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Brefly describe the organization's mission or most significant activities. Provide legal assistance in civil and administrative proceedings or matters, as allowed by the program federal regulations, to qualifying financially disadvantaged clients who can more control of the program federal regulations or disposed of more than 25% of its net assets with the organization discontinued its operations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program federal regulations or disposed of more than 25% of its net assets when the program disposed of more than 25% of its net assets when a program federal regulations or disposed of more than 25% of its net assets for a programmatic part of the governing body (Part VI, line 1a) 2	K	Form of o	organization 🔽	Corporation Trust Association Other LYear of formation 1966	M State	e of legal domicile PR
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B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	မွ		proceeding	s or matters, as allowed by the program federal regulations, to qualifying financially di	sadvant	aged clients who can
B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	Jan		not afford	private legal assistance		
B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	/er	2	Check this	box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than	25% 0	f its net assets
B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	é	3	Number of	voting members of the governing body (Part VI, line 1a)	3	
B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	•ช	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	
B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	Ę	5	Total num	per of individuals employed in calendar year 2019 (Part V, line 2a)	5	2.
B Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	- ₹	6	Total num	per of volunteers (estimate if necessary)	6	
8 Contributions and grants (Part VIII, line 1h)	₹	7a	Total unre	ated business revenue from Part VIII, column (C), line 12		
8 Contributions and grants (Part VIII, line 1h). 16,764,765 17,931,266 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11,372 30,516 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 295,353 108,015 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,071,490 18,069,797 13 Grants and similar amounts paid (Part IX, column (A), line 3 + CEIVED 431,972 448,490 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 3 + CEIVED 548,255,365 100,315,265 16a Professional fundraising fees (Part IX, column (A), line 3 + CEIVED 548,255,365 100,305,305,305,305,305,305,305,305,305,3		b	Net unrela	ted business taxable income from Form 990-T, line 39	7b	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than officer) is based on all information of which preparer has any knowledge Sign Here Paid Print/Type or print name and title Paid Preparer Use Only Firm's name ▶ PADILLA, MEDINA, & ASSOCIATES, P.S.C Firm's address ▶ PO BOX 191745 SAN JUAN PR 00919 May the IRS discuss this return with the preparer shown above? (see instructions) Victional statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer is passed on all information of which preparer has any knowledge Victional statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer is based on all information of which preparer has any knowledge Victional statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge Victional statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the best of my knowledge Victional statements, and to the	et A			•		
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Part	Statement of Program Service Accomplishments 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 progrtam federal regulations, to
	qualigying 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code) (Expenses \$ 8,544,103 including grants of \$) (Revenue \$)
	The Basic Field Grant is the major entity's fund that provides legal assistance in non-criminal proceedings for qualifying financial
	disasdvantaged program participants. Some of the proceedings covered are family law, domestic violence, employment, special
	education, health, housing law, juveniles, consumer rights, environmental law, migrant farm worker rights and community
	development. The basi program worked on approximately 18,000 cases for low income families during the year.
4b	(O-d
45	(Code:) (Expenses \$1,359,368 including grants of \$) (Revenue \$) The Legal Services Corporation required that Puerto Rico Legal Services, Inc. (PRLSI) designate a minimum of 12 50% of its annual funding to private attorney involvement effort, encouragin attorneys in private practice to provide free legal assistance to indigent individuals and communities. The funding to private attoneys during the year provided services in approximately 6,500 cases for low income families.
	(O) (D) (D)
4c	(Code.) (Expenses \$ 883,628 including grants of \$) (Revenue \$) Legal assistance is provided to migrant farm workers in the priority areas listed (4 a). During th eyear the organization provided
	services in 25 migrant worker cases and Disaster Relief Program to provide free legal assistance for qualifying families of low income
	suffering the impact of Hurricane Irma and Maria.
4d	Other program services (Describe on Schedule O)
	(Expenses \$ 2,889,703 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 13,676,802

Part IV Checklist of Required Schedules

			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	-	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	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	1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	- · · · · · · · · · · · · · · · · · · ·	24d	 -	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 35a		1
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		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		· ✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	<u> </u>			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 215			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
þ	If "Yes," enter the name of the foreign country ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		∀
C		30		-
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	۵.		
_	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		7
b	and services provided to the payor?	7b		V
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15		✓
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
16	If "Yes," complete Form 4720, Schedule O.	-10		\
	aag aan geween willi remag markamen wit	i		. '

