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Department of the Treasury I⊊ternal Revenue Service

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 **2010** Open to Public Inspection

_ A	Fo	r the 2010 ca	lendar year,	or tax year beginni	ng 07/	01/10 ,	and ending (06/30/1	1					
В	3 Che	ck if applicable	C Name of	organization PE	NNSYLVAN	IA INTERI	ST ON LAW	YERS		О	Emplo	yer iden	ntification	number
[2	X Add	lress change		TR	UST ACCO	UNT BOARI								
Ē	T Nan	ne change	Doing Bu	siness As							25-	1802	<u> 2119</u>	
-	=	-	Number a	and street (or PO box	x if mail is not de	livered to street a	address)		Room/su	nte E	Teleph	one num	ber	
Ļ		al return	601 (COMMONWEALT	H AVENUE				2400		717	-238	<u>3-200</u>	1
L	Ten	minated	City or to	wn, state or country, a	and ZIP + 4									
	Ame	ended return	HARR	SBURG		PA 171	20-0901			G	Gross rece	ipts \$	17,25	1,665
Γ	App	dication pending	F Name and	d address of principal	officer				H/3\	ls this a group	mtum for	ffliatos?	Yes	X No
۲.			ALFR	RED AZEN					"(a)	is uiis a group	i lemin ioi a	illuates r	\exists	
			1	COMMONWE	ALTH AVI				H(b)	Are all affilia			Yes	No
_				RISBURG		PA 1	<u> </u>	01	_			st (see ir	nstructions)	
_!		x-exempt statu				insert no)	4947(a)(1) or	527	4	N/I	7			
<u>J</u>				IOLTA.ORG						Group exer			N/2	
Ë		rm of organization		oration Trust	Association	K Other ► GC	DV'T BOA	RD L	ear of forma	ation 19	96	M State	of legal domic	ale PA
-	Par		ummary			·								
				organization's miss	ion or most sig	ınıficant activiti	es.							
	8	SKE	SCHEDUI	TR O						•				
	Activities & Governance		•		•				•					
	ē		سم	ነ										
	ŝ		_	If the organization		•	or aisposea of n	nore than 25%	or its ne	t assets	1.1	9		
	<u>مة</u>		-	embers of the gove			\\/\ haa 4b\				3	9		
	<u>.</u>		•	ent voting member	_						4	6		
	<u>∓</u>			/iduals employed if	•	r 2010 (Part V,	iine Za)				5	9		
	₹			nteers (estimate if	• •	(0) 40					<u> </u>			
2012				ness revenue from ess taxable income							7a 7b			0
7	\dashv	b Net une	nated busine	iss taxable income	HOIII FOITH 99	0-1, iiile 34				Prior Year	1 70		Current Yea	
8		8 Contribu	tions and gra	ants (Part VIII, line	1h)					,556	, 837	_	1,744	
	울		_	enue (Part VIII, line	-			•		,940			5,478	
APR 1	8	-		Part VIII, column (/	***	ind 7d)	•			37	,208			,217
A	~	11 Other re	venue (Part	VIII, column (A), lir	nes 5, 6d, 8c, 9	9c, 10c, and 11	e)							
		12 Total rev	enue – add	lines 8 through 11	(must equal P	art VIII, column	n (A), line 12)		15	,534	,071	1	7,251	,665
SCANNED		13 Grants a	ınd sımılar a	mounts paid (Part	IX, column (A)	, lines 1-3)			15	,262	, 932	1	6,883	,599
Z		14 Benefits	paid to or fo	r members (Part I)	X, column (A),	line 4)								
	ဖွ	15 Salanes	, other comp	ensation, employe	e benefits (Pa	rt IX, column (A	A), lines 5–10)			469	,014		513	,994
Ö	penses	16a Professi	opal fundrate	eng-fees (Part IX, co	column (A), lın	e 11e)								
	8	b Total fur	dralsing exp	ensesurant IX, co	lumn (D), line	25) 🕨								
	ŭ	17 Other ex	penses (Pa	rt IX, column (A), lii	nes 11a-11d,	11f-24f)		ļ			,361			,198
		18 Total ex	penses Add	lines 13-17 (Gust	t equal Part IX,	column (A), lir	ne 25)		16	,116		1	7,800	
٠ ـ		19 Revenue	e less expeñ	ses. Subtract line	18 from line 12	· · · · · · · · · · · · · · · · · · ·				-582				,126
	Net Assets or Fund Balances	00 + 111-6	COEN	<u></u>				ŀ		ng of Currer , 026			End of Yea 4 , 841	
-	Bala		(रमध्ये)क्षेत्र			•	•	ł	10		,060			,408
			bilities (Part	•	lina 21 from lin	o 20	•		14	756		1	$\frac{020}{4,215}$	
÷	Par	11 1 11	ignature	alances Subtract I	ine 21 nom im	e 20				,,,,,,	, 3 , ,		7,213	7,403
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				atetion of preparer (v							iowicage i	and bener	, 11.15	
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9	Sign		Signature of o	officer /		15	1 \	_ 1 -	٨	4	Date	7		_
	Here	1 6) VALLA	red I. A	tzen, e	-xecutiv	e Dir	ecto	r			
•			Type or print i	name and title	_ '					<u> </u>				
-		Pnnt/T	ype preparer's	name		Preparer's signa	ature			Date /	Check	ıf	PTIN	
F	Paid	1	L S. BERG			_ ′	1206			2/25/12	self-er	nployed	P01063	574
F	Prepa	rer Firm's	name •	HAMILTO	N & MUS	SER, PC	, CPAS			Firm	n's EIN 🕨		-2213	
l	Use C			176 CUM			Y							
		Fırm's	address 🕨	MECHANI	CSBURG,	PA 17	055			Pho	ne no	717	-697-	<u>-3</u> 888
1	May th	ne IRS discu	ss this return	with the preparer	shown above	? (see instruction	ons)						X Yes	
	For Pa	aperwork Re	eduction Ad	t Notice, see the	separate inst	ructions.							Form 9	90 (2010)
	_, • •													

Form	art IV Checklist of Required Schedules		<u> </u>	aye c
1.6	itt 14 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		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	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ŀ		
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	ŀ		l
	Part III	5_		X
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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			- T
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	ĺ		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			x
	complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	10		x
44	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,			I
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ĺ	İ '	t
а	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1.12		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a				
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			ł
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			١
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	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, Parts III and IV	. 16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	_~
4-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	\vdash	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		x
40	Part VIII, tines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	x
20-	If "Yes," complete Schedule G, Part III Did the emanyation operate one or more hospitals? If "Yes." complete Schedule H.	19 20a	 	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	20a	†	┼^
b	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь	1	
	i oniti oco meto that operate one or more neoptate maet attach acette mandal statements (see matractions)	1 200		

