

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

OMB No 1545-0047

2011

Department of the Treasury

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

Open to Public Inspection

_	nai nevenu		•	- -		Inspection					
<u>A</u>			11, and ending	Decen	nber 31	, 20 11					
В	Check if a	applicable C Name of organization PUERTO RICO LEGAL SERVICES, INC			D Employe	er identification number					
Ш	Address		-			66-0265391					
Ш	Name ch	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	E Telephon	e number					
	Initial retu	P.O BOX 9134				787-728-8686					
	Terminate	City or town, state or country, and ZIP + 4									
	Amended	return SAN JUAN, P R 00908-9134			G Gross red	ceipts \$					
	Application	on pending F Name and address of principal officer CHARLES S HEY MAEST	RE	H(a) Is this a	group return fo	or affiliates? Yes V No					
		PBM 114 HC-01 BOX 29030 CAGUAS, PR 00725-8900		H(b) Are all	l affiliates inc	cluded? Yes No					
1	I Tax-exempt status 501(c)(3)										
J Website: ▶ www.servicioslegales org H(c) Group exemption number ▶											
K	of legal domicile PR										
P	art I	Summary		•							
	1	Briefly describe the organization's mission or most significant activit	ties. Provide	legal service	ces ın civi	l and administrative					
an.		proceedings or matters to qualifying financially disabled program parti									
Š			***								
ra La											
Activities & Governance	2	Check this box $ ightharpoonup \square$ if the organization discontinued its operations of	or disposed of	more than	25% of r	ts net assets					
Ğ		Number of voting members of the governing body (Part VI, line 1a) .			3	25					
Ş		Number of independent voting members of the governing body (Par			4	25					
ij		Total number of individuals employed in calendar year 2011 (Part V,			5	336					
ŧ		Total number of volunteers (estimate if necessary)			6						
⋖		Total unrelated business revenue from Part VIII, column (C), line 12	•		7a	***					
		Net unrelated business taxable income from Form 990-T, line 34	•	•	7b						
				Prior Ye		Current Year					
en.	8 (Contributions and grants (Part VIII, line 1h) .	22	,743,052	21,874,552						
Revenue		Program service revenue (Part VIII, line 2g)		,,							
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		20,721	19,137						
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e		20,721	62,049						
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A		22	,763,773	21,955,738					
		Grants and similar amounts paid (Part IX, column (A), lines 1–3) .	7,		,,,,,,,,	21,000,700					
		Benefits paid to or for members (Part IX, column (A), line 4)									
s		Salaries, other compensation, employee benefits (Part IX, column (A), lir	,308,194	17,146,026							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			,,,,,,,,						
be		Fotal fundraising expenses (Part IX, column (D), line 25) ▶	· **	" X#" "	100 JAN 1						
ũ		Other expenses (Part IX, column (A), lines 1, a=1.d, 11f-24e)			,336,426	4,715,521					
		Total expenses Add lines 13-17 (must equal Part [X, column (A), line	25)		,644,620	21,861,547					
		Revenue less expenses. Subtract line 18 from/line 12 CF/1/			119,153	94,191					
ë o		O VET) / Bed	ginning of Cur		End of Year					
ets or lances	20 7	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26) Net assets or fund balances, Subtract line 21/from line 20		4	311,674	3,567,922					
Net Asse Fund Bala		Total liabilities (Part X, line 26)	<i>'</i> /&/. ⊢		277,788	2,439,845					
훒		Net assets or fund balances Subtract line 21/from line 20	/9/ -		033,886	1,128,077					
Pa	rt II	Signature Block	12/			- · · · · · · · · · · · · · · · · · · ·					
Und	der penalti	es of perjury, I declare that I have examined this return, including accompanying sched	dules and stateme	nts, and to th	e best of my	knowledge and belief, it is					
true	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of	which preparer ha	as any knowle	dge						
					6	-26-2012					
Sig	n	Signature of officer		Date							
Hei	e										
		Type or print name and title									
Paid Print/Type preparer's name Preparer's signature Date Date Check If PTIN											
Preparer PEDRO PADILLA, CPA PULLA, CPA PO											
	e Only	Firm's name PADILLA, MEDINA & ASSOCIATES, P S.C		Firm'	s EIN ▶	660-551821					
U31	ie no	787-754-8460									
May	the IRS	Firm's address ► PO BOX 191745 SAN JUAN, PR 00919 discuss this return with the preparer shown above? (see instruction)	ns) .			· · V Yes No					
		ork Reduction Act Notice, see the separate instructions.	Cat No	11282Y	-	Form 990 (2011)					