Part	M. Governance, Management, and Disclosure For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change					
	Check if Schedule O contains a response or note to any line in this Part VI				3000	. [7]
Secti	on A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a	26			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent .	1ь	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business		·	1		
_	any other officer, director, trustee, or key employee?			2		1
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direct			
	supervision of officers, directors, trustees, or key employees to a management company or o			3		✓
4	Did the organization make any significant changes to its governing documents since the prior For			4	<u> </u>	√
5	Did the organization become aware during the year of a significant diversion of the organization	on's a	issets? .	5		√
6	Did the organization have members or stockholders?			6		✓_
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect	or appoint	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?			7b		1
8	Did the organization contemporaneously document the meetings held or written actions un					1
	the year by the following					لــــا
a	The governing body?	•		8a	√	
b	Each committee with authority to act on behalf of the governing body?			_8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule		reached at	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the		ernal Reven		ode.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exem		-	10b	✓	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the process if any used by the process if any use	ore filli	ng the form?	11a		✓
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	$\overline{}$	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	re rise	to conflicts?	12b	▼	
c	Did the organization regularly and consistently monitor and enforce compliance with the				_	
_	describe in Schedule O how this was done			12c	✓	
13	Did the organization have a written whistleblower policy?			13	✓	
14	Did the organization have a written document retention and destruction policy?			14	✓	ļ,
15	Did the process for determining compensation of the following persons include a review a				ļ	
· a	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official	n and	i decision?	15a		√
b	Other officers or key employees of the organization			15b		-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•	·			Ť
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar ar	rangement			
	with a taxable entity during the year?			16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			damatattaese	maaldaggan	ahada 14 s s s
	participation in joint venture arrangements under applicable federal tax law, and take steps to arrangements?		-	465		
Socti	organization's exempt status with respect to such arrangements?	· · · · ·	· · ·	16b		
17	List the etetes with which a copy of this Form 900 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable					
.0	(3)s only) available for public inspection Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Section 1)	t app	y.	(000		, o i (o)
19	Describe on Schedule O whether (and if so, how) the organization made its governing doci and financial statements available to the public during the tax year.	umen	ts, conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization	n's b	ooks and re	cords	>	
	Servicios Legales de Puerto Rico, Inc. 1859 Ave. Ponce de Leon, Pda. 26, San Juan PR 787-728-86	86				

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Part VII	Compensation of Officers, Directors	, Trustees,	Key Employees,	Highest Co	mpensated l	Employees,	and
	Independent Contractors						

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any current	officer, director,	or trustee.
					C)					
(A) _	(B)	/do r	ot ch		ition	e than o	200	(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours per week			_	_	or/trust	, <u> </u>	compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Lcdo. Heriberto Quiñones Echevaria	4									
President of the Board of Directors		✓	<u> </u>	L						
(2) Jesús Garcia Oyola	3									
Vice-President I of the Board of Directors		✓								
(3) Lcdo Hector Roman Carrion	3									
Vice-President II of the Board of Directors		✓	$oxed{oxed}$							
(4) Samaria Alvares Garcia	3									
Secretary Board of Directors		✓		L	L					
(5) José Javier Mercado Carrasquillo	4	ļ								
Treasurer of the Board of Directors	ļ	✓	<u> </u>			<u> </u>	ļ	ļ		
(6) Lcda. Hadassa Santini Colberg	37.5									
Executive Director			<u> </u>		✓			87,940		1,043
(7) Maridiane Torres Ayala	37.5									
Comptroller			<u> </u>	✓				1,192		
(8) Arlene Ayala Cuevas	37 5]							
Human Resourses Director			<u> </u>	✓			_	57,630		184
(9) Juan J Ocasio Belmonte	37.5									
IT Director			<u> </u>	✓			<u> </u>	55,861		<u>-</u>
(10) Lcdo Alejandro Figueroa Acevedo	37 5			١.						
Deputy Executive Director			<u> </u>	✓				69,871		522
(11) Lcda Marggiemay Burgos Arocho	37.5			/				64,296		284
Compliance Director	27.5			•			┢	54,296	-	204
(12) Lcda. Gladys E. Ares Rivera	37.5			/				76 600		
PAI Director (13)				┢	 	 	\vdash	76,698		
(19)	 									
44	+		 -	\vdash	\vdash	-	\vdash			

