		
	Revenue	10			Part VIII, column										
	۳,				III, column (A), I					L					
		12	Total rev	enue—add lin	nes 8 through 11	(must ec	qual Part VIII, c	olumn ((A), line	12)		9,439,	,645	1	1,615,25
		13	Grants a	nd similar am	nounts paid (Par	t IX, colu	ımn (A), lines 1	-3) .		[_					
		14	Benefits	paid to or for	r members (Part	t IX, colur	mn (A), line 4)			[
	g,	15	Salaries,	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)									366		7,925,70
	Expenses	16a	Profession	onal fundraisi	ing fees (Part IX	, column	(A), line 11e)			Г			0		
	g	ь	Total fun	idraising expe	enses (Part IX, c	olumn (D	0), line 25) >								
	ũ				IX, column (A),			e) .				3,056	.607		3,668,20
		18		•	lines 13-17 (mu			•	ne 25)	. [9,425,			1,593,91
	- 1	19			es. Subtract line	-				🗀			,672		21,34
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	sets or alances	20	Total ass	sets (Part X, li	ine 16)							2,937,	860		3,040,15
	Ass	21		oilities (Part X	•							1,609,			1,690,84
	Net Ass Fund Ba	22			lances. Subtrac	t line 21	from line 20	• •	•	`		1,327,			1,349,30
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	May	y the IF	RS discus	s this return v	with the prepare	er shown	above? (see i	nstructi	ons)	<u></u> .	<u> </u>	<u> </u>	<u> </u>		s 🗌 No
	For	Paperv	vork Redu	ction Act Not	ice, see the sepa	arate instr	ructions.			Cat No	. 11282Y			Form	990 (2013





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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Organization was created to promote 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.
	Tow meeting communities, orders are receited within passic nousing developments or necessing 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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
J	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.
4a	(Code:) (Expenses \$ 2,376,509 including grants of \$ 2,458,005) (Revenue \$ 81,496)
-1-4	PUERTO RICO PUBLIC HOUSING ADMINISTRATION (PROJECT LEARN PROGRAM):
	Project Learn is a comprehensive program that impacted 3,596 bona fide residents from different housing projects within the ages
	6 through 18, and 1,124 adults through its Family Support program. Participants took part in activities in a fun and secure
	environment to develop their full potential as productive individuals. Programs supported included Power Learning (876 participants);
	Drug Prevention (397 participants); Leadership Program (337 participants); Performing Arts (641 participants); Sports and Recreation
	(1,345 participants); and Family Support (1,124 participants). All participants were exposed to educational forums, prevention
	programs, family support and community development programs and sports and recreation programs. For fiscal year 2013-2014, 100% of programmatic goals presented to PRPHA were accomplished. Major program results were as follows: 95% of bonafide
	participants approved and pass grade; 97% of participants graduated from high school, and 95% of those will pursue college
	education. In the drug prevention area, 80% of participants abstained of drinking, and 94% abstained to use tobacco, marihuana and
	other drugs.
4b	(Code:) (Expenses \$ 4,451,470 including grants of \$ 4,430,954) (Revenue \$ -20,516)
	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 2013-2014, 2,394 participants between the ages 6 and 18, and 365 parents benefited from the program. At least 99% of
	participants attended services for 30 days or more. Program results statistics were as follow:
	* Approximately 70% of participants from first to third grade improve their reading skills
	* Approximately 56% of participants increase their spanish grade by .25 grading points
	* Approximately 94% of participants pass grade
	* All participants took part in sport and recreational activities as well as art programs and educational activities * Parents of participants took part of educational forums and employment opportunities forums, family time management, and
	healthy lifestyles
4c	(Code:) (Expenses \$ 152,043 including grants of \$ 142,834) (Revenue \$ -9209)
	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (PR SPF-SIG/9)- MEDIA DETECTIVE: Program objective is to provide prevention measures against the sale and consumption abuse of alcohol in minors. During fiscal
	year 2013-2014, the following goals were accomplished:
	* The Health and Community Prevention Coalition of Aguas Buenas coordinated 12 meetings with participants
	* Three (3) newspaper articles were published in regional papers to target the community
	* The individual strategy of Massive Consumption Media Detectives was implemented. Twenty four (24) participants out of thirty (30)
	completed the program.
4d	
	(Expenses \$ 179,740 including grants of \$ 699,371) (Revenue \$ 519,631)
46	_Total program service expenses ▶