Fom	1 990 (2010) PENNSYLVANIA INTEREST ON LAWYERS 25-1802119				Р	age 4
P	art IV Chècklist 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			21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		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	_		23	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			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year					
	to defease any tax-exempt bonds?			24c		•
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	•				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		х
ь	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		х
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			27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a	Ì	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		•			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	•		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		•			
	conservation contributions? If "Yes," complete Schedule M			30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					
	Part I			31		х
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		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			33		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			34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		X
а	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,			ŀ		1
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					i
-	related organization? If "Yes," complete Schedule R, Part V, line 2			36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	•		T	<u> </u>	T
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			!	1	ŀ
				1	1	ــ

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

DAA

Form 990 (2010)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return X 2b b 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. (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b h 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, secunties account, or other financial X account)? 4a If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с | 7d | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X Sponsoring organizations maintaining donor advised funds. X Did the organization make any taxable distributions under section 4966? 9a X Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь Section 501(c)(7) organizations. Enter. 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 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 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 13b Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X Яa The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. h X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? 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 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 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 ALFRED J. AZEN PO BOX 62445 organization. PA 17106-2445 717-238-2001 HARRISBURG

•					
om 990 (2010)	PENNSYLVANIA	INTEREST	ON	LAWYERS	25-1802119

Page 7

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

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

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

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

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

Check this box if neither the organ	nization nor any i	relate	d or	-		ns co	ompe			
(A) Name and Title	(B) Average hours per			chec		hat a		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALFRED J. AZEN	35.00	x		x				120,549	0	83,048
EXEC. DIR. (2) STEPHANIE S. LIB		^		₽		┢	-	120,349	0	03,040
ASSIS EX DIR	35.00	x		x				84,006	0	20,824
(3) PENINA KESSLER I	IEBER, E	SQ	•			ŀ	l			
CHAIR	6.00	X		X				0	0	0
(4) MICHELLE GOLDFAR	B, ESQ.					ļ				
DIRECTOR	3.00	X						0	0	0
(5) HON. JUSTIN M. J	OHNSON									
DIRECTOR	3.00	X						0	0	0
(6) BRYAN S. NEFT, E	SQ.									
DIRECTOR	3.00	X		<u> </u>		<u> </u>		0	0	0
(7) ANDREW E. SUSKO,					i					
VICE CHAIR	3.00	X		X	_	<u> </u>		0	0	0
(8) JAMES C. SCHWART										o
DIRECTOR	3.00	X		1.0		<u>_</u>	<u> </u>	0	0	
(9) HON. MARGHERITA			нΤ	NG	ľO.	N		0	o	0
DIRECTOR	3.00	X	<u> </u>	-	<u> </u>	-	⊢	<u> </u>		<u> </u>
(10) KATHY M. MANDERI									o	o
DIRECTOR	3.00	X		-	_	├-	⊢	0	U	U
(11)										
(12)										
(13)										
(14)				-						
(15)										
(16)										
DAA		<u>L</u> _	<u> </u>	<u> </u>	Щ.	1	<u> </u>	I	<u> </u>	Form 990 (2010

<u> </u>	rf VII Section A. Officers, (A) Name and Title	(B) Average hours per	-		chec		hat ap		(D) Reportable compensation	(E) Reportable compensation from		(F) stimated			
		week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	other compensation from the organization and related organizations			
(17)										- · · · · · · · · · · · · · · · · · · ·					
(18)															
(19)			-							-					
(20)												<u> </u>			
(21)															
(22)															
(23)															
(24)															
(25)															
(26)															
(27)															
(28)						-	 								
1b	Sub-total			<u> </u>	<u></u>	L	<u> </u>		204,555			103	,872		
C	Total from continuation shee Total (add lines 1b and 1c)	ts to Part VII, Se	ctio	n A				>	204,555			103	,872		
<u>d</u> 2	Total number of individuals (inc	duding but not lin	nited	to th	ose	liste	d abo	ve)				100	<u>, </u>		
	reportable compensation from	the organization	<u> </u>	1								1			
3	Did the organization list any for								ee, or highest compensated			Ye	—		
4	employee on line 1a? If "Yes," of For any individual listed on line	1a, is the sum of	гер	ortab	le co	ompe	ensat	ion a		m the		3	X		
	organization and related organi individual	izations greater tl	nan S	150	,000	? If "	Yes,	, cor	nplete Schedule J for such			4 X	:		
5	Did any person listed on line 1a									dividual		_	х		
Sec	for services rendered to the organical forms. Independent Contractors		s, c	ompi	ete s	Scrie	auje	J 10	r such person			5	<u> </u>		
1	Complete this table for your five compensation from the organization	e highest comper	nsate	ed inc	depe	nde	nt cor	ntrac	ctors that received more that	n \$100,000 of					
	Name and	(A) business address							Descrip	(B) tion of services		(C Comper) isation		
										 					
								-							
								\vdash							
—									_						
2	Total number of independent of	ontractors (includ	ling l	but n	ot lin	nited	to th	lose	listed above) who			× • • • • • • • • • • • • • • • • • • •	,		
DAA	received more than \$100,000 i	n compensation	rom	the o	orgai	nızat	ion 🕨			. 0		Eor. 0	90 (2010)		

