

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990**

#### **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Segvice

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

Α	For t	he 20'09 c	alendar	r year, or tax yea	ar beginning		,	, 2009, aı	nd ending	<u> </u>		, 20 09	
В	Check ıf	applicable	Please		zation PUER	TO RICO LI	EGAL SE	RVICES	, INC.		D Emp	loyer identification	number
_		s change	use IRS label or		As						66	02653	91
		change	print or		et (or PO box if ma	al is not delivere	d to street ad	dress)	Room/suit	е	E Telep	ohone number	
	Initial re		type See	P.O.BOX 913	4						( 787	728-86	86
	Termin		Specific Instruc-		tate or country, a	and ZIP + 4							
		ed return	tions	SAN JUAN, I	P.R. 00908-9	134					G Gross	receipts \$ 21,2	288,301
		ion pending	F Na	me and address of	principal officer	CHARLE	S S. HEY	MAEST	RE	H/a) is the	s a nroun rei	urn for affiliates? Yes	s 🗸 No
	пррпоат	ion ponding	РВМ	114 HC-01 BO	X 29030 CAC	UAS, P.R.	00725-89	00		1		s included? Yes	
$\overline{}$	Tax-ex	kempt status		501(c) ( )◀ (inse		47(a)(1) or	527					a list (see instruct	
J	Webs	site: ▶ wi	ww.ser	vicioslegales.	orq					H(c) Group	exemption i	number ►	
_				poration Trust		Other >	_	L Year	of formatio			of legal domicile F	PR
_	art I	Summ						,					
	1	Briefly de	accribe	the organization	on'e miesion	or most sig	nificant a	ictivities:	Provid	e legal se	rvices	in non-criminal	Ī
	'	proceed	dinas a	or matters to o	ualifying fina	incially dis	abled pro	oram p	articipar	its who ca	n not a	fford private le	gal
õ		assistar			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-5					H
nan												,	
Ver	١,	Observations		f the organiza	tion discontinue	d ite operation	e or dienoe	d of more	than 25%	of its not ass			
Ĝ	1			ng members of					111011 2070	or its rict ass	3	1	25
•ජ ග	3			~	_				 Lina 1h		4	<del> </del>	25
Activities & Governance	4			ependent voting	•	_	ning body	(Pail V	i, iiie ib		5	+	314
Ę				f employees (P						•	. 6	1	
⋖				f volunteers (es				 C\ long f			7a		~
	/a	Not upro	iss unr	elated business business taxable	- maama Tran	2 5222000	) T. しゅんつ	U), nne i Vista	12		7b		
_	<del>                                     </del>	ivet uine	ialeu o	Jusiness taxabi	3 ILICOLLIC PROP	INABO, P	SOISTAN	N. CE	· ·	Prior Y		Current Ye	ear
Revenue		0 4 - 1		/Davi		-U, j	R 009	CE .			311,940	<del></del>	277,090
	8	Contribu	tions a	ind grants (Part	VIII, line In			, ci	· ·		011,040	,	,000
	9			e revenue (Part			'0;1 <u>0</u> ;; ·		- · · ⊢		44,345	;	11,211
æ	10 Investment income (Part VIII, column (A), lines-				nes 3, 4, ar	10 /0) .		•  -		77,070	<u></u>	11,2	
	11	Total reve	venue (	add lines 8 throu	in (A), iiiles e	mal Part	Unicolumn	id i i e) n (A) line	121	19	356,285	21.2	288,301
	-								12,		000,200		.00,00.
				ilar amounts pa					· ·			1	
S				or for membe			\ lines 5	10)	14,790,40		16,483,1		
Expenses	1			ompensation, er				), intes 5	-10) <del> </del>	14,730,41		10,400,14	
×pe	1			ndraising fees (F									
ш			-	g expenses (Par				• • • • • • • • • • • • • • • • • • •			123,876		84,026
				s (Part IX, colur					<u>.</u> , .  -		914,284	<del></del>	67,175
				Add lines 13- penses Subtrac			column (A	4), line 2	<sup>(5)</sup> .		57,997		78,874)
or	19	nevenue	1622 67	penses Subtrac	A line to iton	1 11116 12 .		· · · · · · ·	B	eginning of C		<del></del>	
anc.		<b>-</b>							-	<u> </u>	988,571		40,190
Assets d Batand	20		•	art X, line 16).							694,964	<del></del>	25,457
Net /	21			(Part X, line 26) und balances. S					· ·		293,607		14,733
10.00%					Subtract line	21 110111 1111	<u> </u>	<del> ,</del>		<u></u>	233,001		17,155
	irt II			Block	ball bays avans	had this return	uncluding s	ccompany	una schedu	les and state	ments and	d to the best of my l	knowledge
		and belie										preparer has any kr	
e:-			/ [	861/. (LBO)	A-1-					1 .	Tune	4, 2010	
Sig		Sign	ature of	niticer /	<del>U]</del> —					Dat			
He	re	1, 19	arle	es S.Hey	Maestre	Esq.	Exec	utiv	e Dir				
		Type	or print	name and title								Maria: 1	
_		Турс	) print	Tighte and the				Date	Che	ck if	Preparer's	s identifying number	
		Preparer' signature		10 0	0/			1	self-		(see instri		
Paic	1	Signature	. 7	flat Con	7			1/28	//o  <sup>emp</sup>	ноуес 🚩 🕊			i
Pre	parer's	Firm's na	ame la	yours \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cardana	Co BCC		· ′		EIN	F 66	056745	1
Use	Only	if self-em	iployed),	<b>3</b> 2030 L	Cardona &		D 00044	<u> </u>		EIN	► 66		
N45		address,		+4 / P.O. B	ox 194806, S				201	Truone n	o ► ≀ 78	37 → 793-53 ✓ Yes	
1//12		THE CHARGE	IIII	¬ · · · · · · · · · · · · · · · · · · ·	e oregies si	HILLYVIS PRINTER		outsides:	LO I			14 ( 155	1 1 1 1 1 1 1 1

2 NE G 17

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  Provide legal assitance in civil and administrativel proceedings or matters, as allowed by the program federal regulations, to qualifying financially disadvantaged clients who can not afford private legal assistance.
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 17,665,774 including grants of \$ 13,445,438) (Revenue \$ )
	Legal assitance as provided to financially disabled participants in some areas considered as priorities such as: family law, domestic violence, employment, special education, health, housing law, juveniles, consumers rights, environmental law, migrants farmworkers and community development.
4b	(Code:) (Expenses \$ 1,965,275 including grants of \$ 1,965,275 ) (Revenue \$)  The Legal Services Corporation requires that Puerto Rico Legal Services, Inc. (PRLS) designate a minimum of 12.50% of its annual funding to private attorney involvement efforts, encouraging attorneys in private practice to provide free legal assistance to indingent individuals and communities.
	•
4c	(Code: ) (Expenses \$ 434,523 including grants of \$ 434,523 ) (Revenue \$ )  Legal assistance is provided to migrants in the priority areas listed in 4a.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 20,065,572

Pa	TITLIV Checklist of Required Schedules		1	
			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?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization-maintain any donor advised funds or any similar funds or accounts where 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		1
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	34. 18.11	1	
•	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			
•	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.			
•	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			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Parts XI, XII, and XIII.	12	<b>√</b>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	, , , , ,	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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, Part II	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, Part III	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	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

Pa	Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	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	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, highly 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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)	ž.	Y	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	/	<u> </u>

Form	990 (2009)		F	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
		.889 PAG	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		3	180
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1 6	
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	<b>✓</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Œ À	** •/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
b	If "Yes," enter the name of the foreign country ▶	1.1		1923 ;
-	See the instructions for exceptions and 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		<b>V</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<b>Y</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b	dies dans . ve	tion by subdetees
7	Organizations that may receive deductible contributions under section 170(c).			
	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>✓</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year		\$ 1.00	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	3,00	<del>√</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del>-</del>
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
	required?	7h	Tie X	***
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	*	<b>₹</b>
9	Sponsoring organizations maintaining donor advised funds.	255		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	200°×	<b>√</b>
10	Section 501(c)(7) organizations. Enter:		3 · 1	
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		7. 4	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	cmb555 -	<b>√</b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	i do i	v jis	( April 1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
		Tampyon on a	Yes	No
1a				
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	the 52		1150 F
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
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	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		<b>√</b>
7a	<del>-</del>			
_	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3	\$-78  4	
_	the year by the following	18		
а	The governing body?	8a	<b>√</b>	
	Each committee with authority to act on behalf of the governing body?	8b	✓	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			_
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	1	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			_
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			_
	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2	5-10 ST	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ü	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		$\checkmark$
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			***
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ne.	2.4	ar har ar
а	The organization's CEO, Executive Director, or top management official	15a	✓	
	Other officers or key employees of the organization	15b	✓	
	If Was the last 45s and 5s describe the appears in Cabadala C. (Cas and water)			m4x
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		3.5	
	with a taxable entity during the year?	16a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		- 1	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	rest	
	policy, and financial statements available to the public			٠
20	State the name, physical address, and telephone number of the person who possesses the books and recoi	ds of	`the	
	organization ► Jorge Acevedo - C/O Company, (787) 728-8686			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization did not	(B)		Juli		C)	<u> </u>	iii ec	(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	•	•	that ap	(vlac	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Vivian Godineaux Villaronga	200/year							0	0	0
President Board of Director	Zuuryeai	1					<u> </u>	U	U	
Jesús García Oyola Vice-President I Board of Director	125/year	1						0	0	0
Carlos Gómez Menéndez Vice-President II Board of Director	125/year	<b>√</b>						0	0	0
Jennie Rivera Piñero Secretary Board of Director	150/year	<b>√</b>						0	0	0
Norberto Quiñones Gandarillas Treasurer Board of Director	175/year	1						0	0	0
Charles S Hey Maestre Executive Director	37.5/w.			1	1	1		104,373	0	5,421
Jorge Acevedo Cortés Comptroller	37.5/w.			<b>√</b>	1			75,053	0	0
Rafael Rivera Meléndez Director of Litigation	37.5/w.			/	1			83,338	0	8,000
Yolanda Muriel Falcón Director of Administration	37.5/w.			<b>√</b>				62,019	0	0
Anamari Melecio Rivera Human Resources Directo	37.5/w.			1	1			67,880	0	0
Gladys E. Ares Rivera  Director of Centralized Interview Service	37.5/w.				1			71,840	0	2,740
Janice Gutierrez Lacourt PAI Coordinator	37.5/w.						1	58,681	0	0
Leonardo Aldridge Kontos Comunications Director	37.5/w.						1	50,561	0	0
Elvín G. Hernández González IT Director	37.5/w.						<b>√</b>	46,941	0	4,576
										,
			_							

Pa	rt VII Section A. Officers, Directors, Tru		/ Emp	loy			d Higi	hest			(contir	nued)
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MI	on d ns c SC)	Estimated amount of other compensation from the organization and related organizations
				i								
							_					
_1b	Total	<u> </u>		<u>.                                    </u>				▶	620,686		0	20,737
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above)	) wh	no received mo	ore than \$10	0,000 i	in 
3	Did the organization list any former office employee on line 1a? If "Yes," complete Se	er, director	or tru	uste	e, k	key vidi	emplo	oyee	e, or highest o	ompensated	ا ا	
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	е с	omp	ens	ation					
5	Individual	or accrue	comp	Den:	satio	on f	rom a	any	unrelated org			
Se	ction B. Independent Contractors	res, comp	nete .	3CH	eau	ie J	TOI S	ucn	person	· · · ·	5	
1	Complete this table for your five highest compensation from the organization	ompensate	d ind	epe	nde	nt c	contra	ctor	s that receive	d more than	\$100,0	000 of
	(A) Name and business add	dress							(B) Description of s	ervices	Соп	(C) npensation
						_						- •
2	Total number of independent contractors (in more than \$100,000 in compensation from					to 1	those	liste	ed above) who	received		

Par	t∘VII	Statement of Re	venue				Γ		
				33.7	,	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	7					Total revende	exempt function	business	excluded from tax under sections
				<b>1</b>			revenue	revenue	512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a					
g g	ľ	Membership dues .		<u>1b</u>					7-8
gifts, ilar an	1	Fundraising events .	-	1c					
95		Related organizations		1d	04 077 000				
ons sir	е	Government grants (contr	ibutions).	1e	21,277,090		(B-	***	
ig je	f	All other contributions, gifts,						1	
育	}	and similar amounts not inclu	_	1f				2	
Contributions, and other sim		Noncash contributions include				21,277,090			
	n	Total. Add lines 1a-1f	<u></u>	•	Business Code	21,277,090		A-	
nue					Business Code	47.2		<u> </u>	
eve	2a								
ě	b								
Ž	°.	•••••							
รู	d			• • • •	-		1		
Program Service Revenue	e	All other program servi						<del> </del>	
Proč	a	Total. Add lines 2a-2f	DE TOVOTICO	• 1	<b>D</b>				
	Ť	Investment income (inc	Lidina divid	'->do			, 253000000 c more	Melin & LP'ry Noneparage co-,	- XXXXII Amar 13 17 Cu
	3	other similar amounts)				11,211	11,211		
	4	Income from investment of						-	
	5	Royalties		COOM	. Þ				
			(ı) Real		(ii) Personal				A
	6a	Gross Rents							
	l							i na sa	
	С	Rental income or (loss)							
	d	Net rental income or (lo	ss)		▶				
	7a	Gross amount from sales of	(i) Securities	s	(II) Other		1		
	 	assets other than inventory							
	b	Less, cost or other basis							
		and sales expenses ,							
		Gain or (loss) .							
	d	Net gain or (loss) .		٠,	, 🏲				
ne	8a	Gross income from	fundraisin	g					
/en		events (not including \$		-		42.00	8.17		
Re		of contributions reported							
er		See Part IV, line 18							
Other Re		Less. direct expenses Net income or (loss) fro		b [	vents <b>&gt;</b>	<b>22.</b> 4	Mariana Callana	- A.	
•		• •		آ آ	vents,			\$U:00	W. W. W. CO. L.
	9a	Gross income from gam							
	L	See Part IV, line 19		- 1	<u></u>				*
		Less: direct expenses Net income or (loss) fro	m gaming a	<b>b</b> [ activi	ties <b>&gt;</b>	947 ""   127	1000	5 V 1988 1889 107 2 2 1888	Mary W and the different actions to the second
				Г					S
	iva	Gross sales of inverteurns and allowances	ntory, les	s a				V. V.	
	h	Less cost of goods sol	d	b					
		Net income or (loss) from			orv . ►	Mark Standardska L	in the second		•
		Miscellaneous Reve			Business Code		3.0		100
	112						00000000000000000000000000000000000000	SMALL COMMISSION CALL	\$2550 \S04/20000004+\A40000000
	b			- 1					
	c								
	-	All other revenue , ,							
		Total. Add lines 11a-11			Þ				
		Total revenue. See inst		•		21,288,301	11,211		1

#### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are n	ot required to com	plete columns (B),	
	not include amounts reported on lines 6b, , 8b, 9b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			The standard	12 1 50 50 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors, trustees, and key employees	620,686	255,608	365,078	
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	Other salaries and wages	9,137,565	8,939,565	198,000	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	272,782		18,586	
9	Other employee benefits	5,277,457		377,850	
10	Payroll taxes	1,174,659	1,090,778	83,881	
11	Fees for services (non-employees)				
	Management	28,894	47.050	40.040	
	Legal	20,500	17,952 20,500	10,942	
	Accounting	20,300	20,300		
	Lobbying  Professional fundratures convices Con Part IV line 17		7.2 T. C.		
f	Professional fundraising services. See Part IV, line 17 Investment management fees Other		**************************************	many to the first terms of the f	
12					
13	Advertising and promotion Office expenses	210,729	195,532	15.197	
14	Information technology				
15	Royalties				
16	Occupancy	986,397	899,101	87,296	
17	Travel	408,164	380,398	27,766	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	55,050	51.536	3,514	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	162,703		14,643	
23	Insurance	116,893	107,186	9,707	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	SEE SCHEDULE ATTACHED	3,194,696	2,933,896	260,800	10 No. 2 2 477 100
a b		3,134,030	2,933,690	260,800	
C A					
d					
e f	All other expenses	-			_
25	Total functional expenses. Add lines 1 through 24f	21,667,175	20,193,915	1,473.260	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,,,,,		, , , , , , , , , , , , , , , , , , , ,	

Ð	rt X	Balance Sheet			rage 11
2	LA WAI	24.600 011001	(A)		(R)
			Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,547,111	1	1,205,093
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	40,510	3	29,430
	4	Accounts receivable, net	9,402	_	111,831
	5	Receivables from current and former officers, directors, trustees, key		Ž.	3
		employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	132,828	9	168,486
	10a	Land, buildings, and equipment cost or 10a 4,939,919 other basis Complete Part VI of Schedule D			
	b	Less. accumulated depreciation 10b 2,455,142	2,218,146	10c	2,484,776
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	40,574		40,574
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	5,988,571	16	4,040,190
	17	Accounts payable and accrued expenses	319,287	17	315,748
	18	Grants payable		18	
	19	Deferred revenue	2,766,232	19	606,417
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	
Liabilities	22	Payables to current and former officers, directors, 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	831,467	23	1,291,831
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	777,978	25	911,461
ses	26	Total liabilities. Add lines 17 through 25	4,694,964	26	3,125,457
ğ	27	Unrestricted net assets	ik didiki selebe - 1981.	27	المرافقة كالمستداد
3al	28	Temporarily restricted net assets	1,293,607	28	914,733
9	29	·	1,200,007	29	01-1,700
Net Assets or Fund Balance	29	Permanently restricted net assets			
S	30		× 34200x -	30	. san Silling and
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	1,293,607	33	914,733
Z	34	Total liabilities and net assets/fund balances	5,988,571	34	4,040,190
			5,555,571	<u> </u>	Form <b>990</b> (2009)

Рa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			in it
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	1	Title Soll	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓_	<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			i To
-	issued on a consolidated basis, separate basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	استثما		أكان
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

#### **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 Open to Public Inspection

Depa Intern			Open to Public Inspection										
Nam	e of t	the organization	]	<del>-</del>	_		_		Employe	er identifica	tion number		
			AL SERVICES,						66		0265391		
Pa	rt II	Reason	for Public Cl	harity Status (All or	ganızatı	ons mus	t comp	lete this	part.) Se	e instru	ctions.	_	
The	org	anization is n	ot a private four	ndation because it is.	(For lines	s 1 throug	gh 11, cl	neck only	one box	)			
1				irches, or association			ribed in	section 1	i70(b)(1)(	A)(i).			
2				on 170(b)(1)(A)(ii). (At					/41/ <b>4</b> 1/***				
3		•		hospital service organ							MAMiii) Enter th	nΔ	
4		hospital's na	ame, city, and st									:	
5	Ц	section 170	(b)(1)(A)(iv). (Co			-					il unit described	ır	
6				ernment or governme									
7	V			y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	a governn	nental uni	t or from	the general pub	lic	
8				d in <b>section 170(b)(1)</b>									
9		receipts from	n activities relati	y receives: (1) more th ed to its exempt func ient income and unre	tions—su	ibject to	certain e	xceptions	s, and (2)	no more	than 331/3 % of 1	ıts	
				after June 30, 1975.							,		
10		-	=	nd operated exclusive						(a)(4).			
11				and operated exclusive							r to carry out t	he	
				blicly supported organ								nc	
<b>509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III-Functionally integrated d Type											_		
	_	a 🗌 Type									Type III-Other		
е	Ш	By checking	this box, I cer	tify that the organization	tion is no	ot control	led direc	ctly or inc	directly by	y one or	more disqualifie	ed on	
			er than foundationsection 509(a)(2)	on managers and othe	r than on	e or more	publiciy	supporte	ed organiz	zations de	escribed in section	ווכ	
f				a written determinati	on from	the IDC	that it ia	a Tuno	L Tupe ((	or Type	III supporting		
'		_	zation received , check this box								in supporting	Г	
g		•	st 17, 2006, has	the organization acce									
		• .		r indirectly controls (	aither alo	ne or too	ether w	th nersor	ns descrit	ned in (u)	Yes No	0	
				ning body of the sup					rsons described in (II) Yes				
				erson described in (i)		11g(ii) ✓	<i>.</i>						
				of a person described			?				11g(iii) 🗸	_	
<u>h</u>		Provide the		ation about the suppo					γ				
(1)		e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col (i) h	organization sted in your document?	the orga	you notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amount of support		
				(see instructions))	Yes	No	Yes	No	Yes	No			
												_	
		<u></u>									, , , , , , , , , , , , , , , , , , ,		
					<u> </u>								
					`			-			· ~		
								7,000-000000000000000000000000000000000	Complement 2000	gy / 5,0 5,000			
Tota	ıl				4						,		

	(Complete only if you chec					and	170(0)(1	)(A)(VI) 
Sec	tion A. Public Support							
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,897,941	17,240,735	19,031,416	19,311,940	21	,277,090	94,759,122
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	17,897,941	17,240,735	19,031,416	19,311,940	21	,277,090	94,759,122
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)						and the second	
6	Public support. Subtract line 5 from line 4		17 P.		74.00m		1357	94,759,122
	tion B. Total Support							
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008		2009	(f) Total
7	Amounts from line 4	17,897,941	17,240,735	19,031,416	19,311,940	21	,277,090	94,759,122
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,065	121,589	159,628	44,345		11,211	386,838
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.)			65,081				65,081
11	Total support. Add lines 7 through 10	200	S. N. J.			*5*******	30.71	95,211,041
12	Gross receipts from related activities, etc	(see instructio	ns)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		•	ear a	s a section	n 501(c)(3) 
3ec 14	tion C. Computation of Public Support percentage for 2009 (line			actum (f)		14		99.53 %
	,, ,	, ,,	,	, column (I))		15		99.51 %
15 16a	Public support percentage from 2008 Sci 331/3 % support test—2009. If the organi.			In line 12 and l	lung 14 in 22160		nora choc	
iva	and <b>stop here.</b> The organization qualifies							✓
b	331/3 % support test - 2008. If the organic					33½ %	or more.	
	box and stop here. The organization qua							
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and <b>stop here.</b>	Expla	ıın ın Part I	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate organization meets the organization did	acts-and-circum inces" test The	stances" test, c organization qua	heck this box a lifies as a public	and <b>stop here</b> . By supported org	Explai ganiza	n in Part I tion	V how the

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.)

Sec	tion A. Public Support		<u></u>		····	<u> </u>	
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")  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						/w
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<del></del>	<del> </del>	<del></del>	<del> </del>		
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						
	Add lines 7a and 7b			P 4 7		30.42	
8	Public support (Subtract line 7c from line 6)	on to the					
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b					٠	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						·
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for toganization, check this box and stop I					ear as a section	
Sec	tion C. Computation of Public Sup						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			e 13, column (	(f))	15 16	% %
	tion D. Computation of Investmen						
17 18	Investment income percentage for 2009 Investment income percentage from 20	•		-	olumn (f)) .	17	% %
19a	331/3 % support tests – 2009. If the organization is not more than 331/3 %, check this be	anization did no	ot check the bo	ox on line 14, a			
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	ization did not d	check a box on	line 14 or line	19a, and line 1	6 is more than 3	3½%, and
20	Private foundation If the organization		_	-	•		

Schedule A (Fo	orm 990 or 990-EZ) 20	009				Page 4
Part IV	Supplemental	Information.	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
		t				
						,
	••••					
- <b>,</b>			-			
					·	
				•••••••••••		
			····			
				••••••••		
						***************************************
				••		
, 	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

#### SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions. Employer identification number

PUE	RTO RICO LEGAL SERVICES, INC.		66		0265391
Pa	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	r Fund	s or	Accoun	ts. Complete if
	(a) Donor advised funds		(b) F	unds and ot	her 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 funds are the organization's property, subject to the organization's exclusive legal of			r advised	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor adv	isor, or	for a	ny other	
95 <u>94</u>	purpose conferring impermissible private benefit?	· · · ·			Yes No
	Conservation Easements. Complete if the organization answered "Yes		rm 9	во, Рап г	v, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply	•			
				-	portant land area
	☐ Protection of natural habitat ☐ Preservation of open space	tion of a	a cen	med nisto	ric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	oution in	the f	orm of a	conservation
	easement on the last day of the tax year.			Held at th	ne End of the Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure included in (a) $% \left( 1\right) =\left( 1\right) \left( 1\right$		2c		
d	Number of conservation easements included in (c) acquired after $8/17/06$		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or the tax year ▶	r termin	ated	by the org	ganization during
4	Number of states where property subject to conservation easement is located ▶			-	
5	Does the organization have a written policy regarding the periodic monitoring, insperviolations, and enforcement of the conservation easements it holds?			ng of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva	ation ea	seme	nts during	g the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ▶\$	easeme	ents c	luring the	year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?	nts of s	ectio	n 	Yes No
9 .	In Part XIV, describe how the organization reports conservation easements in its rev balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.				
Par	Organizations Maintaining Collections of Art, Historical Treasures, o Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		r Sin	nilar Ass	ets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describes	researc	h in f	urtherance	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statistic historical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1	esearch 	ın fu 	rtherance	of public service,
	(ii) Assets included in Form 990, Part X			▶ \$	
	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:				
	Revenues included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X			<b>▶</b> \$	

Pai	t III Organizations Maintainin	g Collections	of Art, H	listori	cal Treasure	es, or (	Other Similar	Assets	contin	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and	other reco	ords, c	heck any of t	he follo	wing that are a	a significa	nt use	of its
а	Public exhibition		d		Loan or exc					
b	Scholarly research		е		Other					
C	Preservation for future generatio	ns								
4	Provide a description of the organizate Part XIV.	ion's collection	s and exp	olain h	ow they furth	er the c	organization's	exempt p	ırpose	ın
5	During the year, did the organization so assets to be sold to raise funds rather t	licit or receive de han to be mainta	onations of	of art, hoart of	nistorical treas the organization	sures, or on's col	other similar lection?	. 🗆	Yes	No
Pai	Escrow and Custodial Arr IV, line 9, or reported an an					answe	red "Yes" to	Form 990	), Part 	
1a	Is the organization an agent, trustee, included on Form 990, Part $X^{\circ}$	custodian or ot							Yes [	No
b	If "Yes," explain the arrangement in P	art XIV and cor	nplete the	e follov	ving table:	_				
								Amount		
С	Beginning balance				<i></i>	. 10				
d	Additions during the year					. <u>1c</u>	<u> </u>			
е	Distributions during the year					. 16				
f	Ending balance					1f				
	Did the organization include an amou If "Yes," explain the arrangement in P	art XIV.					<i></i>		Yes	_ No 
Pai	tV Endowment Funds. Com		ganizatio	n ans	wered "Yes	" to Fo				
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years b		ur years	back
1a	Beginning of year balance				, a				<b>P</b> FS 2	(31.21
b	Contributions				14 m			5 .4.39	- 4/3 <b>5%</b> .	
С	Net investment earnings, gains, and losses								r II. sag	
d	Grants or scholarships				4	, i	N. M. S. K. R. R. C.		i may i kalililii	
е	Other expenditures for facilities and programs				Agran .		1	ENI/E	(A)	
f g	Administrative expenses . End of year balance						36			
2	Provide the estimated percentage of t	he year end ba	lance hel	d as.						
а	Board designated or quasi-endowmer	•								
b	Permanent endowment ▶	. %								
С	Term endowment ▶ %									
3a	Are there endowment funds not in the	possession of th	ne organiz	ation t	hat are held a	and adm	ninistered for th	ne		
	organization by		_						Yes	No
	(i) unrelated organizátions							3a(	)	
	(ii) related organizations							. 3a(i	i)	
b	If "Yes" to 3a(ii), are the related organ	izations listed a	s require	d on S	chedule R?			. <u>3b</u>		L
4	Describe in Part XIV the intended uses									
Par	VI Investments—Land, Build	dings, and Eq	uipmen	t. See	Form 990, F	Part X,	line 10			
	Description of investment	(a) Cost or ot (investm		` '	Cost or other asis (other)		Accumulated epreciation	(d) Bo	ook value	e 
1a	Land				483,883	**	Parintha La		483	,883
b	Buildings				1,983,870		851,342		1,132	_
c	Leasehold improvements				299,898		275,579		•	,319
					1,516,835		1,299,400			435
е	Other				655,432		28,821			,611
Total	. Add lines 1a through 1e. (Column (d) mu	ıst equal Form 9	90, Part X,	, colum	n (B), line 10(d	c).) .	. <u>, .</u> . <b>&gt;</b>		2,484	

Schedule D (Form 990) 2009	Con Form 000 Dail V	/ lunc 12
Part VII Investments—Other Securities		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	-	<u> </u>
T. 1. (0.1 #)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1.0 5 000 0 1	V 2 X 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M
Part VIII Investments—Program Relate	d. See Form 990, Part X	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	,	
T. 1. (0.1 4.1		Total Services
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	d V Inc 15	
Part X Other Assets. See Form 990, Pa	(a) Description	(b) Book value
Security and other deposits	(a) Description	(b) BOOK VAIDE 40,574
Security and other deposits		40,57
	<del> </del>	
	·	
Total. (Column (b) must equal Form 990, Part X, col (	(B) line 15 )	
Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability	(b) Amount	
Federal income taxes	(b) Amount	
Accrued vacations	911,46	
Accided vacations	511,40	
T-1-1 (0-1(1)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,288,301
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,667,175
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(378,874)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(378,874)
Pε	Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	fra ti	>
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	26	•
3	Subtract line 2e from line 1	3	21,288,301
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	34.0	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	2.11	
b	Other (Describe in Part XIV.)	٦, ١	*
C	Add lines 4a and 4b	40	21,288,301
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	T XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses p	er Return
1	Total expenses and losses per audited financial statements	1	21,667,175
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities	(.786 ()2.	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		•
e		26	
3	Subtract line 2e from line 1	3	21,667,175
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		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	40	21,667,175
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Con	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar	nd 4;	Part IV, lines 1b
	2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d ar	nd 4b	Also complete
this	part to provide any additional information.		
	r		
		<i>.</i>	
• • • • •			

Schedule D (For	orm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		······································
	***************************************	
	•••••	
	••••••	
		***************************************
		***************************************
		•
		••••••
		••••••

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

20 <b>009</b>
---------------

Employer identification number

PUERTO RICO LEGAL SERVICES, INC.	NC.					99	0265391
Part   General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the	records to subs	tantiate the amou	nt of the grants or as	sistance, the grantee	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ints or assistance, a	:
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ward the grants c ation's procedure	r assistance?	he use of grant funds	in the United States.			. 🗸 Yes 📋 No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	sistance to Gov	vernments and ipient that received the contract that received the contract that received the contract that the contract	Organizations in the ded more than \$5,00	ne United States. (	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	nization answered eceived more than	"Yes" to 1 \$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	-1 (Form 990) If	additional spac	e is needed .				<b>△</b> .
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pro Bono, Inc. Volunteer			690,500				Volunteer legal
Services of the Puerto Rico							
Bar Association							services
808 Pone de Leon Ave.							
Stop 11 Miramar						f	
San Juan, PR 00907							
							:
						The same of the sa	
							:
<ul> <li>2 Enter total number of section 501(c)(3) and government organ.</li> <li>3 Enter total number of other organizations</li> </ul>	)1(c)(3) and govern ganizations	ment organizations					1
For Privacy. Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, s	see the Instructions	for Form 990.		Cat No. 50055P		Schedule I (Form 990) 2009

Page 2	ance				1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 3 9 1 1 1				990) 2009
Form 990, Part IV, line 2	(f) Description of non-cash assistance			and any other additional information.		ired to the recipient						Schedule I (Form 990) 2009
in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. slitonal space is needed.	(e) Method of valuation (book, FMV, appraisal, other)			I, line 2, and any other ad		a single audit report is requ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
mplete if the organ	(d) Amount of non-cash assistance			on required in Part		yrant recipient. Also	ıts.				1	· · · · · · · · · · · · · · · · · · ·
United States. Col	(c) Amount of cash grant			ovide the information	the United States:	ance review to the o	ice Corporation requirements.					
	(b) Number of recipients			ete this part to pro	by the recipient in	carry out a perform	Legal Service Cor					
Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance			Supplemental Information. Complete this part to provide the information required in Part I, line 2,	Monitoring procedures for the use of grant funds by the recipient in the United States:	A CPA firm is contracted by the Organization to carry out a performance review to the grant recipient. Also a single audit report is required to the recipient	organization (Pro Bono Inc.) according to the US Legal Servi					
Schedule I (Form 990) 2009  Part III Grants a Use Part				Part IV	Monitorin	A CPA fir	organizat			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

#### **SCHEDULE 0** (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

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

► Attach to Form 990.

2009	
Open to Public Inspection	••

PUERTO RICO LEGAL SERVICES, INC.	66	0265391
Part VI, page 6, section B. Policies, 11A (process used by the organization to review this	Form 99	00 - The original Form 990
as completed is submitted to the Executive Director for approval, signature and filling. It	is discl	osed to the Executive and
Financial Committee of the Organization's Board of Directors.		
Part VI, page 6, section B. Policies, 12c (monitoring and enforcement of compliance with	conflict	of interest policy)
Attorneys and Board of Directors have knowledge of conflict of interest policy. When po	sible co	onflict of interest is
detected, the Executive Director is authorized and directed to bring the matter to the atte	ntion of	the Board of Directors
and to take the correponding action according to established policies and procedures.		
	<b></b>	

Schedule O (Form 990) 2009	Pag	e <b>2</b>
Name of the organization	Employer identification number	
		<b>-</b>
	····	
	·	
	•	
	· · · · · · · · · · · · · · · · · · ·	
•••••••••••••••••••••••••••••••••••••••		
		-
·		
		•

# PUERTO RICO LEGAL SERVICES, INCORPORATED 66-026-5391 DECEMBER 31, 2009 OTHER EXPENSES (PART IX, PAGE 10, LINE 24a)

	Total expenses	Program service expenses	Management and general expenses
•	<u>-                                      </u>		
Professional services	1,680,410	1,544,593	135,817
Litigation	329,389	300,450	28,939
Utilities	329,050	301,579	27,471
Telephone	191,490	172,395	19,095
Equipment rental and maintenance	185,153	170,721	14,432
Maintenance and repairs	80,127	74,409	5,718
Library subscriptions and maintenace	40,540	37,936	2,604
Training	75,776	69,151	6,625
Loss on disposal of property	60,038	54,635	5,403
Dues and fees	48,678	45,398	3,280
Non-capitalizable assets	54,195	50,924	3,271
Parking	26,851	24,434	2,417
Security	57,034	53,312	3,722
Bank charges	18,316	17,295	1,021
Other	17,649	16,664	985
Total other expenses	3,194,696	2,933,896	260,800

# Form **8868**

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 of this form).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	ded).
A corporation Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box and complete
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to request an extension of
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file.	ver, you cannot file Form 8868 s 990-BL, 6069, or 8870, group nd signed page 2 (Part II) of Form
Type or print	Name of Exempt Organization PUERTO RICO LEGAL SERVICES, INC.	Employer identification number 66 0265391
File by the due date for filing your	Number, street, and room or suite no. If a P O. box, see instructions PO BOX 9134	
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN JUAN, PR 00908-9134	
Check type  ☑ Form 990 □ Form 990 □ Form 990	of return to be filed (file a separate application for each return):  Do Form 990-T (corporation)  Do-BL  Do-BL  Do-EZ  Do-PF  D	ASSIS FOR 5227 PR 094 65 m 5227 Form 6069 2010 Form 8870
• The books	s are in the care of  C\O COMPANY  3.5	IVED 05
<ul><li>If the orga</li><li>If this is for the whole</li></ul>	No. ► ( 787 ) 793-5353 FAX No. ► ( 787 ) 793-53	If this is
until for the ► 🗹	est an automatic 3-month (6 months for a corporation required to file For JULY 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 09 or tax year beginning , 20 , and ending	named above. The extension is
2 If this to	ax year is for less than 12 months, check reason:   Initial return   Final return [	Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	3a \$
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated taits made. Include any prior year overpayment allowed as a credit.	3b \$
deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions.	, t 
Caution. If your for payment	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	53-EO and Form 8879-EO

Cat No 27916D

. 4					
orm	8868 (Rev	4-2009)		Page	2
Vote	Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and charmonic property of the property of th			j
		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	s needed).	_
ype orini		Name of Exempt Organization Emplo	oyer ic	dentification number	er:
ile by		Number, street, and room or suite no. If a P.O. box, see instructions.	IS use	only	
ling t eturn		City, town or post office, state, and ZIP code For a foreign address, see instructions			
Che	ck type	of return to be filed (File a separate application for each return):		-	_
] F	orm 990	D ☐ Form 990-PF ☐ Form 1041-A		Form 6069	
	orm 990	_		Form 8870	
	orm 990				_
TOI	P! Do no	t complete Part II if you were not already granted an automatic 3-month extension on a pro	evious	sly filed Form 886	<u>3.</u>
The	e books	are in the care of ▶			
	ephone				
		nization does not have an office or place of business in the United States, check this box			j
		a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
		e group, check this box ▶ □ . If it is for part of the group, check this box	<b>&gt;</b>	and attach a	
		st an additional 3-month extension of time until			_
		endar year, or other tax year beginning, 20, and ending		20	
		ax year is for less than 12 months, check reason:   Initial return   Final return   Cha			
		detail why you need the extension	-		
-					
			<del></del>		_
		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
		nonrefundable credits. See instructions.	8a	5	_
b		pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and enter the payments made. Include any prior year overpayment allowed as a credit and any	3.5		

#### Signature and Verification

**c** Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► ## ##

amount paid previously with Form 8868.

Title ► AUDITOR

Date ► 04/13/2010

8b \$

8c |\$

Form **8868** (Rev 4-2009)