

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



TAB]

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 Service

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

<u> </u>	For the	2012 cale	ndar year, or tax year beginn	ing JANUARY 1	, 2012, and en	nding	_DECEM		_, 20 12
В	Check if a	applicable	C Name of organization Puerto I	Rico Legal Services, Inc				D Employe	dentification number
	Address	change	Doing Business As	 					66-0265391
	Name cha	ange	Number and street (or P O box	if mail is not delivered to street	address) Roon	n/suite	1	E Telephone	number
	Initial retu	ırn	P.O. BOX 9134						787-728-8686
	Terminate	ed	City, town or post office, state, a	and ZIP code					
	Amended	return	SAN JUAN, P.R. 00908-9134					G Gross rec	eipts \$
	Application	on pending	F Name and address of principal of	officer CHARLES S. HEY	MAESTRE		H(a) Is this a	group return fo	r affiliates? 🗌 Yes 🗹 No
	_		PBM 114 HC-01 BOX 29030 (CAGUAS, P.R. 00725-8900			H(b) Are all	affiliates inc	luded? Yes No
L	Tax-exem	pt status	✓ 501(c)(3)	(c) () ◀ (insert no) ☐ 4	947(a)(1) or 527	7	If "No	" attach a l	st (see instructions)
J	Website:	► ww	v.servicioslegales org				H(c) Group	exemption r	number ►
K	Form of or			ociation ☐ Other ►	L Year of for	rmation		M State o	f legal domicile
Р	art I	Summ	ary						<u> </u>
	1	Briefly de	escribe the organization's m	ission or most significan	t activities: Pro	vide le	gal service	es in civil	and administrative
	J	-	ngs or matters to qualifying fi	•					
ĕ	'	r.,						*	<u> </u>
Ë	-								
Activities & Governance	2	Check th	ıs box ▶ 🔲 ıf the organizatı	on discontinued its opera	ations or dispose	ed of m	ore than	25% of it	s net assets.
Ğ			of voting members of the go		•			3	25
S S	II.		of independent voting mem					4	25
ij			nber of individuals employe					5	327
흟	1		nber of volunteers (estimate	•				6	<u> </u>
¥	1		elated business revenue fro			•	• •	7a	
	II.		ated business taxable incor			•		7b	
	<u> </u>	TTOT GITTO	ated business taxable incom	THE HOLL CONTROL OF THE		_ 	Prior Yea		Current Year
Revenue	8	Contribut	tions and grants (Part VIII, li	ne 1h)				874,552	19,707,492
	1		service revenue (Part VIII, II			-		074,332	15,707,492
	1	-	nt income (Part VIII, column					10 127	10.500
æ	II.		renue (Part VIII, column (A),	• •		-	_	19,137	18,589
			enue—add lines 8 through 1					62,049	129,300
			nd similar amounts paid (Pa					955,738	19,855,381
					·s)				
	1		paid to or for members (Par						
Expenses	15		other compensation, employ				1/,	146,026	15,186,121
Ë	16a		onal fundraising fees (Part I)			¥ 7.23	in the	**************************************	CONT. PROMOTERATE
×	_b `		draising expenses (Part IX,				<u> </u>		
_	17		penses (Part IX, column (A),			<u> </u>		715,521	3,920,358
			enses. Add lines 13-17 (mi				21,	861,547	19,106,479
		Revenue	less expenses. Subtract lin	e 18 from line 12-UL	VED !	_		94,191	748,902
sets or		_		AUG 2.0	701	Begii	nning of Cur		End of Year
Sset	20		ets (Part X, line 16)	AUG 2 0	· 2013 · [8] ·	-		567,922	7,392,283
Net Ass Fund Ba	21		ilities (Part X, line 26)	1 1	. [6].	<u> </u>		439,845	. 5,515,304
_			ts or fund balances. Subtra	ct line 21 from line 20	. <u>8</u>	_	1,	128,077	1,876,979
	art il		ture Block	L UGUEN	. T				
Ur	nder penali	ties of perju	ry, I declare that I have examined tee Declaration of preparer (other	his return, including accompany	ng schedules and s	tatement	ts, and to th	e best of my	y knowledge and belief, it is
		and comp	lete Desira and it steparer (office	thair chicer) is pased on air inior		ALICI III	any knowle	dge.	/
	2.3		(SALLEG	Sill -				Jugusi	- 14, 2013
	iig	Sign	ature-of officer	and M	1.	ſ	Date	• <i>(</i>)	,
He	ere:	_	1 / Yearle	<u>es 5. Hey-11Ge</u>	she, De	<u>Cut</u>	ive D	recte	<u>٧</u>
	\bigcirc		or print name and title					,	
Pa	id	Print/Ty	pe preparer's name	Preparer's promoting	CAA	Date 7	21/12	Check [of PTIN
	eparei	PEDRO	PADILLA, CPA	1 Symul	JUN.	<u> </u>	צו קוב	self-emple	oyed P01469642
	e Only	1	ame PADILLA, MEDINA	& ASSOCIATES, P.S.C	_		Firm	s EIN ▶	660-551821
•	\mathbf{O}	Firm's a	ddress ► PO BOX 191745 SA	N JUAN, PR 00919			Phor	ne no	787-754-8460
Má	iý⁴the IR	S discus	s this return with the prepar	er shown above? (see in	structions)				🗸 Yes 🗌 No
For	r Paperw	ork Redu	ction Act Notice, see the sep	arate instructions.	Ca	at No 11	1282Y		Form 990 (2012)