Pa	rt V	III Staten	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 8	1a	Federated carr	naigns	1a	*************************					
ran	b	Membership di		1b	-					
g,	c	Fundraising ev		1c						
ar a	d	Related organi		1d		1				
S,E	θ			19						
ion	f	All other contribution								
the	-	and similar amounts		1f	1,	744,926				
atri do	g	Noncash contribution	ns included in lines 1a-	-	 \$					
ဒ္ဓ	h				•	•	1,744,926			
Program Service Revenue Contributions, gifts, grants						Busn. Code				
en	2a	IOLTA/A	CCESS TO JUS	TICE	INT.		15,065,522	15,065,522		
Re	b	PRO HAC				1	413,000	413,000		
<u>:</u>	c						<u> </u>			
eΓ	d									
E	8	•								
g	f	All other progra	am service rever	ue						
F	a	Total. Add line				•	15,478,522	······································		
	3		ome (including d	lividend	ls. interes	it.				
	•	and other simil				" ▶	28,217			28,217
	4		vestment of tax-	exemp	t bond pro	oceeds ►				
	5	Royalties		ожо ,	· • • • • • • • • • • • • • • • • • • •	•				
	•		(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•	1		:	
	7a	Gross amount from	(ı) Securities	 5	(11)	Other			11-11-	
		sales of assets other than inventory	.,,		<u> </u>					
	b	Less cost or other								
	_	basis & sales exps								
	С	Gain or (loss)		-						
	d	Net gain or (los	ss)			•	İ		·	
	8a		m fundraising ever	nts I				, , , , , , , , , , , , , , , , , , , ,		
nue		(not including \$								
8		,	eported on line 1c).							
Other Reve		See Part IV, line		а						
Ę.	ь	Less direct ex		ь						
δ	C		(loss) from fundr	raising	events	•			•	
	9a		m gaming activities	- 1					, ,,,	
	-	See Part IV, line	• •	a		1				
	ь	Less direct ex		ь						
			(loss) from gamı	no acti	vities	▶				
		Gross sales of				<u> </u>			77 11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1	
		returns and alle	-	а						
	b	Less: cost of g		ь						
		_	(loss) from sales	of inve	entorv	▶	Î		:	
			ellaneous Revenue			Busn. Code				
	11a	-					İ	<i>'</i>	,	
	b				•				 	
	c		•							
	d	All other reven	ue							
	9	Total. Add line			•					
	12		. See instruction	s		•	17,251,665	15,478,522	0	28,217

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).

	<u> </u>	complete column (A) but are			(D)
	not include amounts reported on lines 6b, 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	16,883,599	16,883,599	1	
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		<u> </u>		
5	Compensation of current officers, directors,		<u> </u>		· · · · · · · · · · · · · · · · · · ·
-	trustees, and key employees	308,427	92,528	215,899	
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	146,252	18,832	127,420	
8	Pension plan contributions (include section 401(k)			·	
-	and section 403(b) employer contributions)	17,560	2,010	15,550	
9	Other employee benefits	31,481	4,802	26,679	
10	Payroll taxes	10,274	995	9,279	
11	Fees for services (non-employees):			-	_
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
9	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	40,672	9,355	31,317	
12	Advertising and promotion				
13	Office expenses	24,669	5,217	19,452	
14	Information technology				
15	Royalties				
16	Occupancy	34,901	8,027	26,874	
17	Travel	14,217	3,270	10,947	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,596	4,047	13,549	
20	Interest .	<u></u>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,667		34,667	
23	Insurance .	7,796	1,793	6,003	
24	Other expenses. Itemize expenses not covered	1	1	!	
	above (List miscellaneous expenses in line 24f. If		Į	1	
	line 24f amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24f expenses on Schedule O)				······································
а	BANK SERVICE CHARGES	221,094	221,094		
b	MISCELLANEOUS	7,586	1,744	5,842	
c					
d					
0		ļ.		-	
f	All other expenses	48 000 505	48 488 444		·
25	Total functional expenses. Add lines 1 through 24f	17,800,791	17,257,313	543,478	0
26	Joint costs. Check here ▶ X If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
DAA		<u> </u>			Form 990 (2010)

Form 990 (2010)

Part	X Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	12,254,065	2	12,115,266
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,587,588	4	2,437,385
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)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
رم ا	employees' beneficiary organizations (see instructions)	ļ	6	
Assets 8	Notes and loans receivable, net		7	
8 8	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges	4,618	9	7,290
10	a Land, buildings, and equipment cost or			
	other basis. Complete Part VI of Schedule D 10a 288, 35			
	b Less accumulated depreciation 10b 147,28			141,072
11	Investments—publicly traded securities	87,886	11	140,804
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	•		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,026,437	16	14,841,817
17	Accounts payable and accrued expenses	270,060		626,308
18	Grants payable		18	100
19			19	100
20	•		20	
Liabilities	• • •		21	
≣ 22	·	,		
ap	employees, highest compensated employees, and disqualified persons			•
- 1	Complete Part II of Schedule L		22	
23			23	
24	, ,		24	
25	•	270 060	25	626 400
26		270,060	26	626,408
Se	Organizations that follow SFAS 117, check here ▶ X and complete			
<u>ا</u> و	lines 27 through 29, and lines 33 and 34.	14 756 277		14 215 400
<u>ख</u> 27	•	14,756,377		14,215,409
<u>m</u> 28	·		28	
29			29	
屲	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
Net Assets or Fund Balances	complete lines 30 through 34.	•	20	Ť
र्स 30	· · · · · · · · · · · · · · · · · · ·		30	
9 31	· · · · · · · · · · · · · · · · · · ·		31	
X 32	•	14,756,377	32	14,215,409
를 33	•	15,026,437		14,841,817
<u>Z 34</u>	Total liabilities and net assets/fund balances	15,040,437	<u> </u>	Form 990 (2010)

Form 990 (2010)

Form	n 990 (2010) PENNSYLVANIA	INTEREST	ON	LAWYERS	25-1802119			Pa	ge 12
Pa	rt XI	Reconciliation of Ne	t Assets							
<u>` </u>		Check if Schedule O	contains a resp	onse	e to any questi	on in this Part XI				_X_
1	Total rev	enue (must equal Part VIII, c	olumn (A), line 12)					17,2		
2	Total exp	enses (must equal Part IX, c	olumn (A), line 25)				2	17,8		
3	Revenue	less expenses. Subtract line	2 from line 1				3			126
4	Net asse	ts or fund balances at beginn	ing of year (must ed	jual Pa	ırt X, line 33, colum	ın (A))	4	14,7	_	
5	Other cha	anges in net assets or fund b	alances (explain in	Sched	ıle O)		5		8,	<u> 158</u>
6	Net asse	ts or fund balances at end of	year Combine lines	3, 4,	and 5 (must equal	Part X, line 33,	1 1			
	column (l	3))					6	14,2	15,	<u>409</u>
Pa	ert XII	Financial Statement	-	_						_
		Check if Schedule O	contains a resp	onse	e to any questi	on in this Part XII				┵┺
			_	_	=				Yes	No
1	Accountii	ng method used to prepare th	ne Form 990.	_ Ca	sh $oxed{\mathbf{X}}$ Accrual	Other				
	If the org	anization changed its method	d of accounting from	а рпо	r year or checked "	Other," explain in				
	Schedule	-								ļ
2a	Were the	organization's financial state	ements compiled or	review	ed by an independ	ent accountant?		2a		X
b	Were the	organization's financial state	ements audited by a	n ındej	pendent accountan	t?		2b	<u> </u>	<u> </u>
C	If "Yes" to	line 2a or 2b, does the orga	inization have a com	mittee	that assumes resp	ponsibility for oversight				
	of the au	idit, review, or compilation of	its financial stateme	ents an	d selection of an in	ndependent accountant?		2c	X	<u> </u>
	If the org	anization changed either its o	oversight process or	select	ion process during	the tax year, explain in				ĺ
	Schedule	:0								į
d	If "Yes" to	o line 2a or 2b, check a box b	elow to indicate who	ether t	he financial statem	ents for the year were				ĺ
	issued or	n a separate basis, consolida	ted basis, or both							
	X Sepa	irate basis Consolidat	ted basis Bo	h cons	solidated and sepai	rate basis				
3a	As a resu	ilt of a federal award, was the	e organizatıon requii	ed to	undergo an audit o	r audits as set forth in		ļ		
	the Single	e Audit Act and OMB Circula	г А-133?					3a		X
b	If "Yes,"	did the organization undergo	the required audit or	r audit	s? If the organization	on did not undergo the				
	required	audit or audits, explain why ii	n Schedule O and d	escribe	e any steps taken to	o undergo such audits.		3b		L
								Forn	₁ 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT BOARD