		_
		ge 2
?art	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	П
1	Briefly describe the organization's mission:	
	Provide legal assistance in civil and administrative 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?	ю
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	services?	10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	bν
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$ 15,472,700 including grants of \$) (Revenue \$)	
	The Basic Field Grant is the major entity's fund that provides legal assistance in non-criminal proceedings for qualifying financial	
	disabled program participants. Some of the proceedings covered are family law, domestic violence, employment, special education	n,
	health, housing law, juveniles, consumer rights, environment law, migrant farm workers and community development	
		-
4b	(Code) (Expenses \$ 2,233,079 including grants of \$) (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 indigent individuals and communities.	
	naigent marviagas and communities.	-
4c	(Code) (Expenses \$ 265,011 including grants of \$) (Revenue \$) Legal assistance is provided to migrants farm workers in the priority areas listed 4a	
	Legal assistance is provided to migrants farm workers in the priority areas listed 4a	
AJ	Other program converse (Possythe in College)	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 17,970,790	—

art.	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,"		162	NO
•	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		1
	complete Schedule D, Part III	8		✓
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		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, VIII, IX, or X as applicable.	1 C. 4, 1		14 S
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	√	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .	12b		✓
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	✓
4 a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		✓
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		√
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15		√
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
7	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
8	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
9	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		1
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	20 (2011)		_	Page 4
Part	Checklist of Required Schedules (continued)		T - 4	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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		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 25	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		√
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	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		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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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		√
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	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		✓
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? Note. All Form 990 filers are required to complete Schedule O	38	√	
			000	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
•	Officer if ochequie o contains a response to any question in this hart v	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	VA 7 6	, 'è-	Topic wang
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0		Kara.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	J. 3	3.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 336		**	3
b		2b	✓	
		"શ્રેલ્ડેડ્રી	******	
За		3a		<u> </u>
b	F	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		1
L	· · · · · · · · · · · · · · · · · · ·	4a	Starter .	20.5 10.5 10.5 10.5
b	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	· · · · · · · · · · · · · · · · · · ·	5a	٠ %	Essesible. L
b		5b		- -
c		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 1	1066	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, No. 12 100	" gg	
	and services provided to the payor?	7a		✓
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
		7c		√
d		1.70 (18) 1.80 mm 1 2	397.	
e	, , , , , , , , , , , , , , , , , , , ,	7e	_	√
f		7f		-/-
g h		7g 7h		-/-
8	Change in a continue maintaining damage addited founds and parties 500(a)(0) appropriate		->, (?	<u> </u>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	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		1 L
9	Sponsoring organizations maintaining donor advised funds.	15 A A B S	- M	*
а	i i	9a	30.A	******
b		9b		
10	Section 501(c)(7) organizations. Enter	7	79572	T.Z
а			4.1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	3.4.2	72 VI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	Section 501(c)(12) organizations. Enter			างเมืองให้เลือง เอาสิตใส่เลืองกล
а	Gross income from members or shareholders	* **', X). d	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		W.C.	ريمه ريخ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 30 (c)(29) quantied nonprofit health insurance issuers.	7 7 2	43 4	<u> </u>
а		13a		√
	Note. See the instructions for additional information the organization must report on Schedule O		N.	
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			West.
_		Kóli		i Mi
C	Enter the amount of reserves on hand	1	1000	27.74
14a		14a		✓
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		\
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	5 6		√ √ √
b	one or more members of the governing body?	7a		1
8	stockholders, or persons other than the governing body?	7b	200 - 19 20-27 20-86	
a b 9	The governing body?	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	√	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓	. Tees
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13 14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	13	✓	
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√ √
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	» Z	_6 %.n
	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	j čy	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► 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.	1 501(c)(3)s	only)
19	✓ Own website ☐ Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Puerto Rico Legal Services, Inc., Ave. Ponce de León #1859, Santurce PR 00909	of the		