Name and title (B) Average hours per week (list any) hours for related organizations below dotted line) (B) Average hours per week (list any) hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC)	ation of other compensation tions from the
(15)	
(16)	
(17)	
(18)	
(19)	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	
1b Subtotal	
c Total from continuation sheets to Part VII, Section A	2,033
d Total (add lines 1b and 1c)	2,033
2 Total number of individuals (including but not limited to those listed above) who received more than \$10	00,000 of
reportable compensation from the organization ▶ .	Van Na
3 Did the organization list any former officer, director, trustee, key employee, or highest comper	
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation fro	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for individual	. 4 🗸
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or indiffer services rendered to the organization? If "Yes," complete Schedule J for such person	. 5 √
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received n compensation from the organization. Report compensation for the calendar year ending with or within the	
(A) (B) Name and business address Description of services	(C) Compensation
REAL BUSINESS PERSONNEL, INC. HUMAN RESOURSES	206,348
TROPITECH, INC. CONSTRUCTION	157,935
BUFETE SCHUSTER AGUILO, LLC LEGAL	140,411
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 3	

Part	VIII	Statement of Rev Check if Schedule			snor	se or note to a	ny line in this Pa	art VIII		
•	,	Officer if Confederation	<u> </u>		,opo,	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Gifts, Grants lar Amounts	1a b c d	Federated campaig Membership dues Fundraising events Related organization Government grants	 ns .		1a 1b 1c 1d 1e	17,931,266				
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contribution and similar amounts no Noncash contribution lines 1a–1f Total. Add lines 1a–	ns, gif ot incli ons in	fts, grants, uded above cluded in	1f 1g					
Program Service (2a b c d e f	All other program se	ervice	revenue		Business Code	17,931,266			
	3 4 5	Investment income other similar amoun income from investment	(ıncl	uding divi	npt bo	s, interest, and	30,516	30,516		
Other Revenue	6a b c d	Gross rents Less, rental expenses Rental income or (loss) Net rental income o Gross amount from	6a 6b 6c r (los:			(ii) Óther				
	b c	sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	7a 7b 7c							
	8a	Gross income froi events (not including of contributions rej 1c). See Part IV, line	\$ corte	d on line	8a					
	b c	Less direct expense. Net income or (loss)		 fundraisin	8b g eve	ents >				·
ļ	9a • b • c	Gross income f activities See Part I Less: direct expensi Net income or (loss)	V, lını es .	e 19	9a 9b	es •				
	10a b c	Gross sales of in returns and allowan Less: cost of goods Net income or (loss)	vento ces sold	ory, less	10a 10b					
Miscellaneous Revenue	11a b c d	Other passive incom Attorney/Litigation Fo	e acti	vities		Business Code 900003 541100	105,985 2,030			,
Σ	, е	Total. Add lines 11a	1-11d		_		108,015			

Part IX, Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete colu	ımn (A)
	Check if Schedule O contains a respons	e or note to any line	e 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	448,490	448,490		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	413,188	413,188	- Anna Anna Anna Anna Anna Anna Anna Ann	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,044,065	5,395,434	648,631	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	203,324	182,992	20,332	
9	Other employee benefits	3,517,335	3,163,630	353,705	
10	Payroll taxes	657,353	591,618	65,735	
11	Fees for services (nonemployees).				
а	Management	,			-
b	Legal	1,743,007	1,528,685	214,322	
С	Accounting ,				
d	Lobbying	•	•		
е	Professional fundraising services See Part IV, line 17				
f	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	46,499	41,828	4,671	
13	Office expenses	99,999	89,954	10,045	
14	Information technology				
15	Royalties				
16	Occupancy	452,770	407,289	45,481	
17	Travel	139,329	125,333	. 13,996	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings .	·			
20	Interest	4,168	3,750	418	
21 22	Payments to affiliates	400.440		198,443	
23	Insurance	198,443 113,585		† - · · · · · · · · · · · · · · · · · ·	
		113,303	102,170	**************************************	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	REFER TO SCHEDULE 1	1,314,103	1,182,435	131,668	COL A NG AND ANDRESS AND
b			.,,,,,,,,	,	
c				-	
d					
e	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24e	15,395,658	13,676,802	1,718,856	
26	Joint costs. Complete this line only if the	. 5,555,555			
	organization reported in column (B) joint costs			Ì	
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	1			

