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Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

- B Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Termination
 - ☐ Amended return
 - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 62445

City or town, state or country, and ZIP + 4
HARRISBURG PA 17106-2445

D Employer identification number
25-1802119

E Telephone number
717-238-2001

G Gross receipts \$ **15,534,071**

F Name and address of principal officer
ALFRED AZEN
P.O. BOX 62445
HARRISBURG PA 17106-2445

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

N/A

I Tax-exempt status ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.PAIOLTA.ORG**

H(c) Group exemption number **N/A**

K Type of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other **GOV'T BOARD** L Year of formation **1996** M State of legal domicile **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	35,711	1,556,837
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,560,639	13,940,026
	11 Other revenue (Part VIII, column (A), lines 5, 6d, and 7c)	101,497	37,208
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,697,847	15,534,071
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,283,447	15,262,932
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	443,090	469,014
	16a Professional fundraising fees (Part IX, column (A), line 11)		
	16b Total fundraising expenses (Part IX, column (D), line 25)		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	457,359	384,361
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,183,896	16,116,307
	19 Revenue less expenses Subtract line 18 from line 12	-2,486,049	-582,236
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	15,839,671	15,026,437
	22 Net assets or fund balances Subtract line 21 from line 20	506,215	270,060
		15,333,456	14,756,377

Part II Signature Block

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: **Alfred J. Azen** Executive Director Date: **12/14/2010**

Paid Preparer's Use Only: Preparer's signature: **Daniel B...** Date: **12/13/10** Check if self-employed: ☐ Preparer's identifying number (see instructions): **P01063674**

Firm's name (or yours if self-employed), address, and ZIP + 4: **HAMILTON & MUSSER, PC, CPAs**
176 Cumberland Parkway
Mechanicsburg, PA 17055 EIN: **23-2213999** Phone: **717-697-3888**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **14,210,934** including grants of \$ **13,591,131**) (Revenue \$)
**FACILITATE AND AWARD GRANTS FOR THE DELIVERY OF CIVIL
LEGAL ASSISTANCE TO THE POOR AND DISADVANTAGED IN
PENNSYLVANIA BY NON-PROFIT CORPORATIONS DESCRIBED IN
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986,
AS AMENDED**

4b (Code) (Expenses \$ **1,630,251** including grants of \$ **1,630,251**) (Revenue \$)
**FACILITATE AND AWARD GRANTS FOR THE DELIVERY OF CIVIL
LEGAL ASSISTANCE TO THE POOR AND DISADVANTAGED IN
PENNSYLVANIA BY CLINICAL AND INTERNSHIP PROGRAMS
ADMINISTERED BY LAW SCHOOLS LOCATED IN PENNSYLVANIA**

4c (Code) (Expenses \$ **36,393** including grants of \$ **36,393**) (Revenue \$)
**FACILITATE AND AWARD GRANTS TO HELP FUND THE
INFRASTRUCTURE NECESSARY FOR ORGANIZED COUNTY-BASED PRO
BONO PROGRAMS IN PENNSYLVANIA**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **15,877,578**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII - Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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		X
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		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 9	
b Enter the number of voting members that are independent	1b 9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **PA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **ALFRED J. AZEN** **PO BOX 62445**

HARRISBURG

PA 17106-2445 717-238-2001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALFRED J. AZEN EXEC. DIR.	35.00	X		X				118,220	0	65,282
STEPHANIE S. LIBHART ASSIS EX DIR	35.00	X		X				66,717	0	12,864
WILLIAM P. CARLUCCI, ESQ. CHAIR		X						0	0	0
MICHAEL H. REED, ESQ. VICE CHAIR		X						0	0	0
MICHELLE GOLDFARB, ESQ. DIRECTOR		X						0	0	0
WILLIAM T. HANGLEY, ESQ. DIRECTOR		X						0	0	0
BRYAN S. NEFT, ESQ. DIRECTOR		X						0	0	0
PENINA KESSLER LIEBER, ESQ. DIRECTOR		X						0	0	0
ANDREW E. SUSKO, ESQ. DIRECTOR		X						0	0	0
JAMES C. SCHWARTZMAN, ESQ. DIRECTOR		X						0	0	0
HON. MARGHERITA PATTI WORTHINGTON DIRECTOR		X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								184,937		78,146