Employer identification number 25-1802119

Pa	art 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
Γhe	orgar	nization is not a	private foundation because	it is: (For lines 1 through 11, che	ck only on	e box)								
1		A church, con	vention of churches, or associ	ciation of churches described in s	section 17	70(b)(1)(A	\)(i).							
2	П	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or a	cooperative hospital service	e organization described in section	on 170(b)((1)(A)(iii).								
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in s	section 1	70(b)(1)	(A)(iii). I	Enter th	e hospi	tal's name,			
		city, and state												
5		An organization	on operated for the benefit of	a college or university owned or	operated I	by a gove	rnmenta	l unit de:	scnbed	ın				
		-)(1)(A)(iv). (Complete Part II											
6	П			vernmental unit described in sec	tion 170(t)(1)(A)(v).							
7	П		organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•	ш				Ū			•	·					
8		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)												
9	X	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												
•	ت													
	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			-	clusively to test for public safety			a)(4).							
11	H	-	-	clusively for the benefit of, to per				carry out	t the					
• •	Ш	•	-							tion				
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See 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	\Box	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons												
	ш	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		of section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
-		-	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the								
•		following pers	_	, , , ,										
				ntrols, either alone or together wit	th persons	describe	d ın (ıı) a	ınd				Yes	No	
		• •	v, the governing body of the s								11g(i)			
			member of a person describe	•							11g(ii)	T		
		• •	ontrolled entity of a person de	•							11g(ili			
h		• •	ollowing information about the	· · · · ·										
	Nam	e of supported	(ii) EIN	(III) Type of organization	(Iv) Is the o	rganization	(v) Did y	ou notify	(vi) !	s the	(vii) Am	nount of		
• •	org	anization		(described on lines 1-9	in col (i) lis	-	the organ	nization in	organizat	ion in col zed in the		port		
				above or IRC section (see instructions))	governing	document?		ort?		5 ?				
				(SSS MISH ESHER)	Yes	No	Yes	No	Yes	No				
(A)														
									L		,			
(B)														
						<u> </u>	ļ	ļ			ļ			
(C)														
					<u> </u>		ļ	ļ	ļ	<u> </u>				
(D)														
<u></u>					 					<u> </u>				
(E)														
		<u> </u>			1				7 7					
			F.	•	•					•	•			

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.)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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			,			
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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		<u> </u>			<u> </u>	
12	Gross receipts from related activities, etc. (see instructions)				<u>_1</u>	2
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	 					1
14	Public support percentage for 2010 (line 6,		•	(f))		<u> </u>	4 %
15	Public support percentage from 2009 Sche						5 %
16a	33 1/3% support test—2010. If the organiz			•	1/3% or more, che	ck this	
	box and stop here. The organization qualif	•	•		. 00 4/00/		
b	33 1/3% support test—2009. If the organization of the state of the sta				is 33 1/3% or more	,	. □
47.	check this box and stop here. The organization	=		-	or 16h and line 14		
17a	10%-facts-and-circumstances test—2010 10% or more, and if the organization meets	_					
	Part IV how the organization meets the "fac						
	organization	is-and-on-on-on-instan	ces test The orga	mzanom quamics a	s a pablicly support	cu	▶ □
	10%-facts-and-circumstances test—200	9 If the organization	on did not check a t	nox on line 13, 16a	16h or 17a and li	ne	_
h	10/0-racio-aria-circumstances test—200	•				ne -	
b	15 is 10% or more, and if the organization is	neers ine Tacis-ar					
b	15 is 10% or more, and if the organization is					clv	
b	Explain in Part IV how the organization med					cly	▶ □
ь 18	•	ets the "facts-and-o	circumstances" test	The organization	qualifies as a public	cly	▶ [

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

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

Sec	tion A. Public Support	quality arraor to	10010 110104	50.01., p.0000		,	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	86,284	62,811	35,711	1,556,837	1,744,926	3,486,569
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	22,141,371	19,689,359	14,560,639	13,940,026	15,478,522	85,809,917
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	22,227,655	19,752,170	14,596,350	15,496,863	17,223,448	89,296,486
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			1			
	line 6)						89,296,486
	tion B. Total Support		(1) 0007	(=) 0000	(4) 0000	(1) 0040	
	• • • • • • • • • • • • • • • • • • • •	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	22,227,655	19,752,170	14,596,350	15,496,863	17,223,448	89,296,486
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	625,357	636,749	101,497	37,208	28,217	1,429,028
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	625,357	636,749	101,497	37,208	28,217	1,429,028
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)	22,853,012	20,388,919	14,697,847	15,534,071	17,251,665	90,725,514
14	First five years. If the Form 990 is for the c	-	econd, third, fourth	i, or fifth tax year as	s a section 501(c)(3)	. □
500	organization, check this box and stop here tion C. Computation of Public Su						
				n)		15	
15 16	Public support percentage for 2010 (line 8, Public support percentage from 2009 Sche		-	''' .		16	98.42%
$\overline{}$	tion D. Computation of Investme	••				1 10 [98.22%
17	Investment income percentage for 2010 (lir			nlumn (fi)		17	2 %
18	Investment income percentage from 2009			J. G. T. T. T. T. T. T. T. T. T. T. T. T. T.	•	18	2 %
19a	33 1/3% support tests—2010. If the organ		•	 I, and line 15 is mo	re than 33 1/3%. a		
ь	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2009. If the organ	x and stop here. The	e organization qua	lifies as a publicly s	supported organiza	tion	▶ X
~	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	•	-			•	