Form 990 (2019) Page 11 Part X_o Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) End of year Beginning of year 1 Cash-non-interest-bearing 5,608,668 1 7,671,712 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 141.037 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net . 8 R 9 9 Prepaid expenses and deferred charges 59,797 169,599 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation . . . 2,072,749 3.323.086 2,310,846 Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11. 14 14 Intangible assets 15 15 Other assets See Part IV, line 11. 41,824 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 7.839.833 10,335,018 17 Accounts payable and accrued expenses . . . 17 1,171,291 1,206,487 18 18 Grants payable Deferred revenue 19 19 355.950 189,170 20 20 Tax-exempt bond liabilities . . . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22 23 Secured mortgages and notes payable to unrelated third parties 89.786 23 42.416 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . . 26 1,617,027 1.438.073 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 6,222,806 8,896,945 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

31

32

Form 990 (2019)

8,896,945

10,335,018

31

32

6,222,806

7.839.833 33

_	4	•
Page	1	4

0	30 (20.0)				.gc .~
Par	XI, Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1.	Total revenue (must equal Part VIII, column (A), line 12)	1		18,06	9,797
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,39	5,658
3	Revenue less expenses Subtract line 2 from line 1	3		2,67	4,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,22	2,806
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	. 32, column (B))	10		8,89	6,945
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 📝 Accrual 🔲 Other	_	_ !		[
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled i	or		1
	reviewed on a separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a]
	separate basis, consolidated basis, or both:				}
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, e.	xplain c	on		,
	Schedule O				
3a		rth in th			
	Single Audit Act and OMB Circular A-133?		3a	✓	
b				,	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b	lacksquare	
			Forr	n 990	(2019)

SCHEDULE A

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

PUERTO RICO LEGAL SERVICES, INC. 66-0265391 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 19,097,565 16,144,611 15,895,569 16,764,765 17,931,266 85,833,806 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3 19,097,565 16,144,611 15,895,569 <u>16,764,76</u>5 17,931,266 85,833,806 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) Public support. Subtract line 5 from line 4 85,833,806 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 19,097,565 16,144,611 15,895,569 16,764,765 17,931,266 85,833,806 8 Gross income from interest, dividends, payments received on securities loans, rents royalties and income from <u>s</u>

	similar sources	32,491	9,714	9.094	11,372	30,516	93,197
9	Net income from unrelated business activities, whether or not the business is regularly carried on		9,7	9,00		55,515	33,131
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	148,128	15,042	56,002	295,353	108,015	622,540
1	Total support. Add lines 7 through 10						86,549,543
2	Gross receipts from related activities, etc	. (see instructio	ns)			12	
3	First five years. If the Form 990 is for the organization, check this box and stop he	-	s first, second		•	ear as a section	
ectio	on C. Computation of Public Suppor	t Percentage	_				
4	Public support percentage for 2019 (line	6, column (f) dıv	ided by line 1	1, column (f))		14	99.18 %
5	Public support percentage from 2018 Sch	nedule A, Part II	, line 14			15	99 21 %
6a	331/3% support test—2019. If the organibox and stop here. The organization qua	lifies as a public	ly supported	organization			🕨 🗸
b	33 ¹ / ₃ % support test – 2018. If the organithis box and stop here. The organization					is 33 ¹ /3% or m	
7a	10%-facts-and-circumstances test—2010% or more, and if the organization means the "organization in the organization in the org	ets the "facts-a	and-circumsta	nces" test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ition meets the	facts-and-c and-circums-	rcumstances'	' test, check t	this box and s	top here.
8	Private foundation. If the organization di instructions	d not check a b	-	16a, 16b, 17a	, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from Section B. Total Support (c) 2017 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (e) 2019

9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gair or loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d. third. fourth	, or fifth tax ve	ear as a section	n 501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 18 19a x331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 137 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . • b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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.)

04	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	an v	.)	
Secu	on A. All Supporting Organizations		Vaa	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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	Yes	No
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).	2	i atur	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination 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		
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	v v	
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 79 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		
h	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.)