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated 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 from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,556,837			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,556,837			
Program Service Revenue	2a IOLTA/ACCESS TO JUSTICE INT.	Busn. Code	13,679,726	13,679,726		
	b PRO HAC VICE		260,300	260,300		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		13,940,026			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37,208		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions		15,534,071	13,940,026	0	37,208	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,262,932	15,262,932		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,083	210,467	52,616	
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	140,386	112,308	28,078	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,723	14,178	3,545	
9 Other employee benefits	36,943	29,554	7,389	
10 Payroll taxes	10,879	8,703	2,176	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	33,706		33,706	
12 Advertising and promotion	1,608		1,608	
13 Office expenses	27,683		27,683	
14 Information technology				
15 Royalties				
16 Occupancy	31,321		31,321	
17 Travel	10,364		10,364	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,233		13,233	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,956	24,762	6,194	
23 Insurance	7,628		7,628	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BANK SERVICE CHARGE	219,831	219,831		
b MISCELLANEOUS	4,546		4,546	
c EQUIPMENT MAINTENANCE	3,485		3,485	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	16,116,307	15,882,735	233,572	
26 Joint costs. Check here ☒ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		5,237,163	2	12,254,065
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,405,939	4	2,587,588
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		28,272	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,888	9	4,618
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	204,894		
	b	Less: accumulated depreciation	10b	112,614	10c	92,280
	11	Investments—publicly traded securities		56,111	11	87,886
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.			15	
16	Total assets. Add lines 1 through 15 (must equal line 34).		15,839,671	16	15,026,437	
Liabilities	17	Accounts payable and accrued expenses		506,215	17	270,060
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D.			25	
	26	Total liabilities. Add lines 17 through 25.		506,215	26	270,060
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		15,333,456	27	14,756,377
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		15,333,456	33	14,756,377	
34	Total liabilities and net assets/fund balances		15,839,671	34	15,026,437	

Part XI Financial Statements and Reporting**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," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?**b** Were the organization's financial statements audited by an independent accountant?**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Employer identification number
25-1802119

Part I 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 11, 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % 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 33 1/3 % 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	66,204	86,284	62,811	35,711	1,556,837	1,807,847
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,550,340	22,141,371	19,689,359	14,560,639	13,940,026	90,881,735
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	20,616,544	22,227,655	19,752,170	14,596,350	15,496,863	92,689,582
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						
8 Public support. (Subtract line 7c from line 6.)						92,689,582

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	20,616,544	22,227,655	19,752,170	14,596,350	15,496,863	92,689,582
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	276,677	625,357	636,749	101,497	37,208	1,677,488
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	276,677	625,357	636,749	101,497	37,208	1,677,488
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,893,221	22,853,012	20,388,919	14,697,847	15,534,071	94,367,070
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.22 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2 %

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Employer identification number

25-1802119

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		204,894	112,614	92,280
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				92,280

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,534,071
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,116,307
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-582,236
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,157
9	Total adjustments (net) Add lines 4 through 8	9	5,157
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-577,079

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	15,534,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	15,534,071
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	15,534,071

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	16,111,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	16,111,150
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,157
c	Add lines 4a and 4b	4c	5,157
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	16,116,307

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

BLAIR COUNTY FUNDS RETURNED \$ 5,157

Part XIII, Line 4b - Expense Amounts Included on Return - Other

BLAIR COUNTY FUNDS RETURNED \$ 5,157

Part XIV Supplemental Information (continued)This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT

Employer identification number

25-1802119

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AIDS LAW PROJECT 1211 CHESTNUT STREET SUITE 600 PHILADELPHIA PA 19107	23-2576149	3	35,300				LEGAL ASSISTANCE
	ALLEGHENY COUNTY BAR FOUNDATION 400 KOPPERS BUILDING 436 SEVENTH AV PITTSBURGH PA 15219	25-1383622	3	42,200				LEGAL ASSISTANCE
	CASA OF ALLEGHENY COUNTY 564 FORBES AVENUE SUITE 902 PITTSBURGH PA 15219	25-1735360	3	36,100				LEGAL ASSISTANCE
	COMMUNITY IMPACT LEGAL SERVICES 1003 E LINCOLN HIGHWAY COATESVILLE PA 19320	23-1857216	3	21,000				LEGAL ASSISTANCE
	COMMUNITY LEGAL SERVICES OF PHILADE 1424 CHESTNUT STREET PHILADELPHIA PA 19102	23-1671562	3	57,900				LEGAL ASSISTANCE
	CONSUMER BANKRUPTCY ASSISTANCE PROJ 42 SHOUTH 15TH STREET 4TH FLOOR PHILADELPHIA PA 19102	23-2694116	3	45,000				LEGAL ASSISTANCE
	DISABILITY RIGHTS NETWORK OF PA 1315 WALNUT STREET SUITE 400 PHILADELPHIA PA 19107	22-2589891	3	49,300				LEGAL ASSISTANCE
	EDUCATION LAW CENTER 1315 WALNUT STREET PHILADELPHIA PA 19107	23-2581102	3	49,300				LEGAL ASSISTANCE
	EQUALITY ADVOCATES PENNSYLVANIA 1211 CHESTNUT STREET SUITE 605 PHILADELPHIA PA 19147	23-2848883	3	5,300				LEGAL ASSISTANCE
2 Enter total number of section 501(c)(3) and government organizations								► 37
3 Enter total number of other organizations								► 12

Schedule I (Form 990) 2009

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

DAA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
---------	---

TOI,TA funded work at board meetings and the board responds with questions.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT	Employer identification number 25-1802119
---	---

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRANKLIN COUNTY LEGAL SERVICES 80 NORTH 2ND STREET -- -- -- -- CHAMBERSBURG PA 17201	37-1416631	3	17,400				LEGAL ASSISTANCE		
HIAS & COUNTY MIGRATION SERVICES OF 2100 ARCH STREET 3RD FLOOR -- -- -- PHILADELPHIA PA 19103	23-1405597	3	32,200				LEGAL ASSISTANCE		
HOMELESS ADVOCACY PROJECT 42 S. 15TH STREET 4TH FLOOR -- -- -- PHILADELPHIA PA 19102	23-2619480	3	27,400				LEGAL ASSISTANCE		
JUVENILE LAW PROJECT 1315 WALNUT STREET 4TH FLOOR -- -- -- PHILADELPHIA PA 19107	23-1976386	3	42,400				LEGAL ASSISTANCE		
KIDVOICE PENNSYLVANIA INC. 437 GRANT STREET SUITE 700 -- -- -- PITTSBURGH PA 15219	25-0983060	3	48,100				LEGAL ASSISTANCE		
LACKAWANNA PRO BONO INC 321 SPRUCE STREET -- -- -- -- SCRANTON PA 18503	23-2887494	3	27,600				LEGAL ASSISTANCE		
LAUREL LEGAL SERVICES INC. 306 S. PENNSYLVANIA AVENUE -- -- -- GREENSBURG PA 15601	23-7007943	3	57,700				LEGAL ASSISTANCE		
LEGAL AID OF SOUTHEASTERN PA 1290 VETERANS HIGHWAY BOX 809 -- -- -- BRISTOL PA 19007	23-1901014	3	107,000				LEGAL ASSISTANCE		
LEGAL CLINIC FOR THE DISABLED INC. 1513 RACE STREET -- -- -- -- PHILADELPHIA PA 19102	23-2460392	3	33,800				LEGAL ASSISTANCE		
LEGAL SERVICES FOR IMMIGRANTS AND I 5743 BARTLETT STREET -- -- -- -- PITTSBURGH PA 15217	26-2300991	3	34,300				LEGAL ASSISTANCE		
MID-PENN LEGAL SERVICES 213-A NORTH FRONT STREET -- -- -- -- HARRISBURG PA 17102	23-7101191	3	150,600				LEGAL ASSISTANCE		

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

**PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Employer identification number
25-1802119

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY CHILD ADVOCATE PROJECT 409 CHERRY STREET NORRISTOWN PA 19401	20-1460574	3	21,000				LEGAL ASSISTANCE
NEIGHBORHOOD LEGAL SERVICES ASSOCIA 928 PENN AVE PITTSBURGH PA 15222	23-1157129	3	57,700				LEGAL ASSISTANCE
NORTH PENN LEGAL SERVICES 65 EAST ELIZABETH AVE SUITE 800 BETHLEHEM PA 18018	23-1659111	3	262,500				LEGAL ASSISTANCE
NORTHWESTERN LEGAL SERVICES 1001 STATE STREET SUITE 700 ERIE PA 16501	25-1201331	3	61,564				LEGAL ASSISTANCE
PA IMMIGRATION RESOURCE CENTER 50 MT. ZION ROAD YORK PA 17402	23-2851213	3	86,600				LEGAL ASSISTANCE
PENNSYLVANIA LEGAL AID NETWORK INC. 118 LOCUST STREET HARRISBURG PA 17101	23-1892464	3	11,707,667				LEGAL ASSISTANCE
PHILADELPHIA LEGAL ASSISTANCE CENTE 42 S. 15TH STREET SUITE 500 PHILADELPHIA PA 19102	23-2823744	3	24,100				LEGAL ASSISTANCE
PHILADELPHIA VOLUNTEERS FOR THE IND 42 SOUTH 15TH STREET 4TH FLOOR PHILADELPHIA PA 19102	23-2210390	3	85,200				LEGAL ASSISTANCE
PROTECTION FROM ABUSE COORDINATED S 1702 FRENCH STREET ERIE PA 16501	25-1631465	3	38,800				LEGAL ASSISTANCE
PUBLIC INTEREST LAW CENTER OF PHILA 125 S. NINTH STREET SUITE 700 PHILADELPHIA PA 19107	23-1923398	3	42,400				LEGAL ASSISTANCE
SENIOR LAW CENTER 100 SOUTH BROAD STREET SUITE 1810 PHILADELPHIA PA 19110	23-2169936	3	43,500				LEGAL ASSISTANCE

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization

**PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Employer identification number
25-1802119

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN PA LEGAL AID SOCIETY 10W CHERRY AVENUE WASHINGTON PA 15301	25-1192139	3	57,700				LEGAL ASSISTANCE
SUPPORT CENTER CHILD ADVOCATES 1900 CHERRY STREET PHILADELPHIA PA 19103	23-2048664	3	77,100				LEGAL ASSISTANCE
WESTMORELAND BAR FOUNDATION 129 NORTH PENNSYLVANIA AVENUE GREENSBURG PA 15601	25-1662271	3	25,600				LEGAL ASSISTANCE
WOMEN AGAINST ABUSE LEGAL CENTER 100 S. BROAD STREET PHILADELPHIA PA 19110	23-2604575	3	32,200				LEGAL ASSISTANCE
WOMEN'S CENTER & SHELTER CIVIL LAW P.O. BOX 9024 PITTSBURGH PA 15224	25-1264376	3	42,800				LEGAL ASSISTANCE
DICKINSON SCHOOL OF LAW 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK PA 16802	24-6000376		200,000				LEGAL ASSISTANCE
DREXEL UNIV EARL MACKE SCHOOL OF LA 3320 MARKET STREET PHILADELPHIA PA 19104	23-1352630		233,036				LEGAL ASSISTANCE
DUQUESNE UNIVERSITY SCHOOL OF LAW 600 FORBES AVENUE PITTSBURGH PA 15282	25-1035663		197,215				LEGAL ASSISTANCE
TEMPLE UNIV BEASLEY SCHOOL OF LAW 1719 NORTH BROAD STREET PHILADELPHIA PA 19122	23-1365971		200,000				LEGAL ASSISTANCE
UNIV OF PENNSYLVANIA SCHOOL OF LAW 3400 CHESTNUT STREET PHILADELPHIA PA 19104	23-1352685		200,000				LEGAL ASSISTANCE
UNIV OF PITTSBURGH SCHOOL OF LAW 3900 FORBES AVE PITTSBURGH PA 15260	25-0965591		200,000				LEGAL ASSISTANCE

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

LEGAL ASSISTANCE
Schedule I-1 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization	PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT

Employer identification number
25-1802119

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

[illegible]

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

Schedule I-1 (Form 990) 2009

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Inspection

Name of the organization **PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Employer identification number
25-1802119

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Employer identification number

25-1802119

Form 990 - Organization's Mission or Most Significant Activities

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO AWARD
GRANTS FOR (A) THE DELIVERY OF CIVIL LEGAL ASSISTANCE TO
THE POOR AND DISADVANTAGED IN PENNSYLVANIA BY NON-PROFIT
CORPORATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE OF 1986, AS AMENDED; (B) THE DELIVERY OF CIVIL
LEGAL ASSISTANCE TO THE POOR AND DISADVANTAGED IN
PENNSYLVANIA BY CLINICAL AND INTERNSHIP PROGRAMS
ADMINISTERED BY LAW SCHOOLS LOCATED IN PENNSYLVANIA; AND
(C) THE ADMINISTRATION OF JUSTICE IN PENNSYLVANIA.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

A COPY WILL BE SENT TO EACH BOARD MEMBER FOR REVIEW AFTER BEING FILED WITH
THE IRS

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

REQUEST SENT OUT ANNUALLY TO DIRECTORS

Form 990, Part VI, Line 15a - Compensation Process for Top Official

SALARY IS OFTEN COMPARED TO IOLTA DIRECTORS FROM OTHER STATES AS WELL AS PA
JUDGES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Other Notes and Loans Receivable

990 / 990-PF

2009

For calendar year 2009, or tax year beginning 07/01/09, and ending 06/30/10

Name

PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT

Employer Identification Number

25-1802119

Form 990, Part X, Line 7 - Additional Information

Name of borrower	Relationship to disqualified person
(1) Loan Receivable	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	28,272		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	28,272		