Page PAGE]

G16 B

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	PROVIDE LEGAL ASSISTANCE IN CIVIL AND AMINISTRIVE PROCEEDINGS OR MATTERS, AS ALLOWED BY THE PROGRAM
	FEDERAL REGULATIONS, TO QUALIFYING FINANCIALLY DISAVANTAGED CLIENTS WHO CAN NOT AFFORD PRIVATE LEGAL ASSISTANCE
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,313,663 including grants of \$) (Revenue \$)
Tu	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, HEALTH, HOUSING LAW, JUVENILES, CONSUMER RIGHTS,
	ENVIROMENT LAW, MIGRANT FARM WORKERS AND COMMUNITY DEVELOPMENT.
	<u></u>
41	
4b	(Code:) (Expenses \$ 1,950,494 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
4c	(Code:) (Expenses \$
	LEGAL ASSISTANCE IS PROVIDED TO MIGRANTS FARM WORKERS IN THE PRIORITY AREAS LISTED 4a.
4d	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2012)

Page 2

Form 99	00 (2012)			Page 3
Part	V Checklist of Required Schedules			·
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	√	2.2.28
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		▼
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		∀
	and the second of the second o	20b		

art	Checklist of Required Schedules (continued)			
	D. 11		Yes	No
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	✓	
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	00	√	
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	•	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	1		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
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, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		_ تحت	<u> </u>	

Part				
	Check if Schedule O contains a response to any question in this Part V	<u>···</u>	Yes	. ∐ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	۸.		_
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 327			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓_
Ь	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.			
E.				
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		V
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	160			
14a	Enter the amount of reserves on hand	14a		
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		✓