10b

Part	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		
b	A family member of a person described in (a) above?	11b		
С	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			
			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	`		f + mg
	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			
	organization(s) that operated, supervised, or controlled the supporting 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			
	,		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	JOHN COMBIN	redi tenmuu	
	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			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			vv , ,0
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	l		
	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			
	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	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			لـــــا
	that these activities constituted substantially all of its activities	2a		
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.		-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]
	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)
Aggregate fair market value of all non-exempt-use assets (see 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-functionall instructions)	y int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	1
Sect	on D—Distributions	_ •		Current Year
1_	Amounts paid to supported organizations to accomplish		* t	
2	Amounts paid to perform activity that directly furthers exe 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	<u></u> ,	·	٠
5	Qualified set-aside amounts (prior IRS approval required)	v	<u> </u>	
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 (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·	· · · · · · · · · · · · · · · · · · ·	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			D. (1).
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018	*************************************		A579.000000000000000000000000000000000000
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	多名は最初的なない。		
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>. j</u>	Remainder Subtract lines 3g; 3h, and 3i from 3f.	1		
4	Distributions for 2019 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			-
7'`	Excess distributions carryover to 2020. Add lines 3j and 4c.	GTOCOMPOON ON THE LOCAL MINISTER PORT AND		The state of the s
8	Breakdown of line 7:	2002400000 TO COLUMN TO THE PROPERTY OF THE PR		TO THE STATE OF TH
a	Excess from 2015			STATE OF STA
<u>b</u>	Excess from 2016	20000000000000000000000000000000000000		
<u>c</u>	Excess from 2017	2000-2000 - August -		STATE OF THE PARTY
d	Excess from 2018	SOURCE OF THE COMMUNICATION	17.800 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10	
<u>е</u>	Excess from 2019			

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)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

PUER	TO RICO LEGAL SERVICES, INC.		66-0265931
Par	Organizations Maintaining Donor Advi		s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
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	advisors in writing that the assets hel	
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
		· · · · · · · · · · · · · · · · · · ·	· · · · · L Yes L No
Par	Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre		a historically important land area
	Protection of natural habitat		a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	<u></u>
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified h	The state of the s	. 2c
đ	Number of conservation easements included in (•	
_	3		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or term	linated by the organization during the
4	tax year ► Number of states where property subject to conser	ustion agrament is located	
4 5	Does the organization have a written policy reg		oction bandling of
3	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
Ū	b	ming, mandaling of violations, and emoroting	conservation casements during the year
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing o	conservation easements during the year
•	►\$	g, nanding of trolations, and officially o	ionion valient outsiments actually and year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	ection 170(h)(4)(R)(i)
J	and section $170(h)(4)(B)(i)$?	e con above satisfy the requirements of s	
9	In Part XIII, describe how the organization reports c	onservation easements in its revenue a	_
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	ns.	
	(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,		assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
h	Assets included in Form 990, Part X		▶ ¢

Part	Ш	Organizations Maintaining	Collections of	Art, His	torical	Treasures,	or Ot	her Similar A	ssets (continued)
3 .		the organization's acquisition, tion items (check all that apply):		ther reco	rds, ched	ck any of the	follow	ing that make	significant use of its
а	☐ Pu	blic exhibition				or exchange			
b		holarly research		e	Other	r			
С		eservation for future generations							
4	Provid XIII.	le a description of the organiza	tion's collections	and expla	ain how t	they further	the org	anızatıon's exe	mpt purpose in Part
5		g the year, did the organization s to be sold to raise funds rather							
Part	IV	Escrow and Custodial Arra							•
		Complete if the organization 990, Part X, line 21.							
1a	ınclud	organization an agent, trustee cd on Form 990, Part X?							ot 🗌 Yes 🗌 No
b	If "Ye	s," explain the arrangement in P	art XIII and comp	lete the fo	llowing t	able.		1	
	_						-		Amount
C	-	ning balance				•	10	+	
d		ons during the year					1d 1e		
e		outions during the year					16 1f		
f On		g balance e organization include an amoui			 21 for 6				v2 Ves No
2a b		e organization include an amount of a second in P							
	N I	Endowment Funds.							
		Complete if the organization	answered "Yes	s" on For	m 990,	Part IV, line	10.		
			(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Four years back
1a	Begin	ning of year balance							
b	Contr	butions							
С	Net in	vestment earnings, gains, and							
d	Grant	s or scholarships							
е		expenditures for facilities and ams		ļ					
f	Admır	nistrative expenses							
g		f year balance							
2		le the estimated percentage of t			e (line 1ç	g, column (a))) held a	as:	
а		designated or quasi-endowme		%					
b		anent endowment							
С		endowment ►%							
3a	•	ercentages on lines 2a, 2b, and ere endowment funds not in th	=		zation th	at are held a	and ad	ministered for t	he
		zation by:		J					Yes No
	(i) U	nrelated organizations							3a(i)
	(ii) Re	elated organizations							3a(ii)
b		s" on line 3a(ii), are the related o							3b
4		be in Part XIII the intended uses		ion's end	owment f	unds.			
Part	VI	Land, Buildings, and Equip		-" -	000	David IV I los a	. 44 - 1	C F 000	Dark V. Kan 10
		Complete if the organization							
		Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			483,883					483,883
b	Buildi	•		3,072,256				1,715,660	1,356,596
C		hold improvements		135,691				134,654	1,037
d		ment	•	1,805,978				1,450,538	355,440
Total	Other	nes 1a through 1e. (Column (d) r		136,124		n (R) line 10	ic 1	22,234	113,890
rotal.	Auu III	ies ra uirougn re. (Column (a) n	nust equal FOIIN S	oou, rail i	, coluin	וו אווו אנטן ווו (טו	u.,		2,310, <u>846</u>

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	rm 990. Part IV. line	e 11b. See Form	990, Part X. line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financia	I derivatives			
	neld equity interests			<u></u>
(3) Other				
(A)				
			·····	
(C)				
(D) (E)				
. (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12) .			
Part VIII	Investments—Program Related.	rm 000 Dort IV line	110 Coo Form	000 Dort V line 12
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		od of valuation of-year market value
(1)				
(2)				
(3)				
(4)			 	
(5)				
(6)	<u> </u>			
(7)				
(8)			<u> </u>	
(9)	mn (b) must equal Form 990, Part X, col (B) line 13) .			טיטע נונוווט זעשעט טונשטער־הפחהר
Part IX	Other Assets.	<u> </u>		
rait ix	Complete if the organization answered "Yes" on For	m 990 Part IV line	11d See Form	990 Part X line 15
-	(a) Description		114.000.001	(b) Book value
(1) DEPOSI	TS			41,824
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			1	
(8)				
(9)	**************************************			
	mn (b) must equal Form 990, Part X, col (B) line 15)	· · · · · · ·	▶	41,824
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	rm 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal II			-	(b) Dook value
(2)	Toolino taxoo			
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25.) .			
	r uncertain tax positions. In Part XIII, provide the text of the footn			
	s liability for uncertain tax positions under FASB ASC 740 Check			

Part				Return.	
	Complete if the organization answered "Yes" on Form 990,		ine 12a.		
1 .	Total revenue, gains, and other support per audited financial statements			1	18,069,797
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1			
а	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b	 .	4	
С	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIII.)	2d		<u> </u>	
е	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1	<i>i</i>		3	18,069,797
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b		<u></u>	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	18,069,797
Part				er Keturn.	•
	Complete if the organization answered "Yes" on Form 990,	Part IV,	ine 12a.	T . I	
1	Total expenses and losses per audited financial statements			1	15,395,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		4	
C	Other losses	2c		↓	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	15,395,658
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b		<u> </u>	
С	Add lines 4a and 4b			4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	ne 18.)		5	15,395,658
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				e 4; Part X, line
			·····	· 	

Schedule D (For		e 5
Part XIII,	Supplemental Information (continued)	
		
	·	
	•	
•••••		
	······································	
	.,	
•••••••••••		

SCHEDULE 1

Grants and Other Assistance to Organizations,

OMB No 1545-0047	2020	-14- B. P. I.
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Jolunteer Legal Assistance ° □ to Low Income Families Inspection (h) Purpose of grant or assistance Employer identification number √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 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash 448,490 grant (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) Serial General Information on Grants and Assistance 501(C)(3) 66-0387264 (b) EIN PUERTO RICO LEGAL SERVICES, INC. (1) PRO-BONO, INC. VOLUNTEER 1 (a) Name and address of organization SERVICES OF PR BAR ASSOC. Department of the Treasury Internal Revenue Service Name of the organization (Form 990) Part II 8 ଚ Ε 6 2 € 3 9 9

Schedule I (Form 990) 2020

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

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

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (e) Method of valuation (book, FMV, appraisal, other) PROCEDURES FOR THE MONITORING OF GRANT FUNDS IN THE UNITED STATES: A CPA firm is contracted by the Organization to perform a compliance and financial monitoring review of the subrecipient (grantee). (d) Amount of noncash assistance Also a single audit (Uniform Guidance) is required to the sub-recipient (grantee) organization (Pro-Bono, Inc.) (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Q က S 9

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

 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. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PUERTO RICO LEGAL SERVICES, INC 66-0265391 Part I Questions Regarding Compensation 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 ☐ 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) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the 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 related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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. a Receive a severance payment or change-of-control payment? . . 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? . 5a **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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. a The organization? 6a **b** Any related organization? . . 6b If "Yes" on line 6a or 6b, describe in Part III 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 69 If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

Schedule J (Form 990) 2019

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 VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation			, , , , , , ,	
:		(1)	Confessor 6 commend (co)	2710 6)	other deferred	(D) Nontaxable	(E) Total of columns	r column (B) reported
(A) Name and Title		(I) base compensation	(ii) Bonus & incentive compensation	reportable compensation	compensation	Superior	(a)Li)(g)	as deferred on prior Form 990
Lcdo Heriberto Quiñones 1Echevaria President of the Board	8 3							
Jestís Garcia OvolaVice.	€							
2President I of the Board	Ξ			• • • • • • • • • • • • • • • • • • •				
Lcdo, Hector Roman CarrionVice-	Ξ							
3President II of the Board of Direct	Ξ	:	į					
Samaria Alvares GarciaSecretary 4Board of Directors	≘ ≘							
loce lavier Mercado	©							
5Carrasquilloreasurer of the Board	3			1	,			
Lcda, Hadassa Santını	(1)	87,940				1,043	88,983	
6ColbergExecutive Director	Ξ							
Maridiane Torres	3	1,192					1,192	
Arlana Avala Cusascilluman	8	57.630				184	57.814	
8Resourses Director	€							
Juan J. Ocasio Belmonte	Θ	55,861					55,861	
9IT Director	Ξ							
Lcdo Alejandro Figueroa 10AcevedoDeouty Executive Directo	3 3	69,871				522	866,07	
I cda Maroniamav Buroos	€	64.296				284	64.580	
11ArochoCompliance Director	(ii)				••••			
Lcda. Gladys E. Ares Rivera	€ €	76,698					869'91	
	Ξ	ļ						
13	1		•					
	(1)							
14	(ii)							
!	E §							
15	<u>(</u>							
1	E 3							
2	•					1		

Schedule J (Form 990) 2019

Page 3

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2019 Open to Public

Inspection

Employer identification number

66-0265391

Department of the Treasury Internal Revenue Service Name of the organization

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

PUERTO RICO LEGAL SERVICES. INC

PART IV, PAGE 6, SECTION B POLICIES, 11B (PROCESS USED BY THE ORGANIZATION TO REVIEW FORM 990). THE ORIGINAL FORM 990 AS COMPLETED IS SUBMITTED TO THE EXECUTIVE DRIRECTOR FOR APPROVAL, SIGNATURE AND FILING, IT IS DISCLOSED TO THE 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 WHEN POSSIBLE CONFLICT OF INTEREST IS DETECTED THE EXECUTIVE DIRECTOR IS AUTHORIZED AND DIRECTED TO BRING THE MATTER TO THE ATTENTION OF THE BOARD OF DIRECTORS AND TO TAKE THE CORRESPONDING ACTION ACCORDING TO ESTABLISHED POLICIES AND PROCEDURES. PART VI, PAGE 6, SECTION C DISCLOSURE 19 (HOW THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC). FINANCIAL STATEMENTS AND FORM 990 ARE 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" \$ 2,169,394 PROGRAM SERVICE "ACCESO A LA JUSTICIA EDUCATIVA" 258,415 PROGRAM SERVICE " OFICINA ADMINISTRACION DE TRIBUNALES" 52,582 PROGRAM SERVICE "PR DEPARTMENT OF JUSTICE" PROGRAM SERVICE "PREVENCIÓN EJECUCIÓN DE HIPOTECAS" 229,209 MISCELLANEOUS PROGRAMS SERVICE EXPENSE 33,980 TOTAL OTHER PROGRAMS SERVICE EXPENSE \$ 2,889,703