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

SCHEDULE D (Form 990)

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
2010
Open to Public

Inspection

Name of the organization **Employer identification number** PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT BOARD 25-1802119 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (dunng year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a **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, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	20.0 2 (. 0 0.00) 20.10	IA INTEREST			25-180		Page 2
Pa	rt III Organizations Maintaining (Collections of Art,	Historical Treas	ures, c	r Other Si	milar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, chec	k any of the following	that are a	significant us	e of its	
а	Public exhibition	d 🗍 Loan	or exchange program	ns			
b	Scholarly research	e Othe	= -				
С	Preservation for future generations		•		•		
4	Provide a description of the organization's collection	tions and explain how th	ney further the organiz	ation's ex	empt purpose	ın Part	
	XIV	•	,				
5	During the year, did the organization solicit or re-	ceive donations of art. h	istorical treasures. or	other sım	ılar		
•	assets to be sold to raise funds rather than to be						Yes No
Pa	rt IV Escrow and Custodial Arrar				swered "Y	es" to Form 9	
	line 9, or reported an amount						,
1a	Is the organization an agent, trustee, custodian of			assets n	ot		
	included on Form 990, Part X?	,					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table				
	in 100, oxplain all arrangement in 1 arrangement	. complete and rememing					Amount
_	Beginning balance					1c	
	Additions during the year					1d	
			•		•	1e	
e _	Distributions during the year					1f	
7 2-	Ending balance	000 Bad V Iva 242		•		<u> </u>	П., П.,
	Did the organization include an amount on Form	990, Part X, line 217					☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV ## Endowment Funds. Comple	to if organization a	newored "Vee" to	Form	990 Port I	\/ line 10	
	Elidowillent Funds. Comple	(a) Current year	(b) Pnor year		o years back	(d) Three years ba	ck (e) Four years back
4_	Danier of combines	(a) Current year	(b) r noi year	(0) 1	o years back	(d) Three years ba	(e) rour years back
	Beginning of year balance		·				
	Contributions						
С	Net investment earnings, gains, and						
	losses			1			
	Grants or scholarships			-			
0	Other expenditures for facilities and						
_	programs			<u> </u>			
f	Administrative expenses			 			
g	End of year balance	<u> </u>				<u>L</u>	
2	Provide the estimated percentage of the year en						
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	on of the organization that	at are held and admini	stered for	r the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations	•					3a(ii)
b	If "Yes" to 3a(II), are the related organizations lis		•			•	3b
4	Describe in Part XIV the intended uses of the or			_			
Pa	rt VI Land, Buildings, and Equip						
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accu		(d) Book value
		(investment)	(other)		depred	ation	
1a	Land						
b	Buildings						
c	Leasehold improvements						
d	Equipment			,459		3,511	79,948
	Other .		204	,894	1	43,770	61,124
Total	. Add lines 1a through 1e (Column (d) must equal	al Form 990, Part X, coli	umn (B), line 10(c))			•	141,072

(8) (9) (10) (11)

	tule D (Form 990) 2010 PENNSYLVANIA INTEREST ON LAWY		25-180211		Page 4
, Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	17,251,665
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	17,800,791
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-549,126
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	0.150
8	Other (Describe in Part XIV)			8	8,158
9	Total adjustments (net). Add lines 4 through 8			9	8,158
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-540,968
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Ret	urn	48 054 665
1	Total revenue, gains, and other support per audited financial statements		•	1	17,251,665
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		
а	Net unrealized gains on investments	2a	ļ	1 1	
b	Donated services and use of facilities	2b		1 1	
C	Recovenes of pnor year grants	2c		1 1	
d	Other (Describe in Part XIV.)	2d	<u> </u>	1	
е	Add lines 2a through 2d .			2ө	
3	Subtract line 2e from line 1		1	3	17,251,665
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIV)	4b		1 1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	17,251,665
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Nith Expenses per F	<u>Return</u>	
1	Total expenses and losses per audited financial statements			1	17,792,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		1 1	
b	Pnor year adjustments	2b]]	
C	Other losses	2c]]	
d	Other (Describe in Part XIV.)	2d		╛	
0	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1		•	3	17,792,633
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a] [
	Other (Describe in Part XIV)	4b	8,158		
С	Add lines 4a and 4b			4c	8,158
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	17,800,791
Pi	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a an	d 4; Part IV, lines 1b and 2t	o;	
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. Als	o complete this part to prov	<i>r</i> ide	
any a	dditional information				
P	ART XI, LINE 8 - RECONCILIATION OF CHANGES	- O	THER .		
N	ORTHWESTERN LEGAL SERVICES FUNDS RETURNED		\$		8,158
			· · ·		
Ð	ART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDE	ם מ	N RETURN - OT	HER	
		_		··	
N	ORTHWESTERN LEGAL SERVICES FUNDS RETURNED		<u>.</u> \$		8,158

Part XIV Supplemental Information (continued)

SCHEDULE I (Form 990)

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

2010

), Part IV, line 21 or 22.	Inspection	Employer Identification number	25-1802119	
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	► Attach to Form 990.	Name of the organization PENNSYLVANIA INTEREST ON LAWYERS	TRUST ACCOUNT BOARD	General Information on Grants and Assistance
	Department of the Treasury Internal Revenue Service	Name of the organization PE	TR	Part i General II