Part I	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	/	├
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	-		Ť
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
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? <i>If "Yes," complete Schedule H </i>	20a	 	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Dord				
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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		1
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	L

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		163	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 403			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1 _ 1	~	
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		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
þ	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ĺ	1
ь	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		√
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 and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		
9	organization, have excess business holdings at any time during the year?	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11_	Section 501(c)(12) organizations. Enter:		i	
a b	Gross income from members or shareholders	1 1		
_	against amounts due or received from them.)			
2a	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		ļ	
_	100			
c i4a	Enter the amount of reserves on hand	140		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		√

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
<u> </u>	on a decoming body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	· •
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		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 7a		√ √ √
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:			
а b 9	The governing body?	8a 8b	1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	2 2 1	✓_
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		√
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	Ť	
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
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 15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	,	, ✓ ,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(c)(3)s	only)
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 int financial statements available to the public during the tax year.		•	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Nr. Mario Medica. P.O. Rev. 78526. Carolina P.D. 20084	of the)	

	·				
Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees, High	est Compensated E	mployees, and
	Independent Contractors				

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles er and	Pos heck ss pe d a d	c) sition more erson tirect	e than one the thick the t	one n an tee)	an Reportable e) compensation	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Eduardo Carrera										
Executive Director	40	<u> </u>		✓	✓	1		139,246	0	0
(2) Carlos Perez										
Shared Services Director	40		L		<			71,048	0	0
(3) Mario Medina]			1		İ			
Finance Director	40		_		✓		_	77,864	0	0
(4) Michelle Carrera	ļ				١.					
Operations Director	40	<u> </u>			1			59,605	0	0
(5) Niulka Quiñones					١.		ĺ			
Strategy and Learning Leader	40		_	<u> </u>	✓	<u> </u>	<u> </u>	71,495	0	0
(6) Gloriann Antonetty							Ì			
Communications and Marketing	40	<u> </u>	_	_	✓	<u> </u>	_	71,670	0	0
(7)	-	{								
(8)				-			_			
(9)			-		\vdash		 			
(10)			 -		-		 			
(11)										
(12)					-	-	-			
(13)					-		-			'
(14)				-		-				

	· · · · · · · · · · · · · · · · · · ·													
Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (<u>'continu</u>	ıed)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition	than e	ane	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportab			mated	
		hours per	office	er and	dad	lirect	or/trus	tee)	compensation	compensation from related			ount of	ı
		week (list any hours for	익方	'n	Q	Ę.	en H	Fo	from the	related organizatio			ther ensati	on
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	5등	Former	organization	(W-2/1099-N			m the	011
		organizations	cta	ntior	٦	팔	st c	Ψ.	(W-2/1099-MISC)	`	<u> </u>		nızatıo	
		below dotted line)	1 2	nal t		မွ မ	<u></u>				l		related nization	
		inie,	ste	rus		Õ	ĕ				1	Ulgai	iizatioi	15
		1	"	ee			Highest compensated employee			ŀ	1			
74.53					-	-	<u></u>							
(15)		ļ								ł				
					_									
(16)														
		ļ.						ŀ						
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(20)		<u> </u>							1					
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(02)				\vdash		_			 		\longrightarrow			
(23)														
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(24)		 								ł				
				_	L									
(25)		<u> </u>									- 1			
								l			-			
1b	Sub-total							>	490,928					
С	Total from continuation sheets to Part	VII. Sectio	пA					▶	0					
d	Total (add lines 1b and 1c)				-		•	•	490.928					
	Total number of individuals (including but						<u> </u>	٠٠. د			00.000	\ _f		
_	reportable compensation from the organi		i to tri	iose	IISI	ea	above	e) W	no received me	ore than \$1	00,000	0 01		
	reportable compensation from the organi	Zation											1	T
•	Did it											. —	Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated	i	_	
	employee on line 1a? If "Yes," complete s								· · · · ·			3		✓
4	For any individual listed on line 1a, is the	sum of rep	portal	ole d	соп	nper	nsatio	n a	nd other comp	ensation fr	om the	•		
	organization and related organizations													
	individual											4		1
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	tion	froi	n anı	ıın	related organiz	ration or inc	dividua	, ├──		 '
•	for services rendered to the organization	? If "Yes." c	omol	ete.	Sch	nedi	ıle J f	or s	-			5		/
Section	on B. Independent Contractors	,								· · · ·			Щ_	
									 		<u> </u>			
1	Complete this table for your five highest	compensate	ed inc	gepe	end	ent	contr	acto	ors that receive	ed more tha	ın \$100	0,000 of		
	compensation from the organization. Rep	ort compe	nsatio	on to	or th	ne c	alend	ar y	ear ending wit	h or within	the org	ganizatio	n's tכ	ax
	year.													_
	(A)								(B)			(C)		
	Name and business add	ress							Description of se	ervices	1	Compens	ation	
Divers	Ified Nonprofit Services LLC							Ca	nsulting Service	<u> </u>				20 204
	mod Honprone del Hoes ELD							CU	insularity Service	35				<u>36,364</u>
								\vdash						
								<u> </u>						
								 						
								<u> </u>						
2	Total number of independent contractor							th	ose listed abo	ove) who	1			
	received more than \$100,000 of compens	sation from	the o	rgan	niza	tion	•		0					

Pari	VIII	Statement of Revenue			~		
 		Check if Schedule O contains a resp	oonse or note to	Any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints	1a	Federated campaigns 1a	109,258	·	101011110		3,2,3,1
Gra 10t	b	Membership dues 1b	68,217				ļ
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	78,809				
	d	Related organizations 1d					
	e f	Government grants (contributions) All other contributions, gifts, grants,	9,780,328				
		and similar amounts not included above 1f	1,578,643				
들입	g	Noncash contributions included in lines 1a-1f: \$,			
Co	h	Total. Add lines 1a-1f	🕨	11,615,255			
ue			Business Code				
le J	2a			•	1		-
Re	ь					<u> </u>	
<u>.</u>	С						
eΣ	d						
E	е					 	
Program Service Revenue	f	All other program service revenue.		· · · · · ·		<u> </u>	
ē.	g	Total. Add lines 2a–2f				<u> </u>	
	3	Investment income (including divide				<u> </u>	
		and other similar amounts)					
	4	Income from investment of tax-exempt bo	L				
	5	Royalties	· .			 	
		(i) Real	(II) Personal				
	6-	- ''				1	
	6a	Gross rents					
	b	Less: rental expenses					
	C .	Rental income or (loss)					
	_d	Net rental income or (loss) Gross amount from sales of (i) Securities				 	
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	_	· · · · · · · · · · · · · · · · · · ·					
i	d	Gain or (loss)	<u>.</u> >				
nue	8a	Gross income from fundraising					
ě		events (not including \$					
Re		of contributions reported on line 1c).					
9		See Part IV, line 18 a		1			
Other Reve	ь	Less: direct expenses b		ļ			
١	С	Net income or (loss) from fundraising	events . ►				* *
		Gross income from gaming activities.					
- 1	<u> </u> 	See Part IV, line 19 a	ļ				
i	b	Less: direct expenses b					
		Net income or (loss) from gaming activ	/ities ▶				† •
- 1		Gross sales of inventory, less					
		returns and allowances a				}	
	ь	Less: cost of goods sold b					
ļ		Net income or (loss) from sales of inve	ntory >	· ·	-	-	-
ł		Miscellaneous Revenue	Business Code			 	
ł	11a					-	
Į	b					 	
•						 	
	C	All all an arrangement					
	d	All other revenue					
	e	Total. Add lines 11a-11d					ļ
- 1	12	Total revenue. See instructions	▶	11.615.255		1	I

24

а

b

С

е

25

26

Rent Expense

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.)