Page	•

Part VII	Compensation of Officers,	Directors, Trustee	es, Key Employees	, Highest Compensated	Employees, and
	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r anv relate	d ora	anız	atio	n c	ompe	nsa	ated anv currer	nt officer, directo	r. or trustee.
					C)					,
(A) Name and Trtle	(B) Average hours per week	box,	Position (do not check more box, unless person officer and a directe				an	I	(E) Reportable compensation from related	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) VIVIAM GODINEAUX VILLARONGA										
PRESIDENT BOARD OF DIRECTORS	4		✓					0	0	0
(2) JESUS GARCIA OYOLA	-									
VICE-PRESIDENT I BOARD OF DIRECTORS	3		✓					0	0	0
(3) FRANCISCO D NINA ESTRELLA										
VICE-PRESIDENT II BOARD OF DIRECTORS	3		✓					0	0	0
(4) GLORIMAR ACEVEDO CRUZ	4		ا ا							
SECRETARY BOARD OF DIRECTORS	3		✓					0	0	0
(5) NORBERTO QUIÑONES GANDARILLA	.									
TREASURER BOARD OF DIRECTORS	4		✓					0	0	0
(6) CHARLES S HEY MAESTRE										
EXECUTIVE DIRECTOR	38			✓				99,742	0	5,440
(7) CARLOS ALVAREZ								-		
COMPTROLLER	38			✓				30,691	0	0
(8) RAFAEL RIVERA MELENDEZ	į									
DIRECTOR OF LITIGATION	38			_		✓		86,208	0	8,394
(9) YOLANDA MURIEL FALCON										
DIRECTOR OF ADMINISTRATION	38					✓		64,257	0	1,887
(10) ANAMARI MELECIO RIVERA]			-						
HUMAN RESOURCES DIRECTOR	38					√		70,827	0	2,198
(11) GLADYS E. ARES RIVERA DIRECTOR				ļ						
OF CENTRALIZED INTERVIEW SERVI	38					✓		76,274	0	2,904
(12) JANICE GUTIERREZ LACOURT										
PAI DIRECTOR	38					✓		63,044	0	0
(13) ELVIN G HERNANDEZ GONZALEZ										
IT DIRECTOR	38					✓		57,572	0	5,611
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
						C)					-		
	(A) (B) Position (do not check more than one				(D)	(E)	Ì	(F)				
	Name and title	Average					is both		Reportable	Reportab			nated
		hours per week		er and	_	lirect	or/trus	, 	compensation from	compensation related	n from		unt of her
		(describe	Individual trustee or director	Inst	Officer	€	Highest compensated employee	Former	the	organizatio		compe	ensation
		hours for related	lirec	Institutional trustee	<u>e</u>	Key employee	nest	Ter	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)		n the lization
		organizations	tor al	ona		plo	8 8		(00-271099-101130)				elated
		ın Schedule	l st	쿹		/ee	npe					organi	zations
		O)	ee	stee			nsat						
					<u> </u>		8						
(15)							i	ĺ					
(16)													
_													
(17)													
								L					_
(18)								ľ					
(19)													
(20)											ŀ		
(21))			1				1		Ì		
(22)													
(23)													
		l											
(24)													
(25)													
,													
1b	Sub-total							>	548,615				26,424
С	Total from continuation sheets to Part	VII, Sectio	n A					>					
d	Total (add lines 1b and 1c) .							•	548,615				26,424
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received mo	ore than \$1	00,000	of	
	reportable compensation from the organi							•			•		
													Yes No
3	Did the organization list any former of	ficer, direc	tor, a	r tr	uste	eе,	key e	emp	loyee, or high	est compe	nsated	1	
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidu	ıal				,	3	✓
4	For any individual listed on line 1a, is the	sum of rea	oortal	ole d	com	nper	nsatio	n a	nd other comp	ensation fr	om the	· *	10 23
	organization and related organizations												
	individual	•										4	1
5	Did any person listed on line 1a receive of	r accrue co	mper	nsat	tion	fror	n any	un.	related organiz	ation or inc	ividua	1	7.49:401
	for services rendered to the organization?											5	· · · · · · · · · · · · · · · · · · ·
Section	on B. Independent Contractors												
1	Complete this table for your five highest of	compensate	ed inc	lene	ende	ent	contr	acto	ors that receive	ed more tha	n \$100	0.000 of	
	compensation from the organization Rep												n's tax
	year							,	J			,	
	(A)			_					(B)			(C)	
	Name and business add	ress							Description of se	ervices		Compensa	ation
NONE					_			\vdash		_			
						_							
						_							
			_										
2	Total number of independent contracts	re (maludi	na b.:	+	ot '	inc is	od +-		ann lintad al-	21(a) 16(ba	نه در پکي	an Allinia	int i h
2	Total number of independent contractor received more than \$100,000 of compens							่ เก	ose listed abo	vej w∩o	id and		
	received intore than \$100,000 of compens	ation from	rue o	gar	ıızat	non					7. 7. 7. 7.	morning to	". ""iyiikai

Part VIII Statement of Revenue									
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a b	Federated campaign Membership dues	S	1a 1b					
ıs, Gifts, imilar Ar	d e	Fundraising events Related organizations Government grants (cor		1c 1d 1e	21,874,522				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g and similar amounts not in Noncash contributions inclu	cluded above	1f					
Con	g	Total. Add lines 1a-1		-II \$		21,874,552			
Program Service Revenue	2a		<u>· · · · · · · · · · · · · · · · · · · </u>	· ·	Business Code				
ce Re	b								
Servic	d			-					
an (е								
rogr	f	All other program ser		ie	L		3		7. A 10 17Th 10 2
	3	Total. Add lines 2a-2 Investment income		divid	ends interest				
		and other similar amo		ui viu	. >	19,137	19,137		
	4	Income from investmen	t of tax-exer	npt b	ond proceeds ►				
	5	Royalties	(ı) Real	_	(ii) Personal		5 \	Mayo W S Y , a L da	AR LE CHOOL VI MAR (1881)
	6a	Gross rents	(i) Hear		(ii) Fersorial		1		
	b	Less rental expenses							
	С	Rental income or (loss)							
	_d	Net rental income or			. •				
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securiti	es 	(II) Other				
		and sales expenses							
	c d	Gain or (loss) Net gain or (loss)	L				***************************************		
	ľ	rect gain or (loss)	•		· ·	1. V 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			
Revenue	8a	Gross income from fu events (not including \$	J						
Other Re		of contributions reported See Part IV, line 18		c). a					
ŏ	b	Less direct expenses		b					
	c 9a	Net income or (loss) for Gross income from ga			events . ►	2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		E. S. WETTEN SE	**************************************
	"			a					STATE OF STA
	ľ	Less direct expenses		b					
	с 10а	Net income or (loss) fi Gross sales of in		g actir ess	vities	m - 1360 30 a 1360 11 11 11	and the same of the same of	CONTRACTOR SAME	538 13 18 m 4 8 0
	100	returns and allowance		a					
	b b	Less cost of goods s Net income or (loss) fr	rom sales o	b of inve	entory >				
	44	Miscellaneous R			Business Code				The state of the s
	11a b	Miscellaneous Revenu	е			62,049		-	
	C			-					
	d	All other revenue				-			
	е	Total. Add lines 11a-			. •		WWW.Links	· Anni A	43
	12	Total revenue. See in	structions		>	21,955,738			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	nee to any question	un thic Part IV		
	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C) Management and	(D)
8b, 9t	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	714,739			
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	575,039	517,535	57,504	
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	9,463,690	8,517,321	946,369	
-	section 401(k) and 403(b) employer contributions)	299,767			
9	Other employee benefits .	5,731,925		408,246	
10	Payroll taxes	1,075,605	968,044	107,561	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	22,961	21,552	1,409	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		Wall Street	in the Santa Party	
f	Investment management fees				
g	Other				
12 13	Advertising and promotion . Office expenses	153,004	145,042	7,962	
14	Information technology	100,001	1.10/0.12	.,,002	
15	Royalties				
16	Occupancy	735,242	702,130	33,112	
17	Travel	253,874	 	11,209	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .	87,576	82,739	4,837	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	280,473		280,473	
23	Insurance	128,487	122,460	6,027	
24	Other expenses Itemize expenses not covered			MANAGE TA	
	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.)	- Table 1	49. Lat 11. 12. 28.		English Color
а	SEE ATTACHMENT 1	2,330,560	2,126,080	204,480	
b	LOSS ON DISPOSAL OF PROPERTY	8,605		8,605	
C					
d					
е	All other expenses				
_25	Total functional expenses. Add lines 1 through 24e	21,861,547	19,753,776	2,107,771	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

.Р	art X	Balance Sheet			т
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	646,410	1	398,368
	2	Savings and temporary cash investments .		2	
	3	Pledges and grants receivable, net	179,174	3	13,843
	4	Accounts receivable, net	170,949	4	78,393
	5	Receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II Schedule L		5	
its	6	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 $501(c)(9)$ voluntal employees' beneficiary organizations (see instructions)	ng .	6	
Assets	7	Notes and loans receivable, net .		7	
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges .	130,361	9	110,054
	10a	Land, buildings, and equipment. cost or		15000	Andrew Control
		other basis Complete Part VI of Schedule D 10a 5,266,	645	Ž	Part of the second
	b	Less: accumulated depreciation 10b 2,340,	955 3,143,705	10c	2,925,690
	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	41,075	15	41,574
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,311,674	16	3,567,922
	17	Accounts payable and accrued expenses	470,217	17	1,344,409
	18	Grants payable		18	
	19	Deferred revenue	392,299	19	58,924
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified person Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties	1,480,486	23	1,036,512
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thii parties, and other liabilities not included on lines 17-24) Complete Part of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,277,788	26	2,439,845
ces		Organizations that follow SFAS 117, check here ▶ ✓ and complet lines 27 through 29, and lines 33 and 34.		ZO Zasienia Zasienia	
lau	27	Unrestricted net assets		27	<u> </u>
Ba	28	Temporarily restricted net assets	1,033,886	28	1,128,077
덩	29	Permanently restricted net assets	20797 0 nn /407/2	29	* * * ********************************
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,033,886	33	1,128,077
_	34	Total liabilities and net assets/fund balances	4,311,674	34	3,567,922

_	4	^
Page	7	2

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		·	•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,95	5,738
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,86	1,547
3	Revenue less expenses Subtract line 2 from line 1	3		9	4,191
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		1,03	3,886
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,12	8,077
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ı	n	Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expenses the organization changed either its oversight process.	intant?	2c_	✓	V
ď	Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yellow on a separate basis, consolidated basis, or both		Same of		
3a	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth ı	n 3a	✓	**************************************
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo th udits		1	
_			Forn	n 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

Employer identification number

PUE	RTO RICO LEGAL	SERVICES, INC				_			66-026	65391	
Pai	t I. Reason	for Public Cha	arity Status (All orga	anization	s must o	complet	e this pa	ırt.) See ı	ınstructıo	ns.	
The o	organization is no	t a private found	ation because it is (Fo	or lines 1	through 1	11, check	conly one	e box.)			
1	_		ches, or association of			ed in se	ction 170	(b)(1)(A)(i	i).		
2			170(b)(1)(A)(ii). (Atta								
3			ospital service organiz								
4		_	on operated in conjun	ction with	n a hospr	tal descr	ibed in s e	ection 17	0(b)(1)(A)((iii). Enter the	
-	•	me, city, and sta									ــــــــــــــــــــــــــــــــــــــ
5		b)(1)(A)(iv). (Con	the benefit of a colle	ege or uni	iversity o	wnea or	operated	by a go	overnment	ai unii descri	bea in
6	•		rnment or government	tal unit da	ooribod i	n nontin	n 170/h)/:	41/41/6/			
7			receives a substantia						nit or from	the general	public
)(A)(vi). (Complete Pa		по осерь		a govo			· ····e gemena.	J
8	_		in section 170(b)(1)(A		mplete Pa	art II)					
9	_		receives: (1) more th				om contr	ibutions.	members	hip fees, and	aross
			d to its exempt function								
	support from	gross investme	ent income and unre	lated bus	siness ta	xable in	come (le	ss sectio			
			after June 30, 1975 S								
10			d operated exclusively								
11			nd operated exclusiv								
			blicly supported orgai describes the type of								ection
	a ☐ Type								_ :		
e	• •		that the organization	☐ Type						Type III–Oth	
Ŭ	other than fo	undation manag	ers and other than on	e or more	ntrolled c	support	ed organ	iy by one izations d	described	in section 50	9(a)(1)
	or section 50				, располу	опррои.			200011000	000	U(U)(1)
f	If the organi	zation received	a written determination	on from t	the IRS	that it is	а Туре	I, Type	II, or Type	e III supporti	ng
	organization,	check this box		•							
g	Since August following per	t 17, 2006, has t sons?	the organization acce	pted any	gift or c	ontributio	on from a	iny of the	•		
	(i) A person (iii) below	who directly or the governing b	indirectly controls, eit ody of the supported	her alone organizat	or toget ion?	her with	persons	describe	d in (ii) an 	d Yes	No ✓
	(ii) A famıly n	nember of a pers	on described in (i) abo	ove? .						11g(II)	1
	(iii) A 35% cc	ntrolled entity of	a person described in	n (ı) or (ii) a	above?.					11g(in)	1
h	Provide the fo	ollowing informat	ion about the support	ed organı	zation(s)						
(ı)	Name of supported organization	(II) EIN	(III) Type of organization		rganization sted in your		ou notify		s the	(vii) Amount	of
	organization		(described on lines 1–9 above or IRC section	governing		col (ı)	of your	(i) organi	tion in col zed in the	support	
			(see instructions))	Yes	No.	Yes	port?		S?		
				162	No	162	No	Yes	No		
(A)											
(D)								-			
(B)				İ							
(C)					_						
						_					
(D)											
(E)						_					
. - ,		2 markita 1980an - 0.6		1020° 01020		4 . 31	5 5g. > 55toox	3 See of 20000-2007	8 - 404 3.1 .	<u>.</u>	
Total											

Page 2

D	The Comment College I I I I I I I I I I I I I I I I I I	5				4000 14141414	i age a
Par							
•	(Complete only if you checked t						ality under
Coot	Part III. If the organization fails t	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	() 0007	#10000		4.0.004.0	1 () 0044	40 T
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
_		19,031,416	19,311,940	21,277,090	22,743,052	21,874,552	104,238,050
2	Tax revenues levied for the						
	organization's benefit and either paid					ļ	
_	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	10.021.416	10 211 040	21 277 000	22.742.052	21 974 552	104,238,050
	·	19,031,416	19,311,940	21,277,090	22,743,052	21,874,552	104,238,050
5	The portion of total contributions by				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	each person (other than a governmental unit or publicly			10 F 1 F 1 F 1 F 1	The state of the		
	supported organization) included on			Jan 17 Carlot			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) .		in the table		S. S. S.		
6	Public support. Subtract line 5 from line 4.	X	625	Tank			104,238,050
	ion B. Total Support	1884	[Y 4 7 2 2 7 7 2 2 7 7 2 2 2 7 7 2 2 2 2 2		200) <u></u>	104,230,030
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	19,031,416	19,311,940	21,277,090	22,743,052	21,874,552	104,238,050
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	i					
	sources .	159,628	44,345	11,211	20,721	19,137	255,042
9	Net income from unrelated business		<u> </u>				
	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				62,049	127,130
11	Total support. Add lines 7 through 10	Kirkery :		Salahiri Wali			105,620,222
12	Gross receipts from related activities, etc			•		12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
<u>C1</u> :	organization, check this box and stop he			· · · · ·	· ·	<u> </u>	. •
	on C. Computation of Public Support						
14	Public support percentage for 2011 (line			1, column (†))		14	98.70 %
15 16a	Public support percentage from 2010 Sci]	15	99.58 %
iva	331/3% support test—2011. If the organi box and stop here. The organization qua	zation did not (check the box	on line 13, and		3% or more, cr	
b					400	45 - 001 07	. ▶ ☑
	331/3% support test—2010. If the organ check this box and stop here. The organ	ization dia no	check a box	on line 13 or eupported ora	noa, and line	15 18 33 /3% (
47-							▶
17a	10% or more and if the organization me	ודע. if the orga	nization did no	t check a box	on line 13, 16a	a, or 16b, and l	ine 14 is
	10% or more, and if the organization me	ets the facts-a	and-circumstar	nces" test, che	ck this box an	a stop nere. E	xpiain in
	Part IV how the organization meets the "forganization	acto-and-circu	mstances tes	i ine organiza	ation qualifies a	as a publicly su	pportea
	•						
b	10%-facts-and-circumstances test—20	טרע. If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization members are the organization members are the organization members are the organization or the organizat	non meets the	iacis-and-cif	cumstances"	iest, check th	is dox and sto	p nere.
	supported organization .	iceta ine Tacis	and-circumst	ances lest H	ie organizatioi	ı quaiiles as a	Publicly ⊢
18	Private foundation. If the organization di	d not chack a h	nov on line 12	16a 16h 17a	or 17h, chool	this hoved a	
		oncon a l	III III IU,	100, 100, 11a	, ., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	valio box and s	,

Page 3 Schedule A (Form 990 or 990-EZ) 2011 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.) Section A. Public Support (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 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 . . Gross receipts from activities that are not an unrelated trade or business under section 513 levied revenues for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 Calendar year (or fiscal year beginning in) (e) 2011 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) %

16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%
Sect	ion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	9/
	001 0/ · · · · 1.1 1 004 1/ // · · · · · · · · · · · · · · · · ·	41	001.0/

19a	331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .
h	331 mb/ support tests 2010. If the organization did not shock a box on line 14 or line 10s, and line 16 is more than 331 mb/.

)	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶	i
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ightharpoons	٠
D	33 33% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 10 is more than 35 370,	anu	,

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization Employer identification number PUERTO RICO LEGAL SERVICES, INC 66-0265391 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

_	•
Page	4

Par	III Organizations Maintaining C	Collections of	Art, His	torical 1	Freasures	, or O	ther Similar /	Assets (co	ontın	ued)
. 3	Using the organization's acquisition, accollection items (check all that apply)	ccession, and o	ther reco	rds, chec	k any of th	ne follo	wing that are a	significan	t use	of its
а	Public exhibition		d	☐ Loan	or exchang					
b	Scholarly research		е	☐ Other	r					
C	Preservation for future generations									<u>.</u>
4	Provide a description of the organization XIV	on's collections	and expli	ain how t	hey further	the or	ganization's ex	empt purp	ose i	n Part
5	During the year, did the organization s assets to be sold to raise funds rather t								'as [] No
Par	IV: Escrow and Custodial Arrar									
	line 9, or reported an amount				, a	u			,	,
1a	Is the organization an agent, trustee, or				or contribu	tions o	r other assets	not		
	included on Form 990, Part X?		•					_	es [No
b	If "Yes," explain the arrangement in Par	t XIV and comp	lete the fo	ollowing t	able.		_			
						-		Amount		
c	Beginning balance	•	•	•		10				
d	Additions during the year	•	•			10				
e	Distributions during the year .	•				16		_		
f	Ending balance Did the organization include an amount			. 010	• •	11	<u> </u>			¬ No
2a b	If "Yes," explain the arrangement in Par		art A, III e	217		•		U 1	es _	J No
	t V Endowment Funds. Complet		zation ar	newarad	"Vee" to I	Form 0	190 Part IV III	ne 10		
	Endownient Funds. Complete	(a) Current year		or year	(c) Two yea				r years	back
1a	Beginning of year balance .	<u> </u>						4.53.	1.10	1
b	Contributions		 		i			77.57 C	1,100,000	
С	Net investment earnings, gains, and		 			<u> </u>				in the
	losses							3.346		
d	Grants or scholarships .	-								4. 14.5
е	Other expenditures for facilities and	-						2	n south	7 2
	programs									
f	Administrative expenses							(1200)	(0)/00	w. 'W
g	End of year balance									
2	Provide the estimated percentage of the	e current year er	nd balanc	e (line 1g	, column (a	i)) held	as			
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	<u> </u> %								
_	The percentages in lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the	possession of th	ne organi	zation tha	at are held	and ad	ministered for	the	-	
	organization by							(a)	Yes	No
	(i) unrelated organizations					•		. 3a(i)		
b	(ii) related organizations	ationa listad as w		Calaad	l- D0			. 3a(ii)		
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of	ations listed as r	equirea c	on Scheal	ule H?	•		. 3b	_	
Part										
- Circ	Description of property	(a) Cost or of			or other basis	(a)	Accumulated	(d) Boo	ak valu	
		(investm			ther)		epreciation	(u) Boo	/K Value	•
1a	Land		483,883			· All	24-2011 :		48	3,883
b	Buildings		2,903,463				1,009,487		1,89	3,976
С	Leasehold improvements		147,636				140,364			7,272
d	Equipment		1,481,845				1,191,104		29	0,742
e	Other		249,817						24	9,817
rotal.	Add lines 1a through 1e. (Column (d) mu	ist equal Form 9	90, Part)	(, column	(B), line 10)(c))	>		2,92	5,690

Part VII Investments—Other Securities	See Form 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)	<u> </u>	
(1)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		V location
Parit VIII Investments—Program Relate	T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) (2)		
(3)	 	
(4)	 	
(5)	 	
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX: Other Assets. See Form 990, P.	art X, line 15.	
	(a) Description	(b) Book value
(1) SECURITY AND DEPOSITS		41,574
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	-1 (D) t 15)	
Total. (Column (b) must equal Form 990, Part X, c		<u> </u>
1. Other Liabilities. See Form 990 1. (a) Description of liability		1. T. C. 7. 7. 3 Shows at 1. C.
(1) Federal income taxes	(b) Book value	
(2) ACCRUED VACATIONS AND BENEFITS	1 100 7	
(3)	1,102,7	
(4)		
(5)		
(6)		\dashv
(7)		
(8)		
(9)	<u> </u>	
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	-	
	the text of the footnote +	o the organization's financial statements that reports the
organization's liability for uncertain tax positions u	under FIN 48 (ASC 740)	o and organization o financial statements that reports the

į

Page 4

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Finan	icial Statements	
· 1	Total revenue (Form 990, Part VIII, column (A), line 12)		955,738
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 2 21,	861,547
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	94,191
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	94,191
Par	Reconciliation of Revenue per Audited Financial Statements With R		
1	Total revenue, gains, and other support per audited financial statements .		955,738
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	F	
а			
b			
С	.		
d		* * *	
е		2e	
3	Subtract line 2e from line 1		955,738
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	* ~	
a		3	
b	- · · · · · · · · · · · · · · · · · · ·		
C		- 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		955,738
Part	Reconciliation of Expenses per Audited Financial Statements With E		
1	Total expenses and losses per audited financial statements		861,547
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		*	
b			
C			
d			
e	——————————————————————————————————————		
3	Subtract line 2e from line 1 .		861,547
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	**************************************	
a		× ûbo o`	
b			
c		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		861,547
	XIV Supplemental Information		
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and additional information.	es 1a and 4, Part IV, lines 1b and a 4b. Also complete this part to pro	2b, ovide
- 		·	<u></u>

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
•		

		·····
····		
·		

SCHEDULE I (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



Employer identification number 66-0265391

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990. PUERTO RICO LEGAL SERVICES, INC.

Part I General Informa	General Information on Grants and Assistance	Assistance						
 Does the organization n 	naintain records to sub	stantiate the amou	unt of the grants or	assistance, the g	trantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and	e, and	
the selection criteria used to award the grants or assistance?	ed to award the grants	or assistance?		٠			✓ Yes	% □
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	organization's procedu	ires for monitoring	the use of grant fur	nds in the United	States.			
Part II Grants and Oth	er Assistance to Go	overnments and	Organizations i	n the United S	tates. Complete if	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	vered "Yes"	
to Form 990, Par Part II can be du	to Form 990, Part IV, line 21, for any recipient that rec Part II can be direlicated if additional space is needed	recipient that rec	served more than	\$5,000. Check	this box if no one	t that received more than \$5,000. Check this box if no one recipient received more than \$5,000 s needed	e than \$5,000.	
1 (a) Name and address of organization or government	tion (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	Frant
(1) PRO BONO, INC VOLUNTEER	K							
SERVICES OF THE PUERTO RICO	.0 66-0387264		714,739				VOLUNTEER LEGAL	AL.
(2)							ASSISTANCE TO LOW	MO
(6)							INCOME FAMILIES.	
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government	ection 501(c)(3) and go	wernment organiza	organizations listed in the line 1 table	ne 1 table			_	
3 Enter total number of other organizations listed in the line 1 table	ther organizations liste	d in the line 1 table			٠		•	

Schedule I (Form 990) (2011)

Cat No 50055P

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

Schedule I (Form 990) (2011)

Part	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	inviduals in the U space is needed	United States. Com	plete if the organiza	ation answered "Yes" to I	orm 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ဗ				-		
4						
5						,
9						
7						
Part IV	Supplemental Information. Complete this so the monitoring of great funds in the United State	te this part to pro	wide the information	n required in Part I,	part to provide the information required in Part I, line 2, and any other additional information.	itional information.
4 CPA firm	A CPA firm is contracted by the Organization to perform a compliance and financial monitoring review the subrecipient	a compliance and fi	inancial monitoring rev	view the subrecipient		
Also a sinç	Also a single audit under Circular A-133 is required to the subrecipient organization (Pro Bono Inc.)	e subrecipient orga	nization (Pro Bono Inc.	.):		
		1				
; ; ; ; ; ; ; ;						
						201 (200 ······ F) 1 1 1 1 1 1 0

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Internal Revenue Service Name of the organization

PUERTO RICO LEGAL SERVICES, INC

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

Open to Public Inspection

66-0265391

Employer identification number

Department of the Treasury ► Attach to Form 990 or 990-EZ.

Part VI, page 6, Section B Policies, 11A (process used by the organization to review Form 990) The original Form 990 as completed is submitted to the Executive Director for approval, signature and filling. It is disclosed 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 possible conflict of interest is detected, the Executive Director is authotorized and directed to bring the matter to the attention of the Board of Directors and to take the corresponding action according to established policies and procedures Part VI, page 6, Section C Disclosure, 19 (How the organization makes governing documents, conflict of interest policy, and financial statement available to the public-) Upon request

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
	·····
······································	
	·····

Puerto Rico Legal Services, Incorporated 66-0265391 December 31, 2011 OTHER EXPENSES (PART IX, PAGE 10, LINE 24a)

	Program Services	_	Management and General	2011 <u>Total</u>
OTHER EXPENSES				
Professional services	\$ 818,301	\$	137,280	\$ 955,581
Telephone	197,604		9,967	207,571
Litigation	295,819		16,094	311,913
Utilities	364,236		18,843	383,079
Equipment rental and maintenance	179,305		7,404	186,709
Maintenance and repairs	69,973		3,446	73,419
Library subscriptions and maintenance	54,655		1,683	56,338
Training	3,411		304	3,715
Dues and fees	43,824		1,358	45,182
Non-capitalizable assets	16,689		1,094	17,783
Parking	25,767		1,244	27,011
Security	24,910		1,693	26,603
Bank charges	17,088		997	18,085
Other	14,498		3,073	17,571
Total other expenses	\$ 2,126,080	\$	204,480	\$ 2,330,560