Form 99				Page 0						
Part										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response to any question in this Part VI									
Secti	on A. Governing Body and Management		<u> </u>	<u>. Ц</u>						
Occii	THA. GOVERNING BODY and management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	S (34.5)	# 12	16.5%						
	If there are material differences in voting rights among members of the governing body, or		13.80							
	if the governing body delegated broad authority to an executive committee or similar	ž	34.							
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2		100							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1992)	✓						
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/						
6 7a	Did the organization have members or stockholders?	6		 						
7 a	one or more members of the governing body?	7a	•	1						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>						
-	stockholders, or persons other than the governing body?	7b	,	✓						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		3 32	THE STATE OF						
	the year by the following:	2.7.5%								
a	The governing body?	8a	1	<u> </u>						
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	\vdash						
9	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		ode.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	1							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
4.4	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	/	 						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	3	, '¿́, ',						
b 12a	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		أحت أ						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>							
	describe in Schedule O how this was done	12c	1							
13	Did the organization have a written whistleblower policy?	13	1							
14	Did the organization have a written document retention and destruction policy?	14	1	ļ.,						
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?			1 1						
_	The organization's CEO, Executive Director, or top management official	15a	<u> </u>							
a b	Other officers or key employees of the organization	15b	-	1						
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.02	",	<u> </u>						
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		1						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		~ `							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	40:	ļ]						
Cast!	organization's exempt status with respect to such arrangements?	16b	<u> </u>	L						
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶		-							
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	(c)(3)s	only)						
. •	available for public inspection. Indicate how you made these available. Check all that apply.		,,-,-	,/						
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of inter	rest p	olicy,						
	and financial statements available to the public during the tax year									
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶	of the	9							

Form **990** (2012)

Form 990 (2012)

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

Check if Schedule O contains a response to an	y question in this Part VII						

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ated any currer	nt officer, director	, or trustee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	악코	'n	ç	ج و	en H	Fo	from the	related organizations	other compensation
	related	Individual trustee or director	<u> </u>	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	et a	long	, i	nplc	t co		(W-2/1099-MISC)		organization and related
	line)	trus	3 tr	İ	yee	mpe				organizations
	1	e e	Institutional trustee	ŀ		Highest compensated employee				
			l °			<u> </u>				
(1) VIVIAM GODINEAUX VILLARONGA	4									
PRESIDENTE BOARD OF DIRECTORS	 		1							
(2) JESUS GARCIA OYOLA	3		Ė							
VICE-PRESIDENT I BOARD OF DIRECTORS	-	1	1							
(3) FRANCIS D NINA ESTRELLA	3									
VICE-PRESIDENT II BOARD OF DIRECTORS		1	1							
(4) GLORIMAR ACEVEDO CRUZ	3									
SECREATARY OF DIRECTORS		1	/							
(5) EDDIE OLIVERA ROBLES	5									
TREASURER BOARD OF DIRECTOR			✓							
(6) CHARLES S HEY MAESTRE	38									
EXECUTIVE DIRECTOR				✓	, ;			92,999		4,849
(7) CARLOS ALVAREZ	38									-
COMPTROLLER				✓				61,930		
(8) RAFAEL RIVERA MELENDEZ	38									
DIRECTOR OF LITIGATION					✓			82,057		4,379
(9) YOLANDA MURIEL FALCON	38							1		
DIRECTOR OF ADMINISTRATION					1			25,175		737
(10) ANAMARI MELECIO RIVERA	38			ļ						
HUMAN RESOURCES DIRECTOR					✓			64,661		618
(11) GLADYS E ARES RIVERA DIRECTOR	38]								
OF CENTRALIZED INTERVIEW SERVICE					✓			67,373		2,654
(12) JANICE GUTIERREZ LACOURT	38									
PAI DIRECTOR	<u> </u>				✓			60,498		
(13) REBECA DOMA PESQUERA	38	ļ								
COMMUNICATIONS OFFICER					✓		L_	43,147		
(14) ELVIN G HERNANDEZ GONZALEZ	38									
DIRECTOR OF INFORMATION SYSTEMS	<u> </u>		L_		✓	<u> </u>		59,520		5,952

•	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck s pe	erson	than on the than of the than the than the than the the than the	n an tee)	(D) Reportable compensation from	(E) Reportable compensation related		Esti	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		composition from the composition of the composition from the composition	ensation m the nization related nizations	
(15)								-			+			
(16)										_				
(17)														
(18)														
(19)														
										-				
(21)												<u>-</u>		
(22)														
(24)														
(25)														
1b c	Sub-total Total from continuation sheets to Part		n A					>	557,360				19,	189
d 2	Total (add lines 1b and 1c)	not limited						▶ e) w	557,360 ho received m	ore than \$10	00,000	of	19,	<u>189</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete the second of the se	ficer, direc						emp	oloyee, or high		nsated	3	Yes N	10
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Ye	s, "		edule J for	such			7
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mpe	nsat	ion	fror	n any	un	related organiz	ation or ind				
Section	on B. Independent Contractors	700, 0	ОПР		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 3	acii person	· · · · · ·	<u>· . · </u>] 3	<u>\</u>	
1	Complete this table for your five highest compensation from the organization Repyear.													
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens	ation	
NONE														
												·		_
								\vdash						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue						· · · · · · · · · · · · · · · · · · ·
2 c		Check if Schedule O contain	ns a respo	nse to any ques	(A) Total revenue	VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ons, Gifts, Grants Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	. 1b		** ^.0) 1, 1,	2.5	
Contributions, Gifts, and Other Similar An	d e f	Related organizations Government grants (contribution All other contributions, gifts, grand similar amounts not included a	ns) 1e	19,707,492				
Contrib and Ot	g h	Noncash contributions included in lin Total. Add lines 1a–1f	es 1a-1f: \$		19,707,492		<u> </u>	
Program Service Revenue	2a b c d			Business Code	,			324
Progra	f g	All other program service re Total. Add lines 2a–2f					<u> </u>	
	3	Investment income (include and other similar amounts) Income from investment of tax	ling divide -exempt bo	ends, interest, ▶ ond proceeds▶	18,589			
	5 6a b	Royalties	<u>.</u>) Real	(II) Personal				
	c d 7a	Rental income or (loss) Net rental income or (loss)	ecunties	>				è
	ь	assets other than inventory Less: cost or other basis and sales expenses .						**************************************
	d	Gain or (loss)		. <u>.</u> .	*		*	
Other Revenue	8a	Gross income from fundrais events (not including \$ of contributions reported on I See Part IV, line 18	ine 1c).					
Othe	C	Less: direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	b Indraising activities.	events . ►				
	С	Less: direct expenses Net income or (loss) from garders sales of inventor returns and allowances	b aming acti ry, less					
		Less: cost of goods sold . Net income or (loss) from so	b ales of inve					
	11a b c	MISCELLANEOUS REVENUE			129,300			
	e 12	Total. Add lines 11a–11d . Total revenue. See instruct			10 955 201	19 500		

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4)	organizations must c	complete all columns.	All other organizations	must complete column (A).

	Check if Schedule O contains a respon-	se to any question i	n this Part IX	. <u></u>	<u></u> 🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	610,160	610,160		
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	557,360	501,624	55,736	15/2/2015
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	337,300	301,021		
7 8	Other salaries and wages	9,236,340	8,312,706	923,634	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	136,652 4,339,636	122,987 3,905,672	13,655 433,964	
10 11	Payroll taxes	916,133	824,520	91,613	
a	Management				
b	Legal	18,200	18,200		
d	Lobbying	18,200	10,200		
e	Professional fundraising services. See Part IV, line 17		S , " 1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	277,948	250,153	27,794	
14	Information technology				
15	Royalties				
16	Occupancy	708,748	637,873	70,875	
17 18	Travel	158,836	142,952	15,884	
19	Conferences, conventions, and meetings				
20 21	Interest	58,937	53,043	5,894	
22	Depreciation, depletion, and amortization .	252,164		252,164	
23	Insurance	129,207	116,286	12,921	1,5, -4
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	` .		-	
	(A) amount, list line 24e expenses on Schedule O.)		,	S.	
а	SEE ATTACHMENT I	1,652,015	1,500,565	151,450	
b	LOSS ON DISPOSAL OF PROPERTY	54,143		54,143	
C					
d e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	19,106,479	16,996,742	2,109,737	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	13,100,173	.0,330,142	2,100,101	
	fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 398,368 4,488,230 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net 3 4 78,393 158,422 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Assets Notes and loans receivable, net Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges 110,054 80,245 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a MARKET (5,184,520 10b 2,560,958 10c Less: accumulated depreciation . . 2,925,690 b 2.623.562 11 11 Investments—publicly traded securities . . . 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV, line 11 . . . 41,574 41,824 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,567,922 16 7,392,283 17 Accounts payable and accrued expenses 1,344,409 17 1,459,443 Grants payable . . 18 18 19 19 Deferred revenue . 58,924 3,238,176 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 1,306,512 817.685 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 26 26 Total liabilities. Add lines 17 through 25 2,439,845 5,515,304 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 1,128,077 1,876,979 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 Total net assets or fund balances 1,128,077 33 1,876,979 Total liabilities and net assets/fund balances . 3,567,922 34 7,392,283 Form 990 (2012)



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

_			ERVICES, INC.	70.00			-, ,			66-026			
Par				rity Status (All orga						nstruction	ns.		
	-			ation because it is: (Fo									
1		•		hes, or association of			ea in sec	tion 170	(D)(1)(A)(I	ı).			
2				170(b)(1)(A)(ii). (Attac									
3 4	□А	medical rese		spital service organiza on operated in conjuni e.						0(b)(1)(A)(i	iii). Ente	r the	
5	☐ Ar	n organizatio		the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit d	escrit	ed in
6 7	☑ Ar	n organizatio	on that normally	nment or government receives a substantia I (A)(vi). (Complete Par	al part of					nit or from	the ge	neral	oublic
8	\square A	community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	rt II)						
9	re SL	ceipts from	activities related gross investme	receives. (1) more that to its exempt functent income and unrelater June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable inc	ceptions	s, and (2) ss sectio) no more	than 3	31/3%	of its
10	☐ Aı	n organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)((4).			
11 e	pu 50 a By ot or If	urposes of company of the organization organization of the organization of the organization organization organization organization organization organization organizat	b Type his box, I certify indation manage (a)(2). ation received a	nd operated exclusive officity supported organ describes the type of the condition of the c	nizations supportin I-Functio is not co e or more	described ng organizen nally inter ntrolled de publicly	d in sect zation and grated lirectly or supporte	ion 509(a d comple d	a)(1) or sete lines 1 Type III-P y by one izations o	ection 509 11e through Non-function or more didescribed	(a)(2). S h 11h. onally ir lisqualifi in section	itegra ed pe on 50	ted rsons 9(a)(1)
		•	check this box									•	. 🗆
g		ince August Ilowing pers		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	•			
	(i)	A person	who directly or i	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) and	d	Yes	No
	• • •	(iii) below,	the governing be	ody of the supported	organızat	ion?					11g(i		1
	(ii	i) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	1
			•	a person described in							11g(iii	+	1
h		•		on about the support								1	
	Name o	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organiza (i) organi	Is the (tion in collized in the S?	(vii) Amou sı	nt of m	onetary
				,,,	Yes	No	Yes	No	Yes	No			
(A)													
(B)													_
(C)													
(D)	-												
(E)													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2012 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (f) Total Gifts, grants, contributions. and membership fees received. (Do not include any "unusual grants.") . . . 19,707,492 104,914,126 19,311,416 21,277,090 22.743.052 21.874.552 revenues levied for 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 . . . Total. Add lines 1 through 3. . . . 19,311,416 21,277,090 21.874.552 19.707.492 104.914.126 5 The portion of total contributions by (other than each person publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 104,914,126 Section B. Total Support (a) 2008 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2009 (c) 2010 Amounts from line 4 19,707,492 104,914,126 19,311,416 21,277,090 22,743,052 21,874,552 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 11,211 20,721 19,137 18,589 114,003 44,345 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.) 62,049 129,300 .*<u>\$</u> 2 Total support. Add lines 7 through 10 11 105,219,478 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 99.71 % 14 Public support percentage from 2011 Schedule A, Part II, line 14 15 15 331/2% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization \checkmark 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\overline{\mathbf{V}}$ 17a 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

	in the organization rane to quality		oto notou bon	OTT, produce of	offipioto i dit	··· <i>y</i>	
	on A. Public Support		T	 			
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants")		ļ			<u> </u>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					8,000	8,000
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					•	
	organization without charge .				Ī		
6	Total. Add lines 1 through 5					8,000	8,000
7a	Amounts included on lines 1, 2, and 3					9,000	0,000
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					 	
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						8,000
Secti	on B. Total Support		L	I -		<u> </u>	8,000
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	\.,	, , , , , , , , , , , , , , , , , , ,	(-,	\-, : · · · · ·		8,000
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources						
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	-					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				·		
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	-				 	
	and 12.)						8,000
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third. fourth	or fifth tax ve	ear as a section	
	organization, check this box and stop he	_			-		`▶ □
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2012 (line 8	3, column (f) d	vided by line 1	3, column (f))		15	100_%
16	Public support percentage from 2011 Sch	nedule A, Part	III, line 15 .			16	- %
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (line 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2011				* ***	18	%
19a	331/3% support tests - 2012. If the organ					ore than 331/3%	, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organiz						
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di						

ichedule A (l	Form 990 or 990-EZ) 2012	Page 4
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).	

· ··		
		·
·		
·		
·••		••
·		
···		
·		
···		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 ☐ Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements . . . **b** Total acreage restricted by conservation easements 2b c 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ß 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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: 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:

b Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Coll	ections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and ot						significar	nt use of its
а	☐ Public exhibition					or exchang				
b	☐ Scholarly research			e	Other	r				
C	☐ Preservation for future generations	s								
4	Provide a description of the organizat XIII.	tion's	collections a	and expla	an how t	hey further	the org	ganization's exe	mpt purp	oose in Part
5	During the year, did the organization assets to be sold to raise funds rather									∕es □ No
Part	IV Escrow and Custodial Arra	anaei	ments. Co	mplete i	f the ora	anization	answe	red "Yes" to F	orm 990), Part IV,
	line 9, or reported an amour									
1a	Is the organization an agent, trustee					or contribut	tions of	r other assets r	ot	·
	included on Form 990, Part X?									res □ No
b	If "Yes," explain the arrangement in P									
-	ii 100, OAPiaii iio arangomeni iir							1	Amount	
С	Beginning balance						10	:		
ď	Additions during the year						10	1		
e	Distributions during the year						16	•		
f	Ending balance						11	F		
2a	Did the organization include an amoun								Y	res 🗌 No
	If "Yes," explain the arrangement in P							ed in Part XIII .		. 📋
Part		ete if	the organiz	zation ar	swered	"Yes" to f	orm 9	90, Part IV, lin	e 10.	
-			Current year	,	or year			(d) Three years bad		ur years back
1a	Beginning of year balance		_							
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships		•							
е	Other expenditures for facilities and									
	programs					_				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the cu	rrent year er	nd balanc	e (line 1g	, column (a	ı)) held	as:		
а	Board designated or quasi-endowment	nt ▶		%						
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2	2c sho	ould equal 10							
3a	Are there endowment funds not in the	e pos	session of th	ne organı	zation the	at are held	and ad	lministered for t	he	
	organization by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii	<u>}</u>
b	If "Yes" to 3a(ii), are the related organ								3b	
_4	Describe in Part XIII the intended uses							 		
Part		omen			i e					
	Description of property		(a) Cost or of (investm			or other basis other)	ď	Accumulated epreciation	(d) Bo	ok value
1a	Land			483,883			的数	N. C. S. C.		483,883
b	Buildings			2,898,888				1,098,687		1,800,201
С	Leasehold improvements			143,954	ļ			142,342		1,612
d	Equipment			1,459,252				1,319,929		139,323
е	Other			198,543						198,543
Total.	Add lines 1a through 1e. (Column (d) r	nust e	equal Form 9	90, Part 2	X, columr	n (B), line 10	O(c).)	<u>.</u> ▶		2,623,562

Part VII	Investments - Other Securities	. See Form 990, Part 2	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) Financia	al derivatives			
	-held equity interests			
(3) Other				
(A)			_	
(B) (C)				
(D)				
(E)				
(F)				
(G)			•	
(H)				
(I)				
	(b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII		T		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)			•	
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)_				
(10)				
$\overline{}$	(b) must equal Form 990, Part X, col (B) line 13) ▶		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 142
Part IX	Other Assets. See Form 990, Pa			
		a) Description	(b) Book va	
	RITY DEPOSIT			<u>41,</u> 824
(3)				
(4)		_		
(5)		<u></u> -		
(6)				
(7)				
(8)				
(9)				
(10)	umn (h) must soud Form 000. Dort V. o	ol /D) line 15)		
Part X	umn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,		<u></u> ▶	41,824
1.	(a) Description of liability	(b) Book value		
	Il income taxes	(0) 200		j
(2)				
(3)			7	
(4)			, , , , , , , , , , , , , , , , , , , ,	
(5)				
(6)				
(7)				
(8)			_	
(9)				
(10)			_	
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)		⊣ .	- 1
		text of the footnote to the	prganization's financial statements that reports the orga	inization¹e
			of the footnote has been provided in Part XIII	

1 Total revenue, gains, and other support per2 Amounts included on line 1 but not on Form		Return	
2 Amounts included on line 1 but not on Form	audited financial statements [1	19,855,381
	n 990, Part VIII, line 12.	16	
a Net unrealized gains on investments	2a		
b Donated services and use of facilities .			
c Recovenes of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	19,855,381
4 Amounts included on Form 990, Part VIII, III	ne 12, but not on line 1:		
a Investment expenses not included on Form	990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	•
5 Total revenue. Add lines 3 and 4c. (This must	st equal Form 990, Part I, line 12)	5	19,855,381
Part XII Reconciliation of Expenses per	Audited Financial Statements With Expenses pe	Return	
1 Total expenses and losses per audited finar	ncial statements	1	19,106,479
2 Amounts included on line 1 but not on Form	ı 990, Part IX, line 25:	52	
a Donated services and use of facilities .			
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	<i>.</i> ,	3	19,106,479
4 Amounts included on Form 990, Part IX, line	25, but not on line 1:	720	
a Investment expenses not included on Form	· I I		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This m	ust equal Form 990, Part I, line 18.)	5	19,106,479
Part XIII Supplemental Information	<u> </u>	<u> </u>	

Schedule D (Fo	orm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
-		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

545-0047	
OMB No. 1	0

Open to Public Inspection 2012

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

Department of the Treasury Internal Revenue Service				► Attach to Form 990.	Form 990.			Inspection
Name of the organization							Emplo	Employer identification number
PUERTO RICO LEGAL SERVICES, INC.	SERVICES, INC							66-0265391
Part General	Information	General Information on Grants and Assistar	Assistance					
1 Does the organ	nization mainta	Does the organization maintain records to substantiate the arthe selection criteria used to award the grants or assistance?	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility fo	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ince?	e, and · · · · · · · · · · · · · · · · · · ·
2 Describe in Pa	irt IV the organ	ization's procedur	es for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants Part IV,	and Other As line 21, for an	Grants and Other Assistance to Governmer Part IV, line 21, for any recipient that received	vernments and received more the	Organizations Nan \$5,000. Part	in the United Si Il can be duplica	its and Organizations in the United States. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization ansvipace is needed.	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. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	of organization	(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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PRO-BONO, INC. VOLUNTEER	VOLUNTEER	# Johnson Jo		001 0104				VOLINTEED LEGAL
(2)	O RICO	407/000-000		000				ACCISTANCE TO LOW
(3)								EAMILIES
(4)								
(5)								
(9)								
(7)								
(8)								
. (6)								
(10)								
(11)								
(12)								
2 Enter total nur	nber of section	Enter total number of section 501(c)(3) and government	vernment organizat	organizations listed in the line 1 table	ine 1 table			
l g	tion Act Notice,	erwork Reduction Act Notice, see the Instructions for Forn	is for Form 990.		. 0	Cat No. 50055P		Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) A CPA firm is contracted by the Organization to perform a compliance and financial monitoring review the subrecipient. (d) Amount of non-cash assistance Also a single audit under Circular A-133 is required to the subrecipient organization (Pro Bono Inc.) Procedures for the monitoring of grant funds in the United States. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance information. Part III Part IV 2 ო S

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection Employer identification number

PUERTO RICO LEGAL SERVICES, INC. 66-0265391 Part I Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant ☑ Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a 6b **b** Any related organization? . If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

Schedule J (Form 990) 2012

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

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

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

Note. The sum of columns (B)(I)-(III) It	or eac	n listed Individual mu	ist equal title total atti	DUIL OF FORM 350, FA	T VII, SECTION A, IIIIE 1	a, applicable colullis	ii (b) ailu (c) ailiburit	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontavable (F) Total of columns		(B) Breakdown c	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	1
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(a)-(i)(a)	(F) Compensation reported as deferred in prior Form 990
				compensation				
	E							
-	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**********************
	8							
7	≘	7 6 6 7 7 7 6 6 8 8 8 8 8 8 8 8 8 8 8 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
- Vigina	8							
8	Ξ							
	3							
4	≘							
	ε							
r	€							
	€							
9	€							
	ω							
7	€		999999999999999999999999999999999999999					
	€							
8	E							
	(1)							
6	(E)							
	€							
10	≘							
	(1)			_				
11	≘							
	(1)							
12	<u>(ii)</u>							
	(0)							
13	(E)							
	€							
14	≘							
	(3)							
15	Ξ							
	€							
16	3							

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page 3.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization PUERTO RICO LEGAL SERVICES, INC 66-0265391 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 FILING IT IS DISCLOSED TO THE EXECUTIVE AND FINANCIAL COMITTEE 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) ATTORNEY AND BOARD OF DIRECTORS HAVE KNOWLEDGE OF CONFLICT OF INTEREST POLICY. WHEN POSSIBLE CONFLICT OF INTEREST IS DETECTED, THE EXECUTIVE DIRECTOR IS AUTHORIZED AND DIRECTED TO BRING THE MATTER TO THE ATTENTION OF THE BOARD OF DIRECTOR 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 PART V, PAGE 5, STATEMENTS REGARDING OTHER IRS FILING AND TAX COMPLIANCE, 3B. (DID THE ORGANIZATION HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR WILL DURING THE YEAR) YES, THE ORGANIZATION RECEIVED INCOME RELATED TO THE SALE OF SOFTWARE RIGHTS OF ELECTRONIC CASE MANAGEMENT SYSTEM

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
•	

Puerto Rico Legal Services, Inc. 66-0265391 December 31, 2012 OTHER EXPENSES (PART IX, PAGE 10, LINE 24a)

	Program Management and Services General		_	2012 Total		
OTHER EXPENSES						
Professional Services	\$	503,019	\$	55,891	\$	558,910
Telephone		150,759		16,751		167,510
Litigation		112,804		-		112,804
Utilities		332,324		36,925		369,249
Equipment rental and maintenance		156,617		17,402		174,019
Maintenance and repairs		49,049		5,450		54,499
Library subcription and maintenance		64,922		7,214		72,136
Training		938		104		1,042
Dues and fees		40,658		4,518		45,176
Non-capitalizable assets		6,932		770		7,702
Parking		24,711		-		24,711
Security		6,829		759		7,588
Bank Charges Other		14,898		1,655		16,553
Other		36,104		4,012		40,116
Total other Expenses	\$	1,500,565	\$	151,450	\$	1,652,015