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **PENNSYLVANIA INTEREST ON LAWYERS
TRUST ACCOUNT**

Identifying number
25-1802119

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,956

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	30,956
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	COMPUTERS	6/01/04	470				470	5 HY S/L	423	47
2	COMPUTERS - NT Windows 2000 Server	1/01/04	10,696				10,696	5 HY S/L	10,696	0
3	MICROSOFT LICENSES	3/01/04	435				435	3 HY S/L	435	0
4	SOFTWARE UPGRADE	6/01/04	1,369				1,369	3 HY S/L	1,369	0
5	BACK UP SOFTWARE	6/01/04	390				390	3 HY S/L	390	0
6	AL'S WORKSTATION	6/01/05	1,411				1,411	3 HY S/L	1,411	0
7	CONNIE WORKSTATION	6/01/05	1,411				1,411	3 HY S/L	1,411	0
8	JEAN WORKSTATION	6/01/06	2,139				2,139	3 HY S/L	1,783	356
9	LAPTOP	6/01/06	2,087				2,087	3 HY S/L	1,739	348
10	ADOBE ACROBAT	8/01/07	389				389	3 HY S/L	194	130
11	PEACHTREE	8/01/07	850				850	3 HY S/L	425	283
12	VOICENET DATABASE	10/10/07	65,000				65,000	5 HY S/L	26,356	13,000
13	TV VCR	6/30/97	161				161	5 HY S/L	161	0
14	Starset Headset	Mass Sale 12/31/09 12/31/97	133				133	5 HY S/L	133	0
15	Desk-Right Return Mahogany	Mass Sale 12/31/09 6/30/97	427				427	5 HY S/L	427	0
16	Desk-Single Pedestal 66x30	Mass Sale 12/31/09 6/30/97	589				589	5 HY S/L	589	0
17	Partner 18 Displa Telephone	Mass Sale 12/31/09 7/31/97	375				375	5 HY S/L	375	0
18	Multifunctional Chair	Mass Sale 12/31/09 5/31/00	271				271	5 HY S/L	271	0
19	Microwave	Mass Sale 12/31/09 5/31/93	63				63	7 HY S/L	63	0
20	Double Manual File Cabinet	Mass Sale 12/31/09 2/28/97	3,176				3,176	7 HY S/L	3,176	0
21	Workstation #7	Mass Sale 12/31/09 11/30/99	1,600				1,600	7 HY S/L	1,600	0
22	HP Laserjet Printer	Mass Sale 12/31/09 5/31/01	763				763	7 HY S/L	763	0
23	Guest Arm Chair	Mass Sale 12/31/09 3/31/02	371				371	7 HY S/L	371	0
24	Partner 18D Phone	Mass Sale 12/31/09 5/31/02	225				225	7 HY S/L	225	0
25	Printer Laserjet	Mass Sale 12/31/09 5/31/97	1,385				1,385	5 HY S/L	1,385	0
26	Supra Monaural Headset	Mass Sale 12/31/09 7/31/98	141				141	5 HY S/L	141	0
27	Partner Base Unit	Mass Sale 12/31/09 7/31/97	95				95	5 HY S/L	95	0
28	Multifunctional Chair w/ Arms	Mass Sale 12/31/09 5/31/00	271				271	5 HY S/L	271	0
29	Partner PPlus Tel Set 18 Buttons	Mass Sale 12/31/09 8/31/00	323				323	5 HY S/L	323	0
30	Epson Wide Impact Printer	Mass Sale 12/31/09 4/30/02	457				457	5 HY S/L	457	0
31	C/Dock 2 Docking Station for Laptop	Mass Sale 12/31/09 6/30/04	297				297	5 HY S/L	297	0
32	Lateral File-4 Drawers, Metal White	Mass Sale 12/31/09 6/30/92	168				168	5 HY S/L	168	0
33	Faxphone	Mass Sale 12/31/09 11/30/97	320				320	5 HY S/L	320	0
34	Supra Monaural Headset	Mass Sale 12/31/09 12/31/97	163				163	5 HY S/L	163	0
35	Partner Base Unit	Mass Sale 12/31/09 12/31/97	99				99	5 HY S/L	99	0
36	Partner 18 Button Display	Mass Sale 12/31/09 3/31/97	339				339	5 HY S/L	339	0
37	Single Pedestal Mahogany Desk-66x30	Mass Sale 12/31/09 3/31/97	589				589	7 HY S/L	589	0
38	Mahogany Right Return	Mass Sale 12/31/09 3/31/97	427				427	7 HY S/L	427	0
39	Labor for Partner 18 Button	Mass Sale 12/31/09 3/31/97	482				482	5 HY S/L	482	0
40	Guest Chair w/ Mahogany Accents	Mass Sale 12/31/09 4/30/97	302				302	7 HY S/L	302	0
41	Exec High Back Mahogany Swivel Chair	Mass Sale 12/31/09 4/30/97	426				426	7 HY S/L	426	0
42	Guest Chair w/ Mahogany Accents	Mass Sale 12/31/09 4/30/97	302				302	7 HY S/L	302	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
43	10 Foot Parallel Cable	4/30/97	60				60	5 HY S/L	60	0
44	Printer Laserjet	Mass Sale 12/31/09								
		5/31/97	1,385				1,385	5 HY S/L	1,385	0
45	Flatbed Scanjet	Mass Sale 12/31/09								
		5/31/97	353				353	5 HY S/L	353	0
46	Microphone	Mass Sale 12/31/09								
		5/31/93	14				14	5 HY S/L	14	0
47	Laser Printer Cabinet	Mass Sale 12/31/09								
		6/30/93	82				82	5 HY S/L	82	0
48	Numbering Machine	Mass Sale 12/31/09								
		6/30/93	26				26	5 HY S/L	26	0
49	File Cabinet, Upright 4 Door	Mass Sale 12/31/09								
		9/30/95	522				522	5 HY S/L	522	0
50	Faxphone	Mass Sale 12/31/09								
		7/31/96	431				431	5 HY S/L	431	0
51	Desk & Credenza	Mass Sale 12/31/09								
		3/31/97	899				899	7 HY S/L	899	0
52	Bridge for Single Pedestal Desk	Mass Sale 12/31/09								
		3/31/97	266				266	7 HY S/L	266	0
53	Partner 18 Button Display Telephone	Mass Sale 12/31/09								
		3/31/97	339				339	5 HY S/L	339	0
54	Telephone	Mass Sale 12/31/09								
		3/31/97	482				482	5 HY S/L	482	0
55	Chair	Mass Sale 12/31/09								
		4/30/97	1,030				1,030	7 HY S/L	1,030	0
56	Workstation Computer	Mass Sale 12/31/09								
		9/30/98	1,169				1,169	5 HY S/L	1,169	0
57	Printer	Mass Sale 12/31/09								
		9/30/98	279				279	5 HY S/L	279	0
58	Scanner printer	Mass Sale 12/31/09								
		12/31/98	308				308	5 HY S/L	308	0
59	Network harddrive	Mass Sale 12/31/09								
		1/31/99	199				199	5 HY S/L	199	0
60	Server Internet TI Connection	Mass Sale 12/31/09								
		2/28/00	710				710	5 HY S/L	710	0
61	Switchport	Mass Sale 12/31/09								
		3/31/00	119				119	5 HY S/L	119	0
62	Server Station	Mass Sale 12/31/09								
		3/31/00	421				421	5 HY S/L	421	0
63	Router/Tape backup system	Mass Sale 12/31/09								
		6/30/00	5,500				5,500	5 HY S/L	5,500	0
64	Printer	Mass Sale 12/31/09								
		4/30/02	457				457	5 HY S/L	457	0
65	Dell Laptop	Mass Sale 12/31/09								
		4/30/03	2,391				2,391	5 HY S/L	2,391	0
66	Dell Optiplex Tower	Mass Sale 12/31/09								
		6/30/03	1,685				1,685	5 HY S/L	1,685	0
67	Lateral File	Mass Sale 12/31/09								
		6/30/93	344				344	7 HY S/L	344	0
68	File Drawer	Mass Sale 12/31/09								
		6/30/97	715				715	7 HY S/L	715	0
69	Executive Chair	Mass Sale 12/31/09								
		6/30/97	571				571	7 HY S/L	571	0
70	Return	Mass Sale 12/31/09								
		9/30/97	1,074				1,074	7 HY S/L	1,074	0
71	Headset	Mass Sale 12/31/09								
		7/31/98	134				134	5 HY S/L	134	0
72	Partner Base Unit	Mass Sale 12/31/09								
		7/31/98	107				107	7 HY S/L	107	0
73	Partner Telset	Mass Sale 12/31/09								
		2/28/00	242				242	7 HY S/L	242	0
74	Procomm Plus for Windows	Mass Sale 12/31/09								
		7/31/96	462				462	5 HY S/L	462	0
75	Blackbaud Accounting	Mass Sale 12/31/09								
		6/30/97	12,650				12,650	5 HY S/L	12,650	0
76	Arev NLM for Windows	Mass Sale 12/31/09								
		8/30/97	2,306				2,306	5 HY S/L	2,306	0
77	Attorney Database Software	Mass Sale 12/31/09								
		1/31/99	15,000				15,000	5 HY S/L	15,000	0
78	Server Software	Mass Sale 12/31/09								
		3/31/00	270				270	5 HY S/L	270	0
79	Adobe Acrobat	Mass Sale 12/31/09								
		7/31/00	244				244	5 HY S/L	244	0
80	Wordperfect	Mass Sale 12/31/09								
		11/30/00	295				295	5 HY S/L	295	0
81	Revelation Tech Service Pack	Mass Sale 12/31/09								
		3/31/02	1,520				1,520	5 HY S/L	1,520	0
82	Scansoft Omnipage Pro	Mass Sale 12/31/09								
		6/30/02	468				468	5 HY S/L	468	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
83	Carpeting	2/28/97	1,330				1,330	7 HY S/L	1,330	0
84	Computer Cable Install	3/31/97	1,320				1,320	5 HY S/L	1,320	0
85	Curtain Rod	4/30/97	63				63	5 HY S/L	63	0
86	Curtain Fabric	4/30/97	933				933	7 HY S/L	933	0
87	Network Printer Cable Install	8/31/97	553				553	5 HY S/L	553	0
88	HP Lazer Jet printer - Connie & Upstairs	6/30/07	1,230				1,230	3 HY S/L	1,025	205
89	Dell Workstation-Tiffany's	6/30/07	1,317				1,317	3 HY S/L	1,098	219
90	Dell Server	6/30/07	8,213				8,213	5 HY S/L	2,464	1,643
91	ASAP Software	6/30/07	2,989				2,989	3 HY S/L	2,491	498
92	ALTIRIS Software	6/30/07	687				687	3 HY S/L	573	114
93	DELL LATITUDE E6500 NOTEBOOK CC	1/01/09	3,314				3,314	3 HY S/L	552	1,105
94	DELL OPTIPLEX 760 DESKTOP COMPU	1/01/09	1,452				1,452	3 HY S/L	242	484
95	DELL ULTRASHARP 1908FP MONITOR	1/01/09	1,058				1,058	3 HY S/L	176	353
96	VOICENET DATABASE SOFTWARE (E)	1/01/09	25,350				25,350	5 HY S/L	2,535	5,070
97	SHARP MX-410IN COPIER	6/30/09	10,075				10,075	5 HY S/L	0	2,015
98	3 HP P2055DN LOCAL PRINTER	6/30/09	1,395				1,395	3 HY S/L	0	465
99	PJC EXECUTIVE FURNITURE UPGRAD	6/30/09	14,451				14,451	7 HY S/L	0	2,064
100	ADOBE ACROBAT SOFTWARE	1/01/09	1,090				1,090	3 HY S/L	182	363
101	Voicenet Software Upgrade	9/01/09	19,313				19,313	5 HY S/L	0	1,931
102	Voicenet Software Upgrades	3/01/10	2,625				2,625	5 HY S/L	0	263
Total Other Depreciation			<u>255,674</u>				<u>255,674</u>		<u>132,438</u>	<u>30,956</u>
Total ACRS and Other Depreciation			<u>255,674</u>				<u>255,674</u>		<u>132,438</u>	<u>30,956</u>
Grand Totals			255,674				255,674		132,438	30,956
Less: Dispositions and Transfers			50,780				50,780		50,780	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>204,894</u>				<u>204,894</u>		<u>81,658</u>	<u>30,956</u>