 Does the organization maintain records to substantiate the amount of the grants of assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	s amount of the gran >e? tonna the use of ara	its of assistant	ance, the grantees eng the United States	יט פווופ אומווא וסו נווופ	ssistance, and		X Yes	ž
Part if 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. Part II can be duplicated if additional space is needed	vernments and cipient that recast needed	d Organizatived mo	nd Organizations in the United States. Complete if the organization answered "Yes" to aceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	ted States. Comp	lete if the orga one recipient	nization answ received mor	ered "Yes" to e than \$5,000. Part	_ _ _
1 (a) Name and address of organization or government		(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	ŧ
(1) AIDS LAW PROJECT 1211 CHESTNUT STREET SUITE 600							LEGAL ASSISTANCE	貿
PHILADELPHIA PA 19107	23-2576149	m	36,700					
COUNTY BAR								
400 KOPPERS BUILDING 436 SEVENTH AV	•						LEGAL ASSISTANCE	Ħ
PITISBURGH PA 15219	25-1383622	3	77,400					
(3) CASA OF ALLEGHENY COUNTY								
564 FORBES AVENUE SUITE 902							LEGAL ASSISTANCE	Ħ
PITTSBURGH PA 15219	25-1735360	3	42,000					
(4) COMMONWEALTH JUSTICE PROJECT								
181 LOCUST STREET							LEGAL ASSISTANCE	Ħ
HARRISBURG PA 17101	23-2890384	3	36,910					
(5) COMMUNITY LEGAL SERVICES OF PHILADE	84							
1424 CHESTNUT STREET							LEGAL ASSISTANCE	Ħ
PHILADELPHIA PA 19102	23-1671562	Э	59,500					
(6) CONSUMER BANKRUPICY ASSISTANCE PROJ								
42 SHOUTH 15TH STREET 4TH FLOOR							LEGAL ASSISTANCE	Ħ
PHILADELPHIA PA 19102	23-2694116	3	57,000					
(7) DISABILITY RIGHTS NETWORK OF PA								
1315 WALNUT STREET SUITE 400							LEGAL ASSISTANCE	M
PHILADELPHIA PA 19107	22-2589891	3	51,300					
(8) EDUCATION LAW CENTER			_					
1315 WALNUT STREET							LEGAL ASSISTANCE	Ħ
PHILADELPHIA PA 19107	23-2581102	3	51,300					
(9) FRANKLIN COUNTY LEGAL SERVICES		•						
80 NORTH 2ND STREET							LEGAL ASSISTANCE	Ħ
CHAMBERSBURG PA 17201	37-1416631	3	19,140					

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

Schedule I (Form 990) (20

Enter total number of section 501(c)(3) and government organizations
 Enter total number of other organizations

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2010

Open to Public Inspection Employer identification number 25-1802119 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. PENNSYLVANIA INTEREST ON LAWYERS General Information on Grants and Assistance TRUST ACCOUNT BOARD Department of the Treasury Internal Revenue Service Name of the organization Parti

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	amount of the gran	ts or assista	nce, the grantees' elig	ibility for the grants or a	ssistance, and		\(\frac{1}{2} \)
the selection criteria used to award the grains of assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	er coring the use of gra	nt funds in tl	ne United States.]
art II	vernments and	1 Organiz	ations in the Uni	ted States. Comp	lete if the orgar	nization answ	ered "Yes" to
	cipient that rec is needed	eived mo	re than \$5,000. C	heck this box if no	one recipient	received mor	e than \$5,000. Part II ▶ □
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	-cash	(f) Method of valuation (book, FMV, appraisal.	(g) Description of	(h) Purpose of grant
or government		ıf applicable	grant	assistance	other)	non-cash assistance	or assistance
(1) HIAS & COUNTY MIGRATION SERVICES OF							
2100 ARCH STREET 3RD FLOOR				-			LEGAL ASSISTANCE
PHILADELPHIA PA 19103	23-1405597	3	36,700				
(2) HOMELESS ADVOCACY PROJECT							
42 S. 15TH STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2619480	3	32,800				
(3) JUVENILE LAW PROJECT							
1315 WALNUT STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19107	23-1976386	3	44,100				
(4) KIDSVOICE PENNSYLVANIA INC.							
437 GRANT STREET SUITE 700							LEGAL ASSISTANCE
PITTSBURGH PA 15219	25-0983060	3	55,500				
(5) LACKAWANNA PRO BONO INC							
321 SPRUCE STREET							LEGAL ASSISTANCE
SCRANTON PA 18503	23-2887494	3	32,000				
(6) LAUREL LEGAL SERVICES INC.							
306 S. PENNSYLVANIA AVENUE							LEGAL ASSISTANCE
GREENSBURG PA 15601	23-7007943	3	60,000				
(7) LEGAL AID OF SOUTHEASTERN PA							
1290 VETERANS HIGHWAY BOX 809							LEGAL ASSISTANCE
BRISTOL PA 19007	23-1901014	3	145,000				
(8) LEGAL CLINIC FOR THE DISABLED INC.							
1513 RACE STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2460392	3	38,500				
(9) LEGAL SERVICES FOR IMMIGRANTS AND I							
TLETT STREET							LEGAL ASSISTANCE
PITTSBURGH PA 15217	26-2300991	3	38,800				
2 Enter total number of section 501(c)(3) and government organizations	Ganizations						•

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

Enter total number of other organizations

Schedule I (Form 990) (2010)

SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

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Inspection

ŝ LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE 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. Part II (h) Purpose of grant or assistance _ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer Identification number** non-cash assistance (g) Description of 25-1802119 (e) Amount of non-cash (book, FMV, appraisal, assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 70,000 110,000 12,510,958 177,450 30,000 60,000 260,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section if applicable PENNSYLVANIA INTEREST ON LAWYERS 20-1460574 3 m 23-1659111 3 m m 23-1892464 3 m 23-2851213 23-7101191 25-1201331 23-1157129 General Information on Grants and Assistance (p) EIN can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? TRUST ACCOUNT BOARD (8) PHILADELPHIA LEGAL ASSISTANCE CENTE (3) NEIGHBORHOOD LEGAL SERVICES ASSOCIA (7) PENNSYLVANIA LEGAL AID NETWORK INC (2) MONTGOMERY CHILD ADVOCATE PROJECT 65 EAST ELIZABETH AVE SUITE 800 (6) PA IMMIGRATION RESOURCE CENTER PA 17402 PA 17102 PA 19401 PA 18018 PA 15222 PA 16501 PA 17101 (a) Name and address of organization (5) NORTHWESTERN LEGAL SERVICES 1001 STATE STREET SUITE 700 (4) NORTH PENN LEGAL SERVICES 213-A NORTH FRONT STREET (1) MID-PENN LEGAL SERVICES or government 409 CHERRY STREET 118 LOCUST STREET 50 MT. ZION ROAD 928 PENN AVE Department of the Treasury Internal Revenue Service Name of the organization HARRISBURG NORRISTOWN HARRISBURG PITTSBURGH BETHLEHEM Part II Parti ERIE YORK

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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

Schedule I (Form 990) (2010)

LEGAL ASSISTANCE

, 500

27

m

23-2823744

PA 19102

42 S. 15TH STREET SUITE 500

PHILADELPHIA

(9) PHILADELPHIA VOLUNTEER LAWYERS FOR

200 SOUTH BROAD STREET SUITE 700

5,500

23-2066564 3

PA 19102

PHILADELPHIA

LEGAL ASSISTANCE

SCHEDULE (Form 990)

