6049332800315 **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	Α	For the	2017 cale	ndar year, or tax year beginning , 2017, and ending		, 20		
	В	Check if	applicable	C Name of organization PUERTO RICO LEGAL SERVICES, INC.	D Employ	er identification number		
	_	Address		Doing business as	7	66-0265391		
	$\overline{\Box}$	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one number		
	H	Initial reti	•	P.O. BOX 9134		787-728-8686		
	\exists			City or town, state or province, country, and ZIP or foreign postal code		707-720-0000		
	\vdash		n/terminated		G Gross r	G Gross receipts \$ 15.960.665		
	\vdash	Amended	1	SAN JUAN PR 00908-9134		eceipts \$ 15,960,665 subordinates? Yes No		
	Ш	Applicati	on pending	I				
						es included? Yes No a list (see instructions)		
	<u></u>		npt status	E 301(0)(0)				
	<u>J</u>	Website			up exemption			
				✓ Corporation Trust Association Other L Year of formation 196	6 M State	e of legal domicile PR		
	P	art I	Summ					
		1	•	escribe the organization's mission or most significant activities. Provide legal ass				
	Activities & Governance		proceedu	ngs or matters, as allowed by the program federal regulations, to qualifying financially	/ disadvant	aged clients who can		
	пад			l private legal assistance.				
	ver	2	Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more th	an 25,% of	its net assets.		
	Ô	3	Number	of voting members of the governing body (Part VI, line 1a)	. 3	22		
	9	4	Number	of independent voting members of the governing body (Part VI, line 1b)	. 4	22		
	ties	5	Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a)	. 5	234		
00	Ξ	6	Total nur	nber of volunteers (estimate if necessary)	. 6			
2018	Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12	. 7a			
		1		ated business taxable income from Form 990-T, line 34	. 7b			
2 0					Year	Current Year		
DEC	4.	8	Contribu	tions and grants (Part VIII, line 1h)	16,144,611	15,895,569		
	Ğ				10,111,011			
	Revenue	10	Investme	ont income (Part VIII, column (A), lines 3, 4, and TRECEIVED	9,714	9,094		
Ω		11	Other rev	service revenue (Part VIII, line 2g)	15,042			
SCANNED		12	Total revi	renue (Part VIII, column (A), lines 5, 6d, 8c, 93, 10c, and 11e)	16,169,367	· · ·		
Ž	_			nd similar amounts paid (Part IX, column (A), lines 1–3).	395,385			
Ă				paid to or for members (Part IX, column (A), line OGDEN. UT.	353,363	355,652		
S		15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	12 270 112	11 000 040		
-,	Expenses	I		onal fundraising fees (Part IX, column (A), line 11e)	13,278,112	11,890,840		
	ë	16a						
	ង្គ			draising expenses (Part IX, column (D), line 25)				
	_			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,664,397			
		1		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,337,894			
		19	Revenue	less expenses. Subtract line 18 from line 12	-168,527 Current Year			
	Net Assets or Fund Balances							
	sset 3alar	20		ets (Part X, line 16)	4,097,291			
	et A	21		olities (Part X, line 26)	1,630,850			
	_			ts or fund balances. Subtract line 21 from line 20	2,466,441	3,662,925		
	_	art II		ture Block				
				iry, I declare that I have examined this return, including accompanying schedules and statements, and t		my knowledge and belief, it is		
	tru	e, correct	t, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer has any known)wieage /			
				Gadussa Xalgun Culley	11/	7/2018.		
	Siç	gn	Sığr		Date /			
	He	re	H	adassa Santini Colberg Executive Direc	180			
			Тур	e or print name and title	7			
	Pa			pe preparer's name Preparer's symptome Date	Check	☐ if PTIN		
			$\Box \mid \mathcal{P}_{\lambda}$	EDRO DADILLA, CAA (JUNU 11/7/201)	self-em			
		epare	•		Firm's EIN ▶	660551821		
	US	e Onl	y ——		hone no	787-754-8460		
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	· via	,		Sand total and property shows above too metrodioney	· · · ·	<u> </u>		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2017)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
~	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 9,288,138 including grants of \$) (Revenue \$)
	The Basic Field Grant is the major enity's fund that provides legal assistance in non-criminal proceedings for qualifying financial
	disadvantaged program participants. Some of the proceedings covered are family law, domestic violence, employment, special
	education, health, housing law, juveniles, consumer rights, environment law, migrant farm worker rights and community development
	The basic program worked on approximately 17,190 cases for low income families during the year.
4b	(Code) (Expenses \$ 1,333,036 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 effort, encouraging attorneys in private practice to provide free legal assistance to indigent
	individuals and communities. The funding to private attorneys during the year provided services in approximately of 7,090 cases for
	low income families.
	······
4c	(Code) (Expenses \$ 189,591 including grants of \$) (Revenue \$)
	Legal assistance is provided to migrant farm workers in the priority areas listed (4.a). During the year the organization provided
	services in 47 migrant worker cases.
	······
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 3,809,535 including grants of \$) (Revenue \$) Total program service expenses ▶ 13,204,473