Contracted Services

All other expenses Miscellaneous Expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Cultural and Recreational Expenses

d Educational Supplies

	90 (2013)				Page 10
	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	·			
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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 Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,837,225	5,603,339	1,119,947	113,939
9	Other employee benefits				
10	Payroll taxes	1,088,479	894,887	177,716	15,876
11	Fees for services (non-employees):				
а	Management				
b	Legal	30,747		30,747	
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	490,956	135,857	333,903	21,196
12	Advertising and promotion	40,900	22,798	17,802	300
13	Office expenses	506,352	374,296	130,083	1,973
14	Information technology	50,309	11,507	38,802	
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	81,882	39,210	40,714	1,958
19	Conferences, conventions, and meetings .	64,363	37,844	25,691	828
20	Interest	105,133		105,133	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	431,394	289,136	142,258	
23	Insurance	61,634	-2,724	64,358	

599,404

89,698

830,804

93,659

190,971

11,593,210

572,900

71,524

783,440

91,986

130,812

9,056,812

16,502

14,823

47,364

1,673

58,755

2,366,271

10,002

3,351

1,404

170,827

Form 990 (2013) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 1 259,371 513,228 2 Savings and temporary cash investments 2 3 3 1,733,172 1,565,054 4 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 ß 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . 9 45,559 9 47.775 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 2,703,419 899,758 10c 914,097 Investments—publicly traded securities 11 11 12 Investments—other securities, See Part IV, line 11 12 13 Investments—program-related, See Part IV, line 11...... 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,937,860 3,040,154 17 17 357,750 389,560 18 18 Deferred revenue 19 19 76,150 60,289 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 1,176,000 1,241,000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . _ 26 26 1,609,900 1,690,849 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 398,223 (278, 287)

28

29

30

31

32

33

complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

3,040,154 Form 990 (2013)

1,349,305

1,627,592

28

29

30

31

32

33

34

929,737

<u>1,327,960</u>

2,937,860

_	4	
Page	- 1	4

					<u> </u>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,61	5,255
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,59	3,910
3	Revenue less expenses. Subtract line 2 from line 1	3		2	1,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,32	27,9 <u>60</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
		10		1,34	19,305
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain in			
	Schedule O.				,
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 compi	led or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		, <u>.</u> .		
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account			,	
	· · · · · · · · · · · · · · · · · · ·		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	iain in			
•		oeth ic			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	חו ווו ווו			
	· · · · · · · · · · · · · · · · · · ·	no the	3a	✓	<u> </u>
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 au-		3b		
	required addit of addits, explain wity in ochedule o and describe any steps taken to undergo such ad	uito.		- 000	(2013)
			Forr	แฮฮน	12013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						E	Employer ic	dentificatio	n number
	and Girls Clubs Pu	erto Rico Inc.						66-0327584		
Par			rity Status (All orga						nstruction	ons.
1 2 3 4	A church, condition A school descord A hospital or a A medical rese	vention of church ribed in section a cooperative hos earch organization	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attack spital service organization operated in conjunc	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170(70(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Enter the
_	•	ne, city, and state						h		
5	section 170(b)(1)(A)(iv). (Com		_					vernmen	tai unit described in
6 7										
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that I to its exempt funct nt income and unrel fter June 30, 1975. Se	an 33 ¹ / ₃ % ions—sul lated bus	of its subject to desiness tax	upport fro certain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	e than 331/3% of its
10 11	An organization	on organized arone or more pub	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th	e benefit described	t of, to p	perform to on 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). See section
e	other than fou or section 509	indation manage (a)(2),	II c Type III that the organization rs and other than one written determination	is not co e or more	ntrolled d	lirectly or supporte	indirectled organi	y by one izations o	or more described	in section 509(a)(1)
	organization, o	check this box .	ne organization accep							· · · · · □
g	following pers		ie organization accep	oted any	giit or ct	Jimbano	ii iioiii a	ily Of the	7	
			ndirectly controls, eithody of the supported o							
h	(ii) A family m (iii) A 35% cor	ember of a persontrolled entity of	on described in (i) abo a person described in on about the supporte	ove? ı (i) or (ıı) a	 above? .					11g(ii)
(i)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ	ou notify sization in of your port?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) Amount of monetary support
			(ccca.a.a.a),	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)							_			
(E)										

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,213,606	6,430,375	8,240,206	9,439,645	11,615,255	40,939,087
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	5,213,606	6,430,375	8,240,206	9,439,645	11,615,255	40,939,087
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						40,939,087
	on B. Total Support						40,333,007
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	5,213,606	6,430,375	8,240,206	9,439,645	11,615,255	40,939,087
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 IV.)						
11	Total support. Add lines 7 through 10	(see instruction				40	40,939,087
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	p 501(a)(3)
10	organization, check this box and stop her	-			•		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6			1, column (f))		14	100 %
15	Public support percentage from 2012 Sch	nedule A, Part I	l, line 14			15	100 %
16a	331/3% support test—2013. If the organize	zation did not d	check the box	on line 13, and	l line 14 is 331,		
	box and stop here. The organization qual						
	331/3% support test—2012. If the organ check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	anization .		. 🕨 🗸
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che	eck this box an ation qualifies	id stop here. E as a publicly si	xplain in
b		ion meets the eets the "facts	"facts-and-ci -and-circumst	rcumstances" ances" test. T	test, check the organization	is box and st on qualifies as a	and line op here. publicly . ▶ □
18	Private foundation. If the organization dinstructions						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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")		ļ		E.				
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	ļ							
C	Add lines 7a and 7b		 	<u> </u>					
8	Public support (Subtract line 7c from line 6.)		1						
Socti	on B. Total Support	<u> </u>	L	L	<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2009	[/b) 2010	(c) 2011	/d\ 2012	(-) 2012	(f) Total		
Galeii 9	Amounts from line 6	(a) 2009	(b) 2010	(6) 2011	(d) 2012	(e) 2013	(i) Total		
10a	Gross income from interest, dividends,	<u> </u>			1				
IVa	payments received on securities loans, rents,								
	royalties and income from similar sources .								
ь	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on								
12	Other income. Do not include gain or			··········					
	loss from the sale of capital assets		1						
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	L							
14	First five years. If the Form 990 is for the				•		, , , ,		
 1	organization, check this box and stop he			· · · · ·			<u>· · ▶ </u> [_		
	on C. Computation of Public Suppor			0 1 (0)		T 4= T			
15 16	Public support percentage for 2013 (line a Public support percentage from 2012 Sch						<u>%</u>		
16 Section	on D. Computation of Investment In				<u> </u>	16	%		
17	Investment income percentage for 2013 (v line 12 colum	mp (fl)	17	0/		
18	Investment income percentage for 2013 (18	<u>%</u> %		
19a	331/3% support tests—2013. If the organ								
·va	17 is not more than 331/3%, check this box								
b	33 ¹ /s% support tests—2012. If the organiz								
D	line 18 is not more than 331/3%, check this								
20	Private foundation. If the organization di								
<u></u> -				, , , , , , , , ,					

_	Form 990 or 990-EZ) 2013 Pa	ige 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	nd ——
	·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	and Girls Clubs of Puerto Rico Inc.	66-0327584
Pai		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	ò.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal con	trol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gi	rant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	· · · · · · 🗌 Yes 🗌 No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	7.
1	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
		of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	
•	historic structure listed in the National Register	I !
3	Number of conservation easements modified, transferred, released, extinguished, or to	
·	tax year ►	orminated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, in	penection handling of
·	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
· ·	Stail and volunteer flours devoted to monitoring, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	coments during the year
•	Amount of expenses incurred in monitoring, inspecting, and emorcing conservation early \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of coation 170/b\(4\(P\
0	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
_		· · · · · · · · · Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its reven- balance sheet, and include, if applicable, the text of the footnote to the organization's	
	organization's accounting for conservation easements.	iniancial statements that describes the
Dar	till Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets
гаі	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	or Other Similar Assets.
4-		
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in works of art, historical treasures, or other similar assets held for public exhibition,	
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	
L		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, public service, provide the following amounts relating to these items:	education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · > \$
_	(ii) Assets included in Form 990, Part X	· · · . ▶ \$
2	If the organization received or held works of art, historical treasures, or other simil	ar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follov	wing that are a	significat	nt use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams			
þ	☐ Scholarly research		е	☐ Other	r					
C	☐ Preservation for future generations									
4	Provide a description of the organization.	tion's collections :	and expla	ain how t	hey further	the org	ganization's ex	empt purp	ose i	n Par
5	During the year, did the organization									
	assets to be sold to raise funds rather		ained as i	part of the	e organizat	ion's co	ollection? .	· 🔲 🗅	es [☐ No
	Complete if the organization 990, Part X, line 21.	answered "Yes							n For	m
1a	Is the organization an agent, trustee									
	included on Form 990, Part X?					• •		· 🗀 ነ	es [_l No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:			Amount		
•	Reginning balance					10		Amount		
c d	Beginning balance					10				
e	Distributions during the year					1e				
f	Ending balance					11				
2a	Did the organization include an amount							. 🗆	es [¬ No
	If "Yes," explain the arrangement in P									
Par										
	Complete if the organization	answered "Yes	" to For	n 990, F	art IV, line	10.				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
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 t			e (line 1g	j, column (a	ı)) held	as:			
а	Board designated or quasi-endowment	nt ▶	%							
b	Permanent endowment >									
С	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held	and ad	ministered for	the	r -	Т
	organization by:							[- 40]		No
	(i) unrelated organizations							. 3a(i	_	ļ
	(ii) related organizations		• • •			• •		. 3a(ii	<u> </u>	ļ
ь 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIII the intended uses					• •		. <u>3b</u>	<u> </u>	<u>. </u>
Part			on s ende	winenti	ulius.					
ı arı	Complete if the organization		" to For	n aan p	Part IV line	11a (See Form 990) Part Y	line 1	0
	Description of property	(a) Cost or of			or other basis		Accumulated		ok valu	
	2000 pion di piopolity	(investm			ther)		epreciation	(4) 50	UN VAIU	J
1a	Land	. -								
b	Buildings									
C	Leasehold improvements				553,587	-	376,654		17	6,933
d	Equipment				2,663,801		2,089,592			4,209
е	Other				400,128		237,173			2,955
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	K, columr)(c).)	•			4,097

Part VII	Investments—Other Securities Complete if the organization ans		m 990.	Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		1.	Book value	(c) Met	hod of valuation: l-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)	•••••					
(E)				_		
(F)						<u> </u>
(G)						
(H)			<u> </u>			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments—Program Related Complete if the organization ans		m 990,	Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b)	Book value		thod of valuation I-of-year market value
(1)						
(2)			ļ			
_(3)			ļ			
_(4)			ļ			
_(5)						
(6)			ļ			
<u>(7)</u>			ļ			
(8)						
(9)	(1)		ļ <u></u>			
	(b) must equal Form 990, Part X, col. (B) line 13)		<u> </u>			
Part IX	Other Assets.		000	Dark N./ Han	111 0 5	000 Dark V San 45
	Complete if the organization ans	a) Description	m 990,	Part IV, line	i i i d. See Form	(b) Book value
(4)		a) Description				(b) BOOK Value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
Total (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			.	
Part X	Other Liabilities.	011 (2) 11110 1019				
Turcx	Complete if the organization ans	wered "Ves" to For	m aan	Part IV line	11e or 11f Sec	Form 990 Part Y
	line 25.					
(1) Federal in	(a) Description of liability	(b) Book value				
	TOTAL TAKES	 				
(3)						
	· · · · · · · · · · · · · · · · · · ·					
(4)						
(5)						
(6)						
(7)						
(8)		ļ				
(9) T-1-1-(0-1	(1)					
	(b) must equal Form 990, Part X, col. (B) line 25) ▶]				
2. Liability for	r uncertain tax positions. In Part XIII, prov	iae tne text of the footr	note to th	ne organization	rs financial stateme	ents that reports the

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

Par		teturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	11 010 000
1			<u>11,615,255</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,615,255
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,615,255
Part		r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,593,910
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
ь	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	11,593,910
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	į	
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	<u>11,593,910</u>
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		

Schedule D (For		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.

2013
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

v/form990. Inspectio

	or the organization					Employer Identific	cation number
Boys	and Girls Clubs of Puerto Rico Inc.						0327584
Par	Fundraising Activities. Form 990-EZ filers are n	•	_		vered "Yes" to Fori	m 990, Part IV, I	line 17.
1	Indicate whether the organization				owing activities. Chec	ck all that apply	
· a	☐ Mail solicitations	m raicea ranae			on of non-governme		
	=				•	•	
b	Internet and email solicitatio	ns			on of government gr	ants	
С	Phone solicitations		gĿ	Special f	undraising events		
d	In-person solicitations						
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	dual (including office	rs, directors, trus	tees
	or key employees listed in Form	990, Part VII) o	r entity in co	onnection v	vith professional fund	draising services	? ☐ Yes ☐ No
ь	If "Yes," list the ten highest paid	l individuals or	entities (fun	draisers) ni	irsuant to agreemen	ts under which th	
_	compensated at least \$5,000 by			a.a.bo.b, p.	arouant to agreemen		io ranaraion io to bo
	50pobattoa at 15a5t \$0,000 D	and organization					
	·	· ·					,
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(II) Activity		r control of outlons?		fundraiser listed in	(or retained by)
	• • • •		Continu	duons		col (ı)	organization
			Yes	No			
1					1		
•			1	İ			
2				 			-
2							
3							
			<u> </u>				
4							
			-				
5			<u> </u>				
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7							
8							
			l				
9							
			1				
10				<u> </u>			
			1	<u> </u>			
							i
otal	List all states in which the orga	<u> </u>		<u> ▶ </u>	<u> </u>		<u></u>
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contributions o	r has been notific	ed it is exempt from
	registration or licensing.						
				••			
			·				

If "Yes," explain:

	edule G	(Form 990 or 990-EZ) 2013 Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
		gross receipts greater tha	(a) Event #1 YOY Activity (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1	Gross receipts	18,728			18,728
	2	Less: Contributions Gross income (line 1 minus line 2)	18,728			10.720
	4	Cash prizes	10,720			18,728
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra				0 18,728
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	e organization answer	red "Yes" to Form 99	00, Part IV, line 19, or re	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Be Be	1_	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes		 		
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No ~	,
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	a İst	ter the state(s) in which the or the organization licensed to op 'No," explain:	perate gaming activities	in each of these states	3?	🔲 Yes 🗌 No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		le G (Form 990 or 990-EZ) 2013 Page
a The organization's facility		
b An outside facility	13	Indicate the percentage of gaming activity operated in:
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?	а	
records: Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b	
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶
revenue?		Address ►
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party. Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party. Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □Employee □Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	С	amount of gaming revenue retained by the third party ► \$
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any		Name ▶
Garning manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any		Address►
Garning manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	16	Gaming manager information:
Director/officer		Name ▶
Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation ▶ \$
 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Line 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any 		Description of services provided ►
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Director/officer ☐ Employee ☐ Independent contractor
 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any 		Is the organization required under state law to make charitable distributions from the gaming proceeds to
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any

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.

2013

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

w.irs.gov/form990. Inspection

Employer identification number

Name of the organization	Employer identification number			
Boys and Girls Clubs of Puerto Rico Inc.	66-0327584			
(1) Page 2, Part III, Line 4d: Other Program Services: \$179,740				
The Organization provides other program services funded through Private Foundations, Local Government grants and Federal Campaigns.				
The Organization provides drug prevention and family support programs as well as mentoring, job training and help youth in obtaining				
jobs.				
* Through the mentor and leadership program sponsored by OJP, the Organization implemented BGC	A core programming: character and			
leadership development, educational and career development, and health and life skills. OJP program benefited 42 participants from different				
clubs; being able to follow up on each of them individually, and all of them accomplishing program objectives.				
* Girls Circle program sponsored by OCAM, is design to increase participants skills to prevent and reduce risk factors. The program benefited				
58 girls, all of them showing improvement in goals such as school assistance, family relationships, no	t planned pregnancies, violence and			
aggression, and antisocial conduct. 100% of participants expressed satisfaction with program and app	proximately 78% increase their			
knowledge on the areas covered of the program.				
* Family Plus Program sponsored by ADFAN is design to strenghtened family circle, provide occupation	onal maturity and support parents and			
tutors. The program benefited 32 families; and all of them completed the workshops prepared and incompleted the workshops prepared and incomplete	reased their knowledge of matters			
discussed.				
* Smart Moves Program (TANF) sponsored by ADSEF is design to provide prevention services through	1 the Smart Moves module. The			
program benefited 628 participants and 170 parents. A Family Strengthening Conference was realized and a Youth Prevention Conference.				
Program includes education of alcohol, tobacco and other drugs effects, pregnancy and sexually transmitted diseases prevention,				
responsible parenthood and positive social habits.	·			
(2) Page 6, Part VI, Section B, Line 11b: Revision of Form 990				
Once Form 990 is completed, finance personnel verified that the amounts included in the return are in	agreement with amounts included			
within audited financial statements and accounting records. They also verified that answers provided	to information questions are answered			
to the best of their knowledge and belief. Any contributors information is verified for correctness. Form	n is verified by the Finance Committee			
of the BOD who approves issuance. Finance Department verified that the Form is signed and dated by	a responsible official.			

Schedule O (Form 990 or 990-EZ) (2013)	Page 2			
Name of the organization	Employer identification number			
Boys and Girls Clubs of Puerto Rico Inc.	66-0327584			
(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	th could create a conflict or the			
appearance of a conflict is strictly prohibited. At hiring moment, employees have to notify if they are unde	r any covenant not to compete			
from prior employers. Equipment and facilities of the Organization can only be used for the benefit of the	Organization and non-related			
activities cannot be performed during time compensated by the Organization. To undertake any additional	jobs outside the Organization,			
approval is needed from Human Resources Department. HR Department follow up and monitors compliance with policy annually through				
the annual performance evaluations they performed of all employees.				
(4) Page 6, Part VI, Section B, Line 15(a) and 15(b): Compensation Determination				
Compensation plans are evaluated every two years. In establishing compensation, a benchmark from Boy	s and Girls Clubs of America			
and from Puerto Rico Employment and Human Resources Department is issued. These are revised by Fin	ance Department and Human			
Resources Department and the responsibilities for each position is measured against the Organization's e	mployment structure, Final			
compensation is approved by the BOD.				
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(5) Page 6, Part VI, Section C, Line 19: Documents Avalılabilıty to Public				
The governing documents, financial statements, and Form 990 are available to the public for inspection up	oon request. Once a written			
request is made for inspection, coordination is made between the Organization and the requesting party to	o facilitate the inspection process.			