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

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	90.			Inspection
PENNSYLVANIA TRUST ACCOUNT	ST ON LA	WERS			Employer I	Employer Identification number 25-1802119	
Part I General Information on Grants and Assistance	and Assistance				•		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	e the amount of the graidance?	nts or assist	ance, the grantees' elig the United States	ints or assistance, the grantees' eligibility for the grants or assistance, and ant funds in the United States	assistance, and		Yes No
art II	Governments an	d Organi;	zations in the Un	nd Organizations in the United States. Complete if the organization answered "Yes" to	olete if the orga	nization answe	ered "Yes" to
	y recipient that rec	seived mo	ore than \$5,000. C	Sheck this box if n	o one recipient	received more	than \$5,000. Part II
can be duplicated if additional space is needed	ace is needed						A
1 (a) Name and address of organization	(p) EIN	(c)	(d) Amount of cash	(e) Amount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		rf applicable	grant	assistance	other)	non-cash assistance	or assistance
M	IND						
42 SOUTH 15TH STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2210390	3	102,000				
(2) PROTECTION FROM ABUSE COORDINATED	8 Q						
1702 FRENCH STREET							LEGAL ASSISTANCE
ERIE PA 16501	25-1631465	3	48,063				
(3) PUBLIC INTEREST LAW CENTER OF PH	PHILA		1				
125 S. NINTH STREET SUITE 700							LEGAL ASSISTANCE
PHILADELPHIA PA 19107	23-1923398	3	44,100				
(4) REGIONAL HOUSING LEGAL SERVICES							
2 SOUTH EASTON ROAD							LEGAL ASSISTANCE
GLENSIDE PA 19038	23-1901416	3	50,000				
(5) SENIOR LAW CENTER							
100 SOUTH BROAD STREET SUITE 1810	•						LEGAL ASSISTANCE
PHILADELPHIA PA 19110	23-2169936	3	51,000				
(6) SOUTHWESTERN PA LEGAL AID SOCIETY	X						
10W. CHERRY AVENUE							LEGAL ASSISTANCE
WASHINGTON PA 15301	25-1192139	3	60,000				,
(7) SUPPORT CENTER CHILD ADVOCATES							
1900 CHERRY STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19103	23-2048664	3	88,000				
(8) WESTMORELAND BAR FOUNDATION							
129 NORTH PENNSYLVANIA AVENUE							LEGAL ASSISTANCE
GREENSBURG PA 15601	25-1662271	3	28,500				
(9) WOMEN AGAINST ABUSE LEGAL CENTER							
100 S. BROAD STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19110	23-2604575	3	36,700				

Schedule I (Form 990) (2010)

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

2 Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

SCHEDULEI (Form 990)

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

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

Open to Public Inspection 2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	•)	▶ Attach to Form 990.	.0.			Inspection
Name of the organization PENNSYLVANIA INTEREST TRUST ACCOUNT BOARD	ST ON	LAWYERS			Employer 25-18	Employer identification number 25–1802119)er
Part I General Information on Grants and Assistance	d Assistance						
 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? Describe in Part IV the organization's procedures for monition at the use of grant funds in the United States 	ie amount of the gran nce? nitorna the use of gra	its or assistant funds in t	ince, the grantees' elig he United States	ibility for the grants or a	assistance, and		☐ Yes ☐ No
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. Part II can be duplicated if additional space is needed	overnments and ecipient that rec	1 Organiz eived mo	ations in the Uni re than \$5,000. C	Organizations in the United States. Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,000.	olete if the orga o one recipient	inization answ received mor	ered "Yes" to e than \$5,000. Part II
1 (a) Name and address of organization or government		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WOMEN'S CENTER & SHELTER CIVIL LAW P.O. BOX 9024							LEGAL ASSISTANCE
	25-1264376	3	49,700				
(2) DICKINSON SCHOOL OF LAW							LEGAL ASSISTANCE
UNIVERSITY PARK PA 16802	24-6000376		200,000				
	er.						
T STREET	1						LEGAL ASSISTANCE
PHILADELPHIA PA 19104	23-1352630		200,000				
(4) DUQUESNE UNIVERSITY SCHOOL OF LAW							
600 FORBES AVENUE	25_1035663		199,478				LEGAL ASSISTANCE
NIV BEASLEY S			NI.				
RET							LEGAL ASSISTANCE
PHILADELPHIA PA 19122	23-1365971		200,000				
(6) UNIV OF PENNSYLVANIA SCHOOL OF LAW	-						
3400 CHESTNUT STREET	23_12E268E		000 000				LEGAL ASSISTANCE
TISBURGH SCHOO							
3900 FORBES AVE							LEGAL ASSISTANCE
PITTSBURGH PA 15260	25-0965591		200,000			i	
(8) VILLANOVA UNIV SCHOOL OF LAW							
299 NORTH SPRING MILL ROAD							LEGAL ASSISTANCE
VILLANOVA PA 19085	23-1352688		200,000				
3800 VARTAN WAY P.O. BOX 69382							LEGAL ASSISTANCE
HARRISBURG PA 17106	23-1386178		200,000				
2 Enter total number of section 501(c)(3) and government organizations	organizations	:					
3 Enter total number of other organizations		:					

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

Schedule I (Form 990) (2010)

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

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Inspection

OMB No 1545-0047

ž LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE 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. Part II (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer Identification number** non-cash assistance (g) Description of 25-1802119 (e) Amount of non-cash (f) Method of valuation assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 12,000 510,000 6,000 10,000 10,000 9,500 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section if applicable PENNSYLVANIA INTEREST ON LAWYERS 23-2303925 20-1460574 25-1373145 25-1762795 23-1886685 25-1090014 General Information on Grants and Assistance (b) EIN can be duplicated if additional space is needed Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? TRUST ACCOUNT BOARD (4) MONTGOMERY COUNTY ADVOCACY PROJECT (3) CUMBERLAND COUNTY BAR ASSOCIATION (6) WASHINGTON COUNTY BAR ASSOCIATION (2) CRAWFORD COUNTY BAR ASSOCIATION PA 16335 PA 17013 PA 19401 PA 15009 PA 15301 PA 17101 (a) Name and address of organization (6) PENNSYLVANIA BAR FOUNDATION 119 SOUTH COLLEGE STREET 32 SOUTH BEDFORD STREET or government (1) BEAVER COUNTY - NLSA 788 TURNPIKE STREET STREET 916 DIAMOND PARK 100 SOUTH STREET Department of the Treasury Internal Revenue Service 409 CHERRY Name of the organization WASHINGTON NORRISTOWN HARRISBURG MEADVILLE CARLISLE BEAVER Part II Part 3 8 6

Schedule I (Form 990) (2010)

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

Enter total number of other organizations

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2010) PENNSYLVANIA INTEREST ON LAWYERS Dart III can be dunlinated if additional snare is needed

	(a) Type of grant or assistance (b) Number of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
4						
เก						
9						
Vi tred	Supplemental Information Complete this part to provide the information required in Part I line 2, and any other additional information.	nolete this part to prov	vide the information	required in Part I lin	e 2 and any other addition	nal information.