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is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 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 cannidates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization as ection 501(c)(6), 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 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not itseld in Part X, or provide credit counseling, debt management, credit repair, or debt inegotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for other assets in Part X, line 10 that addresses the organization report an amount for other assets in Part X, line 10 that addresses the organ	,		
complete Schedule A 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 Section 501(Q3) organizations. Did the organization engage in lobbying activities, or have a section 501(q1) as assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II Is the organization as section 501(q1) as 501(q1), or 501(q1) organization as tensor in such funds or accounts? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization oreport 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 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 VI 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 VI Did the organization report an	Ye	s	No
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assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	+	+	•
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		\perp	✓
 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			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-	+	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	f		✓
	 	+	<u>•</u>
			✓

Part	Checklist of Required Schedules (continued)			_
			Yes	No
20 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			 •
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		H
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		l	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	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		1
А	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Ė
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		/
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	Ì		
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I </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		✓
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		✓
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-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Form **990** (2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>. </u>	<u>. </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		\$50,700 Sunia	
_	reportable gaming (gambling) winnings to prize winners?	1c रङ्गरू	80 o.	C 4 c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Sizarià	32 - 3
_	Statements, filed for the calendar year ending with or within the year covered by this return 234		Marie	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	%. \\	72
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	يستنتين	كأعسكلاه	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		₩.
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country. ▶	70	% . *X	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		Big/18/18/8	\$ 450 B
	(FBAR).		600	, ,,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	Home	4	J. 68%
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	سينسند		ننسب
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	24.0	<u> </u>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file rorm 6699 as required. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	₩	કે _{કે} કહ્યું	10.785
•	sponsoring organization have excess business holdings at any time during the year?	8	<u>``</u>	تشم
9	Sponsoring organizations maintaining donor advised funds.	*	. 4	10%
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	\$4° 8	्रि	×,
а	Initiation fees and capital contributions included on Part VIII, line 12		輸汽	\$ 128
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A	ด้อยการเลิง เพื่อสการเลิง	्री ट - ७३७	S 38
11	Section 501(c)(12) organizations. Enter	X 7.7%	\$ 1.76% 	
а	Gross income from members or shareholders			× 🍇
b	Gross income from other sources (Do not net amounts due or paid to other sources		16-27-28	
	against amounts due or received from them.)	/administration.		- 1500 -
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	n 194	110
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		\$ 100 m	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	STATES		· 3美
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	· Green	1 15M2
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	***	1. TO	***
b	the organization is licensed to use a qualified health plans		1	
С			N:	
14a	Enter the amount of reserves on hand	14a	20 X X X X	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
,				

(*

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. Enter the number of voting members included in line 1a, above, who are independent 1b 22 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employee? 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 3 Did the organization base any significant changes to its governing documents since the prior Form 990 was filled? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Beach committee with authority to act on behalf of the governing body? 6 Beach committee with authority to act on behalf of the governing body? 7 Is a there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have been subjected by the organization of the process. If his section B requests information about policies not required by the Internal Revenue Code. 10a Did the organization have a written organization about policies not required by the Internal Revenue Code. 11b Vers Nice in the gove	Part '					
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The 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 delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent or committee, explain in Schedule O. Did any officer, director, frustee, or key employee?			<u> </u>	<u>·-</u> :	<u>· · · </u>	✓
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supervision of officers, directors, or frustees, or key employees to a management company or other person? 2 1 2 1 2 1 2 1 4 2 1 4 2 4 5 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				2		✓
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Did the organization have a written document retention and destruction policy?		describe in Schedule O how this was done			✓	
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Form 990 (2017)

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

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

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

- 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 employees."
- 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 nor any related organization compensated any current officer, director, or trustee.

Officer this box if fletther the organization	Tion arry relate	u oig	uiiiz			ompe	1130	T	it officer, director	, or trustee.
					C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average		box, unless per					Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	rect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	유표	lns:	읓	<u>@</u>	em	Forme	the	organizations	compensation
	related	l He di	in the	Officer	en en	hesi	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	. ~ -	Suoi		Key employee	ee t cor	,	(W-2/1099-MISC)		organization and related
	line)	rus	Į į		yee	mpe				organizations
		ee	Institutional trustee			Highest compensated employee				
			(9)			ted				
(1) Lcdo. Jaime Ruberté Santiago	4									
President of the Board Directors		/			_			c	0	0
(2) Jesus Garcia Oyola	3									
Vice- President I of the Board of Directors		✓			<u> </u>			c	0	0
(3) Lcda. Laura Patricia Ortiz Nieves	3	ļ								
Vice- President II of the Board of Directors		✓			L			C	0	0
(4) Samaria Alvarez Garcia	3									
Secretary of the Board of Directors		✓						L c	0	0
(5) Lcdo. Luis M. Rıvera Santana	4									
Treasurer of the Board of Directors		✓						c	0	0
(6) Hadassa Santını Colberg	37.50				li					
Executive Director					✓			99,692	o	4,414
(7) Carlos Alvarez	37.50									
Comptroller				✓				77,007	0	2,395
(8) Brenda Cruz Amador	37.50							İ		
Director of Litigation				✓				67,546	o	3,676
(9) Alejandro Figueroa Quevedo	37.50									
Deputy Executive Director				✓				72,963	0	4,763
(10) Marggiemay Burgos Arocho	37.50									
Manager of Litigation				✓				63,399	o	3,934
(11) Gladys E. Ares Rivera	37.50									
Director of Centralized Interview Services					✓			81,939	o	2,458
(12) Eduardo Escribano Román	37.50									
PAI Director					✓			71,624	o	2,149
(13) Juan J. Ocasio Belmonte	37.50									
IT Director				✓				68,411	o	1,556
(14) Arlene Ayala Cuevas	37.50									
Human Resources Supervisor	 				✓			39,442	о	486

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (d	continued	1)	
	•					C)					- 1		
	(A)	(B)	(do n	ot ch		ition more	than o	ne	(D)	(E)	İ	(F)	1
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportabl		Estima	
		hours per week (list any		erano	_	_	or/trust	·	compensation from	compensation related	i trom	amour oth	
		hours for	Individual trustee or director	Inst	Officer	Key employee	필출	Former	the	organizatio		compen	sation
		related organizations	lirec ec	Institutional trustee	cer	em	nest Joy	mer	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	from organiz	
		below dotted	or a	ona		흥	မြို့		(00-2/1099-101130)			and re	
		line)	uste	tru		é	nper					organiza	ations
			%	stee			Highest compensated employee						
						<u> </u>	8						
(15)											ŀ		
(16)		ļ										•	
						_							
(17)		ļ									1		
		1		_		_			 				
(18)		ļ											
(40)						\vdash			<u> </u>				
(19)		ļ	ļ					l					
(00)		-					-	\vdash			-		
(20)													
(21)			l			-							
35.17		<u> </u>					İ						
(22)													
37.72		†					,						
(23)		-									ļ.		
32					ŀ								
(24)													
3		<u> </u>]				1						
(25)													
			<u></u>					<u> </u>					
1b	Sub-total								642,023				25,831
С	Total from continuation sheets to Part	VII, Sectio	n A						0				0
d	Total (add lines 1b and 1c)							<u> </u>	642,023				25,831
2	Total number of individuals (including but		to th	ose	lıst	ted	above	e) w	ho received m	ore than \$10	00,000 o	f	
	reportable compensation from the organi	zation 🟲											
_		,											res No
3	Did the organization list any former of							emp	ployee, or nigh	est compe	nsated	- <u>-</u> - -	
_	employee on line 1a? If "Yes," complete							•				3	-
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater th	an 🌣	150,	UUU) (1.	i re	S,	complete Sch	eaule J lo	Such		
_	Did any person listed on line 1a receive of		···	nco	Hon	· fro	m an		rolated organis	 vation or und	 Invidual	4	
5	for services rendered to the organization									ation or inc	iividdai	5	
Soction	on B. Independent Contractors	, .						-	34017 (5010017			<u> </u>	
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more tha	n \$100 f	100 of	
•	compensation from the organization. Rep												's tax
	year.	, , , , , , , , , , , , , , , , , , ,						,	,				
	(A)							Γ	(B)			(C)	
	Name and business add	Iress							Description of s	ervices	Co	mpensat	ion
								Π			_	-	
2	Total number of independent contractor							th	nose listed abo	ove) who			
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	▶			ļ			l

Form 990 (2017) Part VIII Statement of Revenue

	'n, ´	Check if Schedule O contains	a response or note to	o any line ın this	Part VIII	<u></u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns	1a -	A			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b -				
ا ڳي	С	Fundraising events	1c				
ii ii	d	Related organizations	1d			an announced the contract of t	and determined the second
ons, Gift Similar	-	Government grants (contributions)	1e 15,895,569				
Sign	f	All other contributions, gifts, grants,			33 A 34 34 34 34 34 34 34 34 34 34 34 34 34		
돌		and similar amounts not included above	1f				
불하	q	Noncash contributions included in lines 1a-					
Contributic ≥nd Other	y Ii	Total. Add Imes 1a-1f		15 905 560			
		Total Add Into Ta TT	Business Code				
Program Service Revenue	2a					S. 200 (190 (190 (190 (190 (190 (190 (190 (1	
ě	ęа b						
ė l							
ž	C						· · ·
s s	d			,	,	,	•
rari	e						٠
δ.	Ť	All other program service revenu			F 78. 27 1. 14. 5799 632, 688577. 47.	51178-758-108/17874-1781808-1750/20	A CONTRACTOR OF THE PROPERTY O
<u>ā</u>	<u>g</u>	Total. Add lines 2a-2f			FOR THE RESERVE		
	3	Investment income (including			*		,
		and other similar amounts) .		9,094	9,094		
	4	Income from investment of tax-exer					•
-	5	Royalties		an and Assert to Assert to Delegate to Delegate to	EAEREAGGUAGHU IOINNINGUNNIIIIIIIIIIIIII	minimining statement of the statement of	A SANGAGARAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN MARKAN
		(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)	, ,	260 . A & A			
	d	Net rental income or (loss)	<u> </u>	•		' /,	
	7a	Gross amount from sales of (i) Securiti	es (II) Other				
		assets other than inventory		ราชัย ซึ่งสุดเลี้ยา เปลี่ละไม่เลยเสมเลยาเลยาเลย เลย	uniqualitation of the control of the	mas river republication or restricted	ration of the second
	b	Less. cost or other basis					
		and sales expenses .	•				
	С	Gain or (loss)	,				
	d	Net gain or (loss)	. ,				
e l	8a	Gross income from fundraising	' '	The immediate collective and	pot atracim proprince constitution at a second	rage of an absolute the following	eur announteron en est de automonie
Je		events (not including \$					ne e
ا ۾ ا		of contributions reported on line 10	c).				
듷	•	See Part IV, line 18					
Other Reven	b.	Less direct expenses					6.0
اِ	, C	Net income or (loss) from fundra				**************************************	
`,	9a						
		See Part IV, line 19					
	, p	Less direct expenses					
	C	Net income or (loss) from gaming			300000000000000000000000000000000000000		
	10a	• • • • •					
-	Tou	returns and allowances	. a				
.	, <u>.</u>						
:	b	Less cost of goods sold Net income or (loss) from sales of					
	<u>C</u>	Miscellaneous Revenue	Business Code				
	110	,	.' -				
.	11a	Attorneys/Litigation Fees Collection		10,551			
,	b	Other passive income activities	900003	45,451		<u> </u>	
	, C	All other records					
	d	All other revenue			20100000000000000000000000000000000000	*	Land Control of the C
	e	Total Add lines 11a-11d		56,002			
	12	Total revenue. See instructions.	<u> ' ▶</u>	15,960,665	<u> </u>		° Form 990 (2017)
	_						Form 990 (2017)

Part IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	, (D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic	399,892	399,892				
2	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign		,		19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (
Ū	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members			14.31	46		
5	Compensation of current officers, directors, trustees, and key employees	602,581	602,581				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			,			
٠ 7	Other salaries and wages	6,580,460	5,933,986	646,474			
8	Pension plan accruals and contributions (include		1				
_	section 401(k) and 403(b) employer contributions)	_262,015		,			
9 10	Other employee benefits	3,490,598					
11	Fees for services (non-employees)	955,186	603,213	83,367			
a	Management		,	,			
b	Legal	599,940	545,945	53,995			
C	Accounting				,		
ď	Lobbying						
. e	Professional fundraising services See Part IV, line 17 Investment management fees				• •		
g	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	91,042	82,848	8,194			
14	Information technology :	,			-		
15	Royalties			,			
16 17	Occupancy	447,800					
17 18	Payments of travel or entertainment expenses	132,422	120,504	11,918			
	for any federal, state, or local public officials	-					
19	Conferences, conventions, and meetings .	· .`			•		
20	Interest	. 14,579	13,267	1,312			
21	Payments to affiliates	142.001		142 001			
22 23	Depreciation, depletion, and amortization . Insurance	143,881 83,767		. 143,881 7,539			
24	Other expenses. Itemize expenses not covered	83,707	70,220	7,555			
-:	above (List miscellaneous expenses in line 24e If						
	line 24e amount exceeds 10% of line 25, column	100					
	(A) amount, list line 24e expenses on Schedule O.)	,					
a	Refer to Schedule 1	960,018	873,617	86,401			
b c							
d	·						
e	All other expenses		<u> </u>				
25	Total functional expenses. Add lines 1 through 24e	14,764,181	13,340,463	1,423,718			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				,		
	from a combined educational campaign and	`			<i>></i> ₁•		
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				*X.		

Forn	, 1 990 (20)17)		•	Page 1 °
Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	Part X		<u>.</u>
			. (A) . Beginning of year		(B) End of year
Assets	1 2 3 4 5 6	Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4950(f)(1)), persons described in section 4950(c)(0)(D), and contributing employers and sponsoring diganizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	78,498	2 3 4 5 5 6 7 8	2,682,329
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 4,467,8			
	b 11 12 13 14 15	Less: accumulated depreciation		11 12 13 14 15	2,186,62 51,14 5,016,08
Liabilities	17 18 19 20 21 22	Accounts payable and accrued expenses	1,250,644 69,862	17 18	25,72
Lia	23 24 25	Secured mortgages and notes payable to unrelated third parties		23 24 25	1,353,16
or Fund Balances	27 28 29	Organizations that follow SFAS 117 (ASC 958), check here ► arcomplete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► arcomplete lines 30 through 34.	2,466,441	27 28 29	3,662,92
10	1 20	Constal stock or trust principal, or current funds	ı	30	

31

32

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

5,016,089 Form **990** (2017)

3,662,925

31

32

33

2,466,441

4,097,291 34

Page	1	2

Check if Schedule O contains a response or note to any line in this Part XI	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25)						. 📮
Accounting method used to prepare the Form 990	1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,96	60,665
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	`Total expenses (must equal Part IX, column (A), line 25)	2		14,76	64,181
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 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," explain in Schedule O. 14 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 15 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both 16 Separate basis Consolidated basis Both consolidated and separate basis 17 Separate basis Consolidated basis Both consolidated and separate basis 18 Other the organization's financial statements and selection of an independent accountant? 19 Separate basis Consolidated basis Both consolidated and separate basis 20 Office in "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 19 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 20 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and	3	Revenue less expenses. Subtract line 2 from line 1	3		1,19	96,484
Donated services and use of facilities G Filipport	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,46	66,441
To Investment expenses To Souther changes in net assets or fund balances (explain in Schedule O) Souther changes in net assets or fund balances (explain in Schedule O) Souther changes in net assets or fund balances (explain in Schedule O) Souther Changes in net assets or fund balances (explain in Schedule O) Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances (explain in Schedule O Souther Changes in net assets or fund balances in schedule O Souther Changes in net assets or fund balances in schedule O Souther Changes in	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	7	Investment expenses	7	•		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	8	Prior period adjustments	8	•		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9		9			
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII			10		3,66	62,925
Accounting method used to prepare the Form 990	Part	· · ·				
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u> </u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	1			_		
Were the organization's financial statements compiled or reviewed by an independent accountant?			olaın i	in		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?						
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a					✓
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			oled o	or		
b Were the organization's financial statements audited by an independent accountant?		·				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	b				√	
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·	d on	a		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C				١.	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					↓ ✓	
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			plain i	in		
the Single Audit Act and OMB Circular A-133?						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b ✓	3a					
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.					 	-
	b					
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	Jaits.	1	1 1	<u> </u>

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. ► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name	of the	e organization					Employer identification	number
PUER	TO F	RICO LEGAL SERVICES, INC.					66-02	65391
Par		Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
		nization is not a private founda						$\overline{}$
1	-	A church, convention of church						$f \hookrightarrow V$
2	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hos						\vee
4		A medical research organization						(iii). Enter the
7		nospital's name, city, and state	•	origanionon with a ricop	onar acco			(). בוונסו נווס
5		An organization operated for t		college or university	owned o	r operate	d by a government	al unit described in
J	_	section 170(b)(1)(A)(iv). (Comp		college of university	OWITEG O	Operate	d by a government	ai unit described in
•					· - 4 ! -	470/L\	(4)(A)(.)	
6		A federal, state, or local govern						- Ab
7		An organization that normally			port iron	a goven	ninental unit of from	i the general public
		described in section 170(b)(1)		·				
8	_	A community trust described in			· ·			
9		An agricultural research organi						
		or university or a non-land-grai	nt college of agr	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
		university	·					
10	\sqcup !	An organization that normally receipts from activities related	eceives (1) more	e than 331/3% of its st	artain evo	m contril	outions, membershij and (2) no more tha	p tees, and gross
		support from gross investment	income and uni	related business taxal	ble incom	ie (less se	ection 511 tax) from	businesses
	á	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	
11		An organization organized and	•	•				
12		An organization organized and						
		of one or more publicly suppo						
	(Check the box in lines 12a thro	•	• • • •		_	•	_
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	,		
b		Type il. A supporting organ						
		control or management of				persons	that control or man	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.	•			
C	[Type III functionally integ						ally integrated with,
		its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d		☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	d an attentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	[\Box Check this box if the organ	zation received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
		functionally integrated, or 1	ype III non-func	tionally integrated sur	oporting (organizati	ion.	
f	Er	nter the number of supported o	organizations .					
g	Pr	ovide the following information	about the supp	orted organization(s).				
	(i) N	ame of supported organization	(II) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10		ir governing ment?	support (see	other support (see
		•		above (see instructions))	4004	mornt:	instructions)	instructions)
					Yes	No		
/A\								
(A)								
(D)								
(B)								
(C)	_							
(C)								
(D)			-		1			
(D)								
					 			
(E)			_					
Total					 			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		-				_
	ınclude any "unusual grants.")	19,209,200	17,417,765	19,097,565	16,144,611	15,585,569	87,454,710
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	19,209,200	17,417,765	19,097,565	16,144,611	15,585,569	87,454,71 <u>0</u>
4	Total. Add lines 1 through 3		-		•		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						87,454,710
	on B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	19,209,200	17,417,765	19,097,565	16,144,611	15,585,569	87,454,710
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,552	29,870	32,491	9,714	9,094	116,721
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,855	66,472	148,128	15,042	56,002	306,499
11	Total support. Add lines 7 through 10						87,877,930
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop he						<u> </u>
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6					14	99.52 %
15	Public support percentage from 2016 Sch						99.45 %
16a	• • • • • • • • • • • • • • • • • • • •						
	box and stop here. The organization qual			_			_
D	b 33¹/₃% support test—2016. 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						
17a	10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the meets the	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organizati	this box and s on qualifies as	a publicly
18	Private foundation. If the organization di						
	instructions						. ▶ 🗆

Part							
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				/	y	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3 ′	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		-		/		
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			, 2			
	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		/				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		:				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	ľ					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ			
	or not the business is regularly carried on	İ		İ			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) . /		i				
13	Total support. (Add lines 9, 10c, 11,			•			
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2017 (line	8, column (f) dı	vided by line	13, column (f))		15	- %
16	Public support percentage from 2016 Sc	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2017	(line 10c, colun	nn (f) divided b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2010	6 Schedule A, I	Part III, line 17			18	%
19a	/331/3% support tests-2017. If the organ					ore than 331/3	%, and line
/	17 is not more than 331/3%, check this box						
6	331/3% support tests-2016. If the organiz	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this						
/20	Private foundation. If the organization d	id not check a	<u>box on li</u> ne 14	, 19 <u>a, or 19b,</u> o	check this box	and see instru	ctions 🕨 🗌

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section	A. All	Supporting	Organizations
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secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	140
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	2 		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	in the contract of the contrac	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		ļ,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	<u> </u>	<u></u>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	 9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	 10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10a 10b		

Part I	V Supporting Organizations (continued)	_		
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		I !	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization of the benefit of any supported organization of the than the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations	1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		 	
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
•		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sacti	on E. Type III Functionally Integrated Supporting Organizations	1 3	L	l
			- 4	_,
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	S).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		_ 4 4	•
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	Struct	ions).
2 -	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		<u>,</u>	
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لـــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		·	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporti	ng organization (see

<u>Part</u>	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	·
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes .		
2	Amounts paid to perform activity that directly furthers exe	orted	,	
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	, , ,
4	Amounts paid to acquire exempt-use assets.	· · · · · · · · · · · · · · · · · · ·	•	
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other, distributions (describe in Part VI). See instructions.	,		
7_	Total annual distributions. Add lines 1 through 6.		-	,
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			, , , , , , , , , , , , , , , , , , ,
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(<u> </u>
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2.	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See		-	
	instructions.			
- 3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013	をおける はない はない はんしゅう はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ	THE STATE OF THE S	
. с	From 2014			
d	From 2015 "` .			452.49
е	From 2016 `			
f	Total of lines 3a through e	2		
g	Applied to underdistributions of prior years		,	
h	Applied to 2017 distributable amount			
ٽ i	Carryover from 2012 not applied (see instructions)			7/48/2014/19/04/19
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		THE REPORT OF THE PERSON OF TH	
4.	Distributions for 2017 from			
	Section D, line 7.			
ʻ a	Applied to underdistributions of prior years		,	
. b	Applied to 2017 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.	. New York		
5	Remaining underdistributions for years prior to 2017, if			
50	any. Subtract lines 3g and 4a from line 2. For result			
* · ; *	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			,
<i>,</i> , ,	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	**************************************	200000000000000000000000000000000000000	
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	Bodycopnoci, cagonou e docides estellares e	Supplemental of A resolution of A	1.0000000000000000000000000000000000000
8	Breakdown of line 7:	OCCUPATION AND A STREET OF THE PROPERTY OF THE		
<u>a</u>	Excess from 2013	TAXABLE OF TAXABLE OF	TO SECURE OF THE PROPERTY OF T	- Table 1900 1900 1900 1900 1900 1900 1900 190
b	Excess from 2014			
С	Excess from 2015		Michael Control of the Control of th	
d	Excess from 20.16			The second secon
е,	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·
	- -
••••	
	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
PUER1	O RICO LEGAL SERVICES, INC.		66-0265931
Par		ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
2			-
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		•
		· · · · · · · · · · · · · · · · · · ·	· · · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea		f a historically important land area
	☐ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
_	-		
a			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I	• •	
d	Number of conservation easements included in		l l
_	_		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		 ,
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	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		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	•	
1a	If the organization elected, as permitted under SF		· · · · · · · · · · · · · · · · · · ·
	works of art, historical treasures, or other similar	,	
	public service, provide, in Part XIII, the text of the f		
	If the organization elected, as permitted under S		•
b	works of art, historical treasures, or other similar		
			ducation, or research in furtherance of
	public service, provide the following amounts relat	-	
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · ▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		- · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		

Part									
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and oth	ner reco	rds, chec	k any of the	follow	ing that are a s	ignificant use of	ts
а	Public exhibition		d	□ Loan	or exchange	progr	ams		
b	☐ Scholarly research		е	Other	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizatio XIII.	n's collections a	nd expla	ain how t	hey further th	ne org	anızation's exer	npt purpose in Pa	art
5	During the year, did the organization so	olicit or receive (donation	s of art	historical tre	aei iros	or other simils	ar	
	assets to be sold to raise funds rather th	nan to be mainta							0
Part			_			_		_	
	Complete if the organization a	nswered "Yes"	on For	m 990, F	Part IV, line	9, or i	reported an an	nount on Form	
	990, Part X, line 21.								_
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								0
b	If "Yes," explain the arrangement in Part								•
	Tree, explain the arrangement in rain	7 Am and comple		moving to	abio.		ΙΑ	mount	—
_	Beginning balance					1c	+		—
c d	Additions during the year					1d	 		
_	Distributions during the year					1e			—
e						1f	 		—
f	Ending balance						anne unt liebiliti	V D.N	_
2a	Did the organization include an amount								0
	If "Yes," explain the arrangement in Part Endowment Funds.	K XIII. Check here	e ii the e.	xpianatio	n nas been p	rovide	d on Part XIII .	Ц	_
Par		named Was!	l on For	000 r	Dort IV line	10			
	Complete if the organization a			or year	(c) Two years		(d) Three years bac	k (e) Four years back	_
		(a) Current year	(b) Pri	or year	(c) Two years	Dack	(d) Three years bac	(e) Four years back	<u>`</u>
1a									—
b	Contributions								_
С	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 the	e current vear en	d balanc	e (line 1a	. column (a))	held a	ıs:	·····	_
а	Board designated or quasi-endowment	•	%	` .	. , ,				
b	Permanent endowment ▶								
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c		00%						
3a	Are there endowment funds not in the			zation tha	àt are held ai	nd adr	ministered for th	ne	
	organization by.		J					Yes No	 D
	(i) unrelated organizations							3a(i)	_
	(ii) related organizations					• •		3a(ii)	_
Ь	If "Yes" on line 3a(ii), are the related org							3b	—
4	Describe in Part XIII the intended uses of							05	—
Part			Tro ond		<u> </u>		<u>. </u>		—
ı aı ı	Complete if the organization a		on For	m 990 F	Part IV line	11a S	See Form 990	Part X line 10	
	Description of property	(a) Cost or oth			or other basis		ccumulated	(d) Book value	—
	Description of property	(investme			ther)		preciation	(d) Book value	_
1a	Land		483,883					483,8	83
b	Buildings	2	2,922 <u>,3</u> 37				1,405,353	1,516,9	84
С	Leasehold improvements		135,691				135,691		0
d	Equipment	1	,461,857				1,432,763	29,0	94
е	Other		179,498				22,834	156,6	
Total	Add lines 1a through 1e (Column (d) mu	et equal Form 90			(R) line 10c	1		2 196 6	

Part VII	Investments — Other Securities. Complete if the organization answered	"Ves" on Forn	n 990 Part IV Ju	ne 11h See Form	000 Part V line 12
	(a) Description of security or category . (including name of security)	, Tes on ron	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	l derivatives				
(2) Closely-I	held equity interests				
(3) Other				,	
(A)	·				
(B)			•		
(C)					. <u></u> -
(D)					
(E)					
(F)					· <u>-</u> ·
(G)					
(H)		`		2- > 6645 / 4470	na 646 (1000 b) b) b) A)
	(b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments – Program Related.				
	Complete if the organization answered	"Yes" on Forn		1	
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		,			
(6)					· · · · · · · · · · · · · · · · · · ·
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13) ▶				ASART STA ANDRES
Part IX	Other Assets.		-		1986 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
raitix	Complete if the organization answered	"Ves" on Form	n 990 Part IV lir	ne 11d See Form	990 Part Y line 15
	(a) Descrip		11 000, 1 411 14, 111	10 114. 000 1 0111	(b) Book value
(1) SECURE	TY DEPOSIT				51,149
(2)	11 DEFOSIT				31,143
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	· ·				
(9)	-	· ·			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)			. 51,149
Part X	Other Liabilities.				
	Complete if the organization answered	"Yes" on Forn	n 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X.
	line 25.		, ,		
1.	(a) Description of liability	(b) Book value		24.3 % .0 % .1	
(1) Federal ır	ncome taxes				
(2)					
(3)	,				
(4)					
(5)					
(6)		 ,, ,			
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25) ▶-				
	r uncertain tax positions. In Part XIII, provide the t	ext of the footno	te to the organization	n's financial stateme	nts that reports the

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

Par			Return.	
	Complete if the organization answered "Yes" on Form 990,			45.000.000
1	Total revenue, gains, and other support per audited financial statements		1	15,960,665
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a_		
a	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	-	
C	Recoveries 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	15,960,665
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4-		
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 equal Form 990, Part I, line		5 Deturn	15,960,665
Pan	Reconciliation of Expenses per Audited Financial Statem		er Keturn.	
	Complete if the organization answered "Yes" on Form 990,		1 4	
1	Total expenses and losses per audited financial statements		1	14,764,181
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	امدا		
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	14,764,181
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	-	
b			 	
С 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		4c 5	14704101
	XIII Supplemental Information.		13	14,764,181
			nformation.	
·••)			
*				
	·			

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

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

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

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8	Onen

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Volunteer Legal Assistance ° □ to Low Income Families. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance √Yes 66-0265391 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 399,892 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(C)(3) 66-0387264 (p) EIN PUERTO RICO LEGAL SERVICES, INC. (1) PRO- BONO, INC. VOLUNTEER SERVICES OF PR BAR ASSOCIATIO 1 (a) Name and address of organization Part Part II <u>N</u> ල (2) 6 Ξ (12) N € 9 0 <u>@</u> 5

Schedule I (Form 990) (2017)

Cat No 50055P

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

Schedule I (Fo	Schedule I (Form 990) (2017)					Page 2	ge 2 ♣
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua space is needed.	ils. Complete if the	organization answ	ered "Yes" on Form 990,	•	0
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-							1
2	:					ļ	
ဗ							
4							
5							
9							
7							
Part IV	Supplemental Information. Provide the information		equired in Part I, lin	e 2; Part III, columr	required in Part I, line 2; Part III, column (b); and any other additional information.	ional information.	
PROCEDUR	PROCEDURES FOR THE MONITORING OF GRANT FUNDS IN THE UNITED	S IN THE UNITED ST	STATES				
A CPA firm	A CPA firm is contracted by the Organization to perform a compliance and	compliance and fin	iancial monitoring rev	financial monitoring review of the subrecipient (grantee).	t (grantee).		
Also a sing	Also a single audit (Uniforme Guidance) is required to the subrecipient (grantee) organization (Pro-Bono, Inc.)	subrecipient (grant	ee) organization (Pro-	Bono, Inc.)			
							ļ
						Schedule I (Form 990) (2017)	(212)

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PUER 1	FO RICO LEGAL SERVICES, INC. 66-02653	91		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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			i l
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
	E blood chortally operating 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			
	explain	1b		L.,
				لــــا
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			1
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Porm 990 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		7
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	1
	Participate in, or receive payment from, a supplemental horidaalined retirement plant	4c		-
С		40		V
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Outti F04/-\/0\ F04/-\/4\t F04/-\/00\ititi F04/-\/00\			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			لبا
а	The organization?	5a		✓
b	Any related organization?	5b		/
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		1
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		-	-
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
0	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	 		'
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	•	ا ۾ ا		/
	ın Part III	8		
_				 -J
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

Page 2

Schedule J (Form 990) 2017

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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) 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	r eac	n listed individual mut	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable colum	in (U) and (E) amount	s for that individual.
		(B) Breakdown of W-2 and/	W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(O) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)–(i)(a)	in column (B) reported as deferred on pnor Form 990
Lic. Jaime Ruberté Santiago 1President of Board of Directors	3 3							
Jesus Garcia Oyola	3							
Lcda. Laura Patricia Ortiz Nieves 3Vice Pres II of Board of Directors	3 3							
Samaria Alvares Garcia 4Secretary Board of Directors	€ €							
Lic. Luis M. Rivera Santana 5Treasurer of Board of Directors	(3)							
Lcda. Hadassa Santini Colberg	3	209 00		A 41 A			301 101	
Carlos Alvarez	3	35,055		t t			601,401	
7Comptroller	E	700,77		2,395			79,402	
Brenda Cruz Amador 8Director of Litigation	3 E	67,546		3,676			71,222	
Alejandro Figueroa Quevedo 9Subdirector	(3)	72,963		4,763			77,726	
Marggiemay Burgos Arocho 10Manager of Litigation	(3)	63,399		3,934			67,333	
Gladys E Ares Rivera Director of 11Centralized Interview Services	(i)	81,939		2,458			84,397	
Eduardo Escribano Roman 12PAI Director	(i)	71,624		2,149			577,57	
Juan J. Ocasio Belmonte 13IT Director	3 E	68,411		1,556			296'69	
Arlene Ayala Cuevas 14Human Resources Supervisor	33	39,442		486			39,928	
15	€ €						,	
16	(E)							

Schedule J (Form 990) 2017

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Page 3 🔁

for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part			-									The man I shipped S
Provide the information, explanation, or descriptions required for Par for any additional information.	•	•				•						

SCHEDULE 0 (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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PUERTO RICO LEGAL SERVICES, INC.

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

66-0265391

PART IV, PAGE 6, SECTION B POLICIES, 11B (PROCESS USED BY THE ORGANIZATION TO REVIEW FORM 990). THE ORIGINAL FOR	M 990
AS COMPLETED IS SUBMITTED TO THE EXECUTIVE DRIRECTOR FOR APPROVAL, SIGNATURE AND FILING, IT IS DISCLOSED TO TI	HE
EXECUTIVE AND FINANCE COMMITEES OF THE ORGANIZATION'S BOARD OF DIRECTORS.	- -
PART VI, PAGE 6, SECTION B POLICIES 12 C (MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST	-
POLICY). ATTORNEYS, KEY EMPLOYEES, AND BOARD OF DIRECTORS HAVE KNOWLEDGE OF CONFLICT OF INTEREST POLICY.	VHEN
POSSIBLE CONFLICT OF INTEREST IS DETECTED THE EXECUTIVE DIRECTOR IS AUTHORIZED AND DIRECTED TO BRING THE MAT	TER
TO THE ATTENTION OF THE BOARD OF DIRECTORS AND TO MAKE 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 INTER	EST
POLICY, AND FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC). FINANCIAL STATEMENTS AND FORM 990 AR	E
AVAILABLE IN THE ORGANIZATION'S WEBPAGE.	
OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.	·
PART III, PAGE 2, LINE 4D (OTHER PROGRAM SERVICES EXPENSES).	
PROGRAM SERVICE "RESOLUCION LEGISLATIVA GOBIERNO DEL ELA DE PUERTO RICO" \$3	,485,454
PROGRAM SERVICE "ACCESO A LA JUSTICIA EDUCATIVA"	142,532
PROGRAM SERVICE " OFICINA ADMINISTRACION DE TRIBUNALES"	35,540
PROGRAM SERVICE PR DEPARTMENT OF JUSTICE	146,009
TOTAL OTHER PROGRAMS SERVICE EXPENSE \$ 3	,809,535
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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