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS 7 PART I, LINE ran IV

OR TWICE ANNUALLY. THE ASSISTANT EXECUTIVE DIRECTOR REVIEWS EVERY REPORT TO GRANTEES ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS QUARTERLY,

ENSURE THAT THEY ARE USING THE MONEY FOR THE PURPOSE AND WITHIN THE BUDGET

STATED IN THEIR PROPOSAL. IQUIRIES ARE MADE IF THE REPORTS ARE UNCLEAR OR

SEEM INCONSISTENT WITH THEIR PROPOSAL. PAIOLTA CONDUCTS SITE VISITS, RELIES

ON PLAN, INC. TO MONITOR THE GRANTEE'S PROGRAMS, AND ALSO RECEIVES A COPY

OF THE MONITORING REPORTS. GRANTEES ARE INVITED TO ATTEND EVERY BOARD

MEETING. ONE GRANTEE IS USUALLY ASKED TO PREPARE A PRESENTATION ON THEIR

IOLTA FUNDED WORK AT BOARD MEETINGS AND THE BOARD RESPONDS WITH QUESTIONS

SCHEDULE J

≨Form 990)

Part I

Compensation Information

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

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

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PENNSYLVANIA INTEREST ON LAWYERS

TRUST ACCOUNT BOARD **Questions Regarding Compensation**

Employer identification number 25-1802119

			Yes	No
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)			
ь	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	Ì	•	Ī
	explain	1b		
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?	2		
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 X Compensation survey or study			
	Form 990 of other organizations X 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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	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.			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	_8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i	

Page 2

25-1802119 PENNSYLVANIA INTEREST ON LAWYERS

Schedule J (Form 990) 2010 PENNSYLVANIA INTEREST ON LAWYERS 25-1802119

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)—(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	reported in pnor Form 990 or Form 990-EZ
ALFRED J. AZEN	120,549	0		47,067	35,981	203,597	0
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						Schedu	Schedule J (Form 990) 2010

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 Schedule J (Form 990) 2010 PENNSYLVANIA INTEREST ON LAWYERS

Part III Supplemental Information

any additional information

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

. . . .

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.

2010
Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT BOARD

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 III, LINE 2

A LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP) WAS ESTABLISHED THIS PAST YEAR TO HELP LEGAL SERVICES ORGANIZATIONS THAT PROVIDE CIVIL LEGAL ASSISTANCE TO POOR PENNSYLVANIANS WITHOUT CHARGE, ATTRACT AND RETAIN QUALIFIED ATTORNEYS. THE ORGANIZATIONS WERE FINDING THAT ATTORNEYS, WHO WISHED TO BE EMPLOYED AT PUBLIC SERVICE, COULD NOT AFFORD TO DO SO BECAUSE OF THE VERY LARGE AMOUNT OF STUDENT DEBT THEY HAD ACCUMULATED. A GRANT WAS MADE TO THE PENNSYLVANIA BAR FOUNDATION (PBF), A 501(C)(3) TAX EXEMPT ORGANIZATION, TO IMPLEMENT AND ADMINISTER THE LRAP. ATTORNEYS WHO ARE EMPLOYED BY ANY IOLTA FUNDED QUALIFIED LEGAL AID ORGANIZATION CAN APPLY TO THE PBF FOR A FORGIVABLE LOAN OF UP TO \$3,500. ELIGIBLE ATTORNEYS CANNOT HAVE ANNUAL COMPENSATION OF MORE THAN \$60,000, AND THEY MUST REMAIN EMPLOYED IN GOOD STANDING WITH THE LEGAL AID ORGANIZATION FOR ONE FULL YEAR, AND REMAIN IN GOOD STANDING WITH THEIR LENDERS FOR ALL OF THEIR STUDENT LOANS.

Employer identification number 25-1802119

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

A LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP) WAS ESTABLISHED THIS PAST YEAR TO HELP LEGAL SERVICES ORGANIZATIONS THAT PROVIDE CIVIL LEGAL ASSISTANCE TO POOR PENNSYLVANIANS WITHOUT CHARGE, ATTRACT AND RETAIN QUALIFIED ATTORNEYS. THE ORGANIZATIONS WERE FINDING THAT ATTORNEYS, WHO WISHED TO BE EMPLOYED AT PUBLIC SERVICE, COULD NOT AFFORD TO DO SO BECAUSE OF THE VERY LARGE AMOUNT OF STUDENT DEBT THEY HAD ACCUMULATED. A GRANT WAS MADE TO THE PENNSYLVANIA BAR FOUNDATION (PBF), A 501(C)(3) TAX EXEMPT ORGANIZATION, TO IMPLEMENT AND ADMINISTER THE LRAP. ATTORNEYS WHO ARE EMPLOYED BY ANY IOLTA FUNDED QUALIFIED LEGAL AID ORGANIZATION CAN APPLY TO THE PBF FOR A FORGIVABLE LOAN OF UP TO \$3,500. ELIGIBLE ATTORNEYS CANNOT HAVE ANNUAL COMPENSATION OF MORE THAN \$60,000, AND THEY MUST REMAIN EMPLOYED IN GOOD STANDING WITH THE LEGAL AID ORGANIZATION FOR ONE FULL YEAR, AND REMAIN IN GOOD STANDING WITH THEIR LENDERS FOR ALL OF THEIR STUDENT LOANS.

FORM 990, PART VI, LINE 11B - 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 PAJUDGES.

(eame of the organization)

PENNSYLVANIA INTEREST ON LAWYERS

Employer Identification number 25-1802119

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION NORTHWESTERN LEGAL SERVICES FUNDS RETURNED.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No.

PENNSYLVANIA INTEREST ON LAWYERS Identifying number Name(s) shown on return 25-1802119 TRUST ACCOUNT BOARD 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. 500,000 1 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2011. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 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 34,667 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions. Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property period only-see instructions) service 3-year property 5-year property h 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 vrs 27 5 yrs ММ S/L Residential rental property MM 27 5 vrs S/L MM S/L Nonresidential real 39 yrs property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year MM S/L 40-year 40 yrs Summary (See instructions.) Part IV 21 21 Listed property Enter amount from line 28 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 34,667 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs