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Form 990 Department of the Treasury Internal 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

<u> 2011</u>

Open to Public Inspection

OMB No 1545-0047

07/01/11 06/30/12 For the 2011 calendar year, or tax year beginning , and ending C Name of organization PENNSYLVANIA INTEREST ON LAWYERS Employer identification number Check if applicable TRUST ACCOUNT BOARD Address change 25-1802119 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Instial return 2400 717-238-2001 601 COMMONWEALTH AVENUE Terminated City or town, state or country, and ZIP + 4 Amended return HARRISBURG 17120-0901 17,967,582 G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for affiliates? STEPHANIE S. LIBHART 601 COMMONWEALTH AVENUE, SUITE 2400 H(b) Are all affiliates included? If "No." attach a list (see instructions) HARRISBURG 17120-0901 X 501(c)(3) Tax-exempt status 501(c) (insert no) 4947(a)(1) or Website WWW.PAIOLTA.ORG H(c) Group exemption number ▶ X Other ▶ GOV'T BOARD 1996 PA Corporation Trust Association Year of formation M State of legal domicile Form of organization Part I Summarv Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box \(\brace \) If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T. line 34 7b Prior Year Current Year 1,744,926 1,822,187 8 Contributions and grants (Part VIII, line 1h) 14,389,714 15,478,522 9 Program service revenue (Part VIII, line 2g) O S 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,217 27,621 1,728,060 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,251,665 17,967,582 16,883,599 16,689,201 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 513,994 512,663 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 403,198 545,035 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,800,791 17,746,899 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 -549,126 220,683 Beginning of Current Year End of Year 15,300,212 14,841,817 20 Total assets (Part X, line 16) 838,319 626,408 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 215,409 14.461.893 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rairue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ssistant Director Here Type or print name and title Print/Type preparer's name Preparer's signature Check Faid ומואי DANIEL S. BERGER P01063674 **Freparer** HAMILTON & MUSSER, 23-2213999 Firm's name Firm's EIN ▶ **Use** Only 176 CUMBERLAND PARKWAY MECHANICSBURG, PA 17055 717-697-3888 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

1.6	att 14 Checklist of Reduired Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ا		x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
e	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	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,"	-		-
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	Ť		
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	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	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

_Pa	art IV Checklist of Required Schedules (continued)			
24	Did the second s	<u></u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	24	x	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	├
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22		x
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		 ^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	├
24a	3			ŀ
	\$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	ļ	—
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ł
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		х
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,			
54	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1000		 -
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
27		1.0		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		x
20	Part VI	37	-	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O	30	43	<u> </u>

Pa	of V Statements Regarding Other IRS Filings and Tax Compliance					\Box
	Check if Schedule O contains a response to any question in this Part V				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2		163	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					1
-	reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				T
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authonty			1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country					I
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts				ŧ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	_	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible?			6a	+	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
_	gifts were not tax deductible?			6b	-	
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	jooas		-		x
_	and services provided to the payor?			7a 7b	+	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			76	+-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	ıs		7c		x
d	and the second s	7d	1	1.0	1	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	·	1	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Follows		is required?	7g	1	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•			х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					l
	organization, have excess business holdings at any time during the year?			8		x
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
11	Section 501(c)(12) organizations. Enter					•
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources					I
	against amounts due or received from them)	11b	L			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	 	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O					1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	I	1		1
	the organization is licensed to issue qualified health plans	13b				I
C	Enter the amount of reserves on hand	13c	L		1	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 0		14a	1	X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	: U		14b	'	1

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 Check if Schedule O contains a response to any question in this Part VI $|\mathbf{X}|$ 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a 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 9 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.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a 15b X Other officers or key employees of the organization 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," did the organization follow a written policy or procedure requining the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the ISABELLE WOZNIAK PO BOX 62445 organization > PA 17106-2445 717-238-2001

HARRISBURG

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 organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for	bo of	x, unle ficer a	heck ss pe nd a d	ition more rson ii	than or s both a /truste	an a)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N. 2 rece mice)	organization and related organizations
(1) PENINA KESSLER I		SQ								
VICE CHAIR	6.00	X		Х				0	0	0-
(2) OURANIA PAPADEME	TRIOU, E	SQ								
DIRECTOR	3.00	X			L			0	0	0
(3) HON. JUSTIN M. C	OHNSON					i i				
DIRECTOR	3.00	X				Ш		0	0	0
(4) BRYAN S. NEFT, E										
DIRECTOR	3.00	X				Ш		0	0	0
(5) ANDREW E. SUSKO,	ESQ.									
DIRECTOR	3.00	X						0	0	0
(6) JAMES C. SCHWART		Q.								
DIRECTOR	3.00	X				ll		0	0	0
(7) HON. MARGHERITA			HI	NG	COI	17				
DIRECTOR	3.00	X				Ш		0	0	0
(8) KATHY M. MANDERI										
DIRECTOR	3.00	X			<u> </u>	Ш		0	0	0
(9) WILLIAM T. HANGI										
CHAIR	6.00	X		X				0	0	0
(10) ALFRED J. AZEN										
EXEC. DIR.	35.00	L		X		\sqcup		104,742	0	88,270
(11) STEPHANIE S. LIE										
ASSIS EX DIR	35.00			X		Ш		86,076	0	14,648
(12)	•									
(13)										<u></u>
(14)										
	<u> </u>			L				L	<u> </u>	Ļ

<u> </u>	(A) Name and title	(B) Average hours per week (describe	(d bo	o not o	Pos check ess pe	C) ition more rson i	than o s both	ne an	(D) Reportable compensation from the		(E) Reportable compensation from related organizations	, .	(F) Estima amoun othe compens	t of r ation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)		(W-2/1099-MISC)		from ti organiza and rela organiza	ition ited	
(15)													_		
(16)	.										,				
(17)															
(18)															
(19)															
(20)							ļ					•			
(21)															
(22)															-
(23)									1						
(24)												•			
(25)													-,,-		
1b	Sub-total	oto to Dort VII. S	o o ti o	4			<u> </u>	>	190,8	818			10)2,	918
c 	Total from continuation shee Total (add lines 1b and 1c)							<u> </u>	190,8				10)2,9	918
2	Total number of individuals (increportable compensation from			to th	ose I	liste	d abo	ve)	who received more the	an \$10	00,000 in			1	
3	Did the organization list any for								vee, or highest compen	nsated		1		Yes	, , ,
4	employee on line 1a? If "Yes," of For any individual listed on line	1a, is the sum of	rep	ortab	le co	mpe	ensat	ion i			n the		3		X
_	organization and related organi individual										luudual		4	х	
5	Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								OI III			5		x
1	Complete this table for your five	e highest comper													
	compensation from the organiz Name and	(A) business address	iipei	isauc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	une	Cale	lua			(B) Juon of services		Cor	(C) npensati	ion
			_						·						
									- , , ,,		•				
2	Total number of independent correceived more than \$100,000 co		-						listed above) who		0				
	received more man \$100,000 C	o compensation	UIII	ine (nyar	ııZdil	011				<u> </u>			990	1 (2011)

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
S S	12	Federated can	nainne	1a			, , , , , , , , , , , , , , , , , , , ,	10101100		312, 313, 01 314
Contributions, Gifts, Grants and Other Similar Amounts									,	
5 2		Membership di		1b						
Ąţ		Fundraising ev		1c						
들	d	Related organi	zations	1d						4
S,E	е	Government grants	(contributions)	1e						ĺ
S.C.	f	All other contribution	s, gifts, grants,							
ᇐ		and similar amounts	not included above	1f	1,	822,187				,
ΞÖ	g	Noncash contribution	ns included in lines 1a-	1f \$						
동일	_	Total. Add line				•	1,822,187			
		Total: / lag line	0 14 11			Busn Code				
ğ	2-	T07 T0 /2				Busii Code	14,018,914	14,018,914	,	
ě	2a		CCESS TO JUS	TICE I	NT.					-
6	b	PRO HAC	AICE			 -	370,800	370,800		
울	С									
Se	d									
am	е									
Program Service Revenue	f	All other progra	am service rever	nue						
تة	g	Total, Add line	s 2a–2f			•	14,389,714			
	3	Investment inc	ome (including o	lividends	, interest					
		and other simil				•	27,621			27,621
	4		vestment of tax	-exempt	bond pro	ceeds >				
	5	Royalties			_ • · · · ·	•				
ŀ	•	rtoyames	(r) Real		(n) P	ersonal				
	6-	Crean roots	(71100)							
l		Gross rents								
	Þ	Less rental exps								
	С	Rental inc or (loss)	L							,
	d 7a	Net rental inco Gross amount from								
	'a	sales of assets	(i) Secunties		(11)	Other				
- 1		other than inventory								
1	b	Less cost or other								
- [basis & sales exps								
ı	С	Gain or (loss)								
		Net gain or (lo	ss)				•			
		-	om fundraising eve	nts [·	,
<u>a</u>	-	(not including \$	va.na.a.og o vo							
Ve.		-	eported on line 1c)	.]						
&										
ē		See Part IV, line		a						
Other Revenue		Less direct ex		рĹ			1			
			(loss) from fund		vents				, ,	
	9a		om gaming activitie	s						
		See Part IV, line	19	a _						`
	b	Less direct ex	penses	ьL						
	С	Net income or	(loss) from gam	ing activi	ities	>				
	10a	Gross sales of	inventory, less							·
		returns and all	owances	a						
	b	Less cost of g	oods sold	ьГ						
		-	(loss) from sales	s of inve	ntory	•				
	_ <u> </u>		cellaneous Revenue		,	Busn. Code				,
}	11a			r.e			1,728,060	1,728,060		•
		CLASS ACT	ION RESIDUA	LD			1,720,000	2,720,000		
- 1	b									
	С						-			
	d	All other reven			1		1 800 000			
	е	Total. Add line				•	1,728,060		_	
	12_	Total revenue	. See instruction	ıs			17,967,582	16,117,774	0	27,621

Part IX Statement of Functional Expenses

Form 990 (2011)

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)

not include amounts remarked on lines Ch	(A)	(B)	(C)	(D)
not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising expenses
		expenses	general expenses	expenses
- I	16 689 201	16 689 201		
_	10,009,201	10,009,201		
-				
· · · · · · · · · · · · · · · · · · ·				
-]	1	
•				
· · · · · · · · · · · · · · · · · · ·				
·				
· ·	293.736	88.121	205,615	
	2307.00			· · · · · · · · · · · · · · · · · · ·
· ·				
· · · · · · · · · · · · · · · · · · ·	142.272	17,037	125,235	
				
•	18,852	2,206	16,646	,
· · ·				-
·		· · · · · · · · · · · · · · · · · · ·		
Ť				
· · ·	- 1			
·				
	160,455	128,773	31,682	
Office expenses	24,164	5,041	19,123	
Information technology				
Royalties				
Occupancy	34,901	8,027	26,874	
Travel	18,694	4,300	14,394	-
Payments of travel or entertainment expenses				•
for any federal, state, or local public officials				
Conferences, conventions, and meetings	13,123	3,018	10,105	
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	48,358		48,358	
Insurance	7,740	1,780	5,960	
Other expenses Itemize expenses not covered				······································
above (List miscellaneous expenses in line 24e If	1		1	
line 24e amount exceeds 10% of line 25, column			1	
(A) amount, list line 24e expenses on Schedule O)				,
BANK SERVICE CHARGES	219,694	219,694		
MISCELLANEOUS	17,906	4,119	13,787	
All other expenses				
Total functional expenses Add lines 1 through 24e	17,746,899	17,181,122	565,777	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental collections.				
fundraising solicitation. Check here ▶ X if				
	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 Grants and other assistance to individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) BANK SERVICE CHARGES MISCELLANEOUS All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	Total expenses Total functional expenses Add lines 1 through 24e Total functional expenses Add lines 1 through 24e Total functional expenses Add lines 1 through 24b Total functional expenses Add lines 1 through 24b	Total expenses Program as average compensation in the U S See Part IV, line 21	Total expenses Program service Management and glevaria Sp. 8), 8), 80, 80, 80 10 10 61 Part VIII.

Form 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash-non-interest bearing 12,115,266 12,519,352 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 2,437,385 2,471,135 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L 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 employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 8 7,290 7,748 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 298,165 other basis Complete Part VI of Schedule D 10a 195,639 141,072 102,526 10b b Less accumulated depreciation 140,804 199,451 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 14,841,817 15,300,212 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 626,308 837,819 17 Accounts payable and accrued expenses 17 18 18 Grants payable 100 500 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 626,408 838,319 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 14,215,409 Unrestricted net assets 27 14,461,893 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 📄 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 14,215,409 14,461,893 33 33 Total net assets or fund balances 14,841,817 15,300,212 Total liabilities and net assets/fund balances

Form 990 (2011)

Form 990 (2011)

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.

2011
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	irt l	Reas	on for Public Charity	Status (All organizations r	must co	mplete	this pa	rt.) Se	instr	uction	s		
Γhe	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)									
3	П			e organization described in section	on 170(b	(1)(A)(iii)).						
4	П	•	•	in conjunction with a hospital des	•		•)(A)(iii).	Enter ti	ne hosp	ital's name		
	ш	city, and state	•	,									
5		•		a college or university owned or	onerated	by a gove	ernmenta	al unit de	scabed	ın			
٠	ш	•	b)(1)(A)(iv). (Complete Part I	•	оролаков	D, 0 9010							
6	\Box	•		vernmental unit described in sec	tion 170/	h\(1\(A\(\	Λ						
7	H		•	ubstantial part of its support from				n the de	neral ni	iblic			
•	Ш	-	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	a govern	ilicitai uli	01 1101	ii iiie ge	ilerai pe	ibiic			
8				'0(b)(1)(A)(vi). (Complete Part II	`								
9	X	•		more than 33 1/3% of its suppor	-	atributions	memb	archin fo	ee and	aross			
9	4	•	• • • • • • • • • • • • • • • • • • • •	ot functions—subject to certain ex				•		-			
		·	•							แอ			
			•	f unrelated business taxable inco			i i lax) ii	om busi	1165565				
40	\Box		•	, 1975 See section 509(a)(2) . (6 cclusively to test for public safety			n\(4\						
10 11	\vdash	-	•	clusively to test for public safety				carp, on	t tha				
• •	ш	•	•	d organizations described in sect				•		tion			
		• •	• • • • • • • • • • • • • • • • • • • •	e type of supporting organization									
		a Type		c Type III-Functiona			d		·· e III–Ot	her			
_	\Box			nization is not controlled directly			or more						
е	ш		•	than one or more publicly suppo				-	-				
		or section 509	-	than one of more publicly suppo-	rice organ	1120110110	30301100	J 111 JCC1	1011 000	(α)(1)			
f				mination from the IRS that it is a	Type I Ty	nell or T	vne III s	unnortin	n				
•		_	check this box		.,,,,,	po, o. .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	арроп	9				
~		•		on accepted any gift or contribution	on from a	ny of the							ш
g		following per	_	m decepted any girt of comments		.,							
		•		itrols, either alone or together wit	h persons	describe	ed in (ii) a	nd				Yes	No
			v, the governing body of the s		po. 00711		()				119		
			member of a person describe	• •								g(ii)	1
		• •	ontrolled entity of a person de									g(iii)	
h		• •	ollowing information about the	., ,,							نينا	21/1	
) Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the	rganization	(v) Did	ou notify	(vi)	s the	(vii)	Amount of	
		janization	(·/ -···	(described on lines 1-9	1 ' '	sted in your	the orga	nization in	organizat	ion in col		support	
				above or IRC section	governing	document?		of your cort?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
A)													
• •,							}	ŀ					
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 Calendar year (or fiscal year beginning in) ▶ (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

instructions

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

(Complete only if you checked the box on line 9 of Part I 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						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62,811	35,711	1,556,837	1,744,926	1,822,187	5,222,472
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	19,689,359	14,560,639	13,940,026	15,478,522	16,117,774	79,786,320
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	19,752,170	14,596,350	15,496,863	17,223,448	17,939,961	85,008,792
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						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
٥	line 6)	1					85,008,792
Sec	tion B. Total Support	LI.	······································	······································			
	ndar year (or fiscal year beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	19,752,170	14,596,350	15,496,863	17,223,448	17,939,961	85,008,792
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	636,749	101,497	37,208	28,217	27,621	831,292
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	636,749	101,497	37,208	28,217	27,621	831,292
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						-
	and 12)	20,388,919	14,697,847	15,534,071	17,251,665	17,967,582	85,840,084
14	First five years. If the Form 990 is for the	•	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
	Public support percentage for 2011 (line 8,	·		<u></u>		15	00.03%
15 16	Public support percentage from 2010 Sche		•	'''		16	99.03% 98.42%
	tion D. Computation of Investme						38.4270
17	Investment income percentage for 2011 (lir			olumn (f))		17	1 %
18	Investment income percentage from 2010 S		-	VII		18	2 %
19a	33 1/3% support tests—2011. If the organ			4, and line 15 is mo	ore than 33 1/3%, a	ind line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2010. If the organ		-				▶ X
	line 18 is not more than 33 1/3%, check this	s box and stop here	. The organization	qualifies as a publi	cly supported orga	nızatıon	▶ 🗌
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19l	b, check this box ar	nd see instructions		▶ □

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

\$CHEDULE D (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

2011
Open to Public Inspection

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 Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 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 vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No 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 (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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>sche</u>	dule D (Form 990) 2011 PENNSILVAL	ATH THIEVE	<u>.51 U</u>	N LIMMIE	172	<u> 25-1</u>	00211				<u> </u>	age ∠
Pa	rt III Organizations Maintaining	Collections of	Art, Hi	storical Tre	easures, c	r Other	Simila	r Ass	ets (c	ontinu	ed)	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records,	check ar	ny of the follow	ing that are a	significan	t use of it	S				
а	Public exhibition	d 🗍	Loan or	exchange prog	rams							
b	Scholarly research	e M	Other									
c	Preservation for future generations											
4	Provide a description of the organization's collection	ctions and explain h	ow they	further the ora	anızatıon's ex	empt pure	ose in Pa	art				
•	XIV		,									
5	During the year, did the organization solicit or re	ceive donations of	art histo	ncal treasures	or other sim	ılar						
·	assets to be sold to raise funds rather than to be									Ye	s [No
Pa	rt IV Escrow and Custodial Arra					wered "	Yes" to	Form	990			
	line 9, or reported an amount								,		•	
12	Is the organization an agent, trustee, custodian				ther seeds no	ot .				· · · · · · · · · · · · · · · · · · ·		
ıa	included on Form 990, Part X?	or other intermedia	iy ioi coi	ithibutions of o	ther assets in	οι				☐ Ye		No
_	·	d complete the falla	uuna tah	lo.						ا ا	• <u> </u>	, 110
D	If "Yes," explain the arrangement in Part XIV an	a complete the folio	iwing tab	ie			ſ			Amount		
							F			741104111		—
	Beginning balance						F	1c				—
d	Additions during the year						-	1d				_
е	Distributions during the year						F	1e				—
f	Ending balance						L	1f				1
	Did the organization include an amount on Forn	n 990, Part X, line 2	12							∐ Ye	s	No
	If "Yes," explain the arrangement in Part XIV					222 5						
Pa	rt V Endowment Funds. Comple								- T			
		(a) Current year	(1	b) Pnor year	(c) Two yea	rs back	(d) Thre	e years b	ack	(e) Four	years t	ack
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and		}									
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs									~~~~~		
f	Administrative expenses											
g	End of year balance				ł							
2	Provide the estimated percentage of the current	t year end balance	(line 1g,	column (a)) he	ld as							
а	Board designated or quasi-endowment	%										
b	Permanent endowment ▶ %											
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	equal 100%										
3a	Are there endowment funds not in the possessi		on that a	re held and ad	ministered 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	sted as required on	Schedul	e R?						3b		
4	Describe in Part XIV the intended uses of the or	•										
Pa	ert VI Land, Buildings, and Equip				10							
	Description of property	(a) Cost or other to		(b) Cost or o		(c) A	ccumulated			(d) Book	value	
	,	(investment)		(oth	i i		preciation					
4.0	Land	†		· ·								
	Land						•••••					
0	Buildings											
C	Leasehold improvements			2	98,165		195,	630		1 (12	526
d	' '				70,103		<u> </u>	000			<i></i> ,	<u> </u>
	Other I. Add lines 1a through 1e (Column (d) must equ	IS Form 000 Part V	Codum	(R) line 10/a				•		7 (12 -	526
ıvta	i. Add mies ta umodyn se (Coldinii (d) musi equ	iai i Ullii 330, Fall 7	v, coluitii	, (<u>,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<i>,</i> ,				Ь		/	<u></u>

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

DAA

25-1802119

	edule D (Form 990) 2011 PENNSYLVANIA INTEREST ON LAWYERS 25-180211		Page 4
			17 065 500
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,967,582
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,746,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	220,683
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	· · · · · · · · · · · · · · · · · · ·
7	Pnor penod adjustments	7	
8	Other (Describe in Part XIV)	8	25,801
9	Total adjustments (net) Add lines 4 through 8	9	25,801
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	246,484
Pa	ert XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	17,967,582
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,967,582
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
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	17,967,582
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	-
1	Total expenses and losses per audited financial statements	1	17,721,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b] [
С	Other losses 2c] [
d	Other (Describe in Part XIV)	1 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,721,098
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) 4b 25,801	1 1	
С	Add lines 4a and 4b	4c	25,801
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	17,746,899
Pa	ert XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	,	
Part '	V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provi	ıde	
any a	additional information		
P.	ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		
3.7	ODMIR GEORGE GEO		05 001
N	ORTHWESTERN LEGAL SERVICES RETURNED FUND \$		25,801
D.	ADT YTTT I.THE AR _ EYDENCE AMOINTS THAT ITHEN ON DESIGNAL OF	T D	-
r	ART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTH	.c.K	
N	ORTHWESTERN LEGAL SERVICES RETURNED FUND		25.801

Part XIV Supplemental Information (continued)

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

≗

X Yes

Open to Public Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

Department of the Treasury Internal Revenue Service	► Attach to Form 990.	Inspection
Name of the organization	PENNSYLVANIA INTEREST ON LAWYERS	
	TRUST ACCOUNT BOARD 25-1802119	
Part i Gener	General Information on Grants and Assistance	

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 dublicated if additional space is needed. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

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?

Part II can be duplicated if additional space is needed	space is needed	_					`
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORK OUR MET DUTE		anamada			(2000)		
(1) ALLS LAM FROUDCI							母のなべ見りせいに、これの母に
TELL CREATNOL SINEEL SOLLE GOOD	27	,					TREAT PRETERINGE
PHILADELPHIA	23-23/PT49	3	32,100				
(2) ALLEGHENY COUNTY BAR FOUNDATION							
400 KOPPERS BUILDING 436 SEVENTH AV	•						LEGAL ASSISTANCE
PITTSBURGH PA 15219	25-1383622	ب	68,700				
(3) CASA OF ALLEGHENY COUNTY							
564 FORBES AVENUE SUITE 902							LEGAL ASSISTANCE
PITTSBURGH PA 15219	25-1735360	m	37,300				
(4) COMMONWEALTH JUSTICE PROJECT							
181 LOCUST STREET							LEGAL ASSISTANCE
HARRISBURG PA 17101	23-2890384	3	77,400				
(5) COMMUNITY LEGAL SERVICES OF PHILADE	•						
1424 CHESTNUT STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-1671562	3	51,900				
(6) CONSUMER BANKRUPICY ASSISTANCE PROJ							
42 SHOUTH 15TH STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2694116	3	46,000				
(7) DISABILITY RIGHTS NETWORK OF PA							
1315 WALNUT STREET SUITE 400						•	LEGAL ASSISTANCE
PHILADELPHIA	22-2589891	3	44,800				
(8) EDUCATION LAW CENTER							
1315 WALNUT STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19107	23-2581102	3	44,800				
(9) FRANKLIN COUNTY LEGAL SERVICES							
80 NORTH 2ND STREET			•				LEGAL ASSISTANCE
CHAMBERSBURG PA 17201	37-1416631	3	17,800				
10,77,700			- 1-1-				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

SCHEDULE I (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.

Open to Public inspection 2011

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 Id. 25-18	Employer identification number 25-1802119	
Part i General Information on Grants and Assistance	nd Assistance						
 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	the amount of the grar ance? onitoring the use of gra	its or assist ant funds in	is or assistance, the grantees' eligibility for the grants or assistance, and nt funds in the United States	bility for the grants or	assistance, and		Yes No
Part II Grants and Other Assistance to Governments and	Sovernments and	d Organi	Organizations in the United States. Complete if the organization answered "Yes"	ted States. Comp	olete if the organ	ization answe	red "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.	ny recipient that re	ceived m	ore than \$5,000 C	heck this box if no	o one recipient i	received more	than \$5,000 ▶ ☐
רמון זים מחשומים וו מסווים ופ	מו אסמכם וא ווכבתב	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡					
1 (a) Name and address of organization or operation	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance
ON SERVICES	NO	applied in			Onica)		
ARCH STREET 3RD FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19103	23-1405597	ю	29,700				
(2) HOMELESS ADVOCACY PROJECT							
42 S. 15TH STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2619480	3	26,600				
(3) JUVENILE LAW PROJECT							
1315 WALNUT STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19107	23-1976386	3	38,500				
(4) KIDSVOICE PENNSYLVANIA INC.							
T STREET SUITE 7	_						LEGAL ASSISTANCE
PITTSBURGH PA 15219	25-0983060	3	52,500				
(5) LACKAWANNA PRO BONO INC							
321 SPRUCE STREET							LEGAL ASSISTANCE
SCRANTON PA 18503	23-2887494	3	28,550				
(6) LAUREL LEGAL SERVICES INC.							
306 S. PENNSYLVANIA AVENUE							LEGAL ASSISTANCE
GREENSBURG PA 15601	23-7007943	3	53,300				
(7) LEGAL AID OF SOUTHEASTERN PA							
1290 VETERANS HIGHWAY BOX 809						,	LEGAL ASSISTANCE
BRISTOL PA 19007	23-1901014	3	129,600				
(8) LEGAL CLINIC FOR THE DISABLED INC	-:						
1513 RACE STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2460392	3	31,100				
(9) LEGAL SERVICES FOR IMMIGRANTS AND	H C						
5743 BARTLETT STREET							LEGAL ASSISTANCE
PITTSBURGH PA 15217	26-2300991	3	34,500				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

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.

2011

OMB No 1545-0047

Open to Public Inspection ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service

Name of the organization FENNSYLVANIA INTEREST ON LAWYERS TRIST ACCOUNT ROARD	SST ON LAW	YEKS			Employer id	Employer identification number	
Part i General Information on Grants and Assistance	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 monitoring the use of grant funds in the United States 	e amount of the grance Se? torng the use of gra	ts or assista	ance, the grantees' eligi he United States	bility for the grants or	assistance, and		Yes No
(B)	vernments and	1 Organiz	Organizations in the United States. Complete if the organization answered "Yes"	ted States. Comp	olete if the organ	ization answe	red "Yes"
Part II can be duplicated if additional space is needed	space is needer	neived IIII	eived filore triali \$3,000 Crieck tris box ii no one recipient received more triali \$3,000		o one recipient	eceived Illore	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MID-PENN LEGAL SERVICES							
RTH FRONT STREET			() () () () () () () () () ()				LEGAL ASSISTANCE
- 1	787707/-67	7	146,000				
(2) MONTGOMERY CHILD ADVOCATE PROJECT 409 CHERRY STREET							LEGAL ASSISTANCE
NORRISTOWN PA 19401	20-1460574	3	26,800				
(3) NEIGHBORHOOD LEGAL SERVICES ASSOCIA	at						
928 PENN AVE							LEGAL ASSISTANCE
PITISBURGH PA 15222	23-1157129	3	53,300				
(4) NORTH PENN LEGAL SERVICES							
65 EAST ELIZABETH AVE SUITE 800		•					LEGAL ASSISTANCE
BETHLEHEM PA 18018	23-1659111	3	196,050				
(5) NORTHWESTERN LEGAL SERVICES							
1001 STATE STREET SUITE 700							LEGAL ASSISTANCE
ERIE PA 16501	25-1201331	3	60,000				
(6) PA IMMIGRATION RESOURCE CENTER							
50 MT. ZION ROAD							LEGAL ASSISTANCE
YORK PA 17402	23-2851213	3	106,200				
(7) PENNSYLVANIA LEGAL AID NETWORK INC.							
118 LOCUST STREET							LEGAL ASSISTANCE
HARRISBURG PA 17101	23-1892464	3	12,543,471				
(8) PHILADELPHIA LEGAL ASSISTANCE CENTE	M						
42 S. 15TH STREET SUITE 500							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2823744	3	22,300				
(9) PHILADELPHIA VOLUNTEERS FOR THE IND							
42 SOUTH 15TH STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA PA 19102	23-2210390	3	82,500				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed in	the line 1 to	able				•

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

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

SCHEDULE I (Form 990)

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

2011 Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. PENNSYLVANTA INTEREST ON LAWYERS Department of the Treasury Internal Revenue Service Name of the organization

TRIEST OF STREET TRIEST ACCOUNT BOARD		CVI T			25-18	Employer Identification number クス-1802119		
Part I General Information on Grants and Assistance	l Assistance							1
	e amount of the gran	its or assist	is or assistance, the grantees' eligibility for the grants or assistance, and	ibility for the grants or	assistance, and		Yes No	I -
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	itoring the use of gra	int funds in	the United States]	
Part ii Grants and Other Assistance to Governments and	overnments and	_	Organizations in the United States. Complete if the organization answered "Yes"	ted States. Com	olete if the orgar	nization answe	red "Yes"	
to Form 990, Part IV, line 21, for any recipient that rec	recipient that rec	ceived m	served more than \$5,000 Check this box if no one recipient received more than \$5,000	heck this box if n	o one recipient i	received more	than \$5,000	ı
Part II can be duplicated if additional space is needed	space is needed	1					A	\neg
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	l
(1) PROTECTION FROM ABUSE COORDINATED	U2							1
1702 FRENCH STREET							LEGAL ASSISTANCE	
ERIE PA 16501	25-1631465	e	41,800					
(2) PUBLIC INTEREST LAW CENTER OF PHILA	R.							ı
125 S. NINTH STREET SUITE 700							LEGAL ASSISTANCE	
PHILADELPHIA PA 19107	23-1923398	3	35,700					- 1
(3) REGIONAL HOUSING LEGAL SERVICES								ı
2 SOUTH EASTON ROAD			-				LEGAL ASSISTANCE	
GLENSIDE PA 19038	23-1901416	3	43,700					1
(4) SENIOR LAW CENTER								ı
100 SOUTH BROAD STREET SUITE 1810							LEGAL ASSISTANCE	
PHILADELPHIA PA 19110	23-2169936	3	46,350					
(5) SOUTHWESTERN PA LEGAL AID SOCIETY								1
10W. CHERRY AVENUE							LEGAL ASSISTANCE	
WASHINGTON PA 15301	25-1192139	0	53,300					
(6) SUPPORT CENTER CHILD ADVOCATES								l
1900 CHERRY STREET							LEGAL ASSISTANCE	
PHILADELPHIA PA 19103	23-2048664	3	71,200					- 1
(7) WESTMORELAND BAR FOUNDATION								1
129 NORTH PENNSYLVANIA AVENUE							LEGAL ASSISTANCE	
GREENSBURG PA 15601	25-1662271	m	25.200					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

PA 15224

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

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

Schedule I (Form 990) (2011)

LEGAL ASSISTANCE

LEGAL ASSISTANCE

29,700

23-2604575 3

PA 19110

(9) WOMEN'S CENTER & SHELTER CIVIL LAW

P.O. BOX 9024

PITTSBURGH

(8) WOMEN AGAINST ABUSE LEGAL CENTER

100 S. BROAD STREET

PHILADELPHIA

44,100

25-1264376 3

SCHEDULEI (Form 990)

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

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

	•	,	► Attach to Form 990.	0.	-		Inspection
Name of the organization PENNSYLVANIA INTEREST TRUST ACCOUNT BOARD	ST ON LA	WERS	:		Employer ide	Employer identification number 25-1802119	
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 monitoring the use of grant funds in the United States 	ne amount of the grant nce? ntoring the use of grai	is or assista nt funds in t	ince, the grantees' eligil he United States	bility for the grants or a	assistance, and		Yes No
art II	overnments and	Organiz	ations in the Unit	ted States. Comp	lete if the organ	ization answer	red "Yes"
	recipient that rec	served mo	ore than \$5,000 C	heck this box if no	one recipient r	received more t	than \$5,000
Part II can be duplicated if additional space is needed	l space is needed						▲
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, rive, appraisal, other)	non-cash assistance	or assistance
(1) DICKINSON SCHOOL OF LAW							
110 TECHNOLOGY CENTER BUILDING							LEGAL ASSISTANCE
UNIVERSITY PARK PA 16802	24-6000376		200,000				
(2) DREXEL UNIV EARL MACKE SCHOOL OF I	Ę.						
3320 MARKET STREET	-						LEGAL ASSISTANCE
PHILADELPHIA PA 19104	23-1352630		200,000				
(3) DUQUESNE UNIVERSITY SCHOOL OF LAW							
600 FORBES AVENUE							LEGAL ASSISTANCE
PITTSBURGH PA 15282	25-1035663		200,000				
(4) TEMPLE UNIV BEASLEY SCHOOL OF LAW							
1719 NORTH BROAD STREET			-				LEGAL ASSISTANCE
PHILADELPHIA PA 19122	23-1365971		200,000				
(5) UNIV OF PENNSYLVANIA SCHOOL OF LAW							
NUT STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19104	23-1352685		200,000				
(6) UNIV OF PITTSBURGH SCHOOL OF LAW							
3900 FORBES AVE		_					LEGAL ASSISTANCE
PITTSBURGH PA 15260	25-0965591		200,000				
(7) VILLANOVA UNIV SCHOOL OF LAW							
299 NORTH SPRING MILL ROAD						•	LEGAL ASSISTANCE
VILLANOVA PA 19085	23-1352688		200,000				
(8) WIDENER UNIV SCHOOL OF LAW							
3800 VARTAN WAY P.O. BOX 69382							LEGAL ASSISTANCE
HARRISBURG PA 17106	23-1386178		200,000				
BERLAND COUNTY							
TH BEDFORD STREET							LEGAL ASSISTANCE
CARLISLE PA 17013	23-1886685		13,000				,

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

² Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I (Form 990)

Document of the Tre

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	ó			Inspection
	ST ON	LAWYERS			Employer ide	Employer identification number	
TRUST ACCOUNT BOARD	D				25-18	25-1802119	
Part i General Information on Grants and Assistance	l Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of orant funds in the United States	e amount of the grarce?	ts or assistant funds in t	ance, the grantees' eligi the United States	bility for the grants or	assistance, and		Yes No
(G)	vernments and recipient that re-	1 Organiz	Organizations in the United States. Complete if the organization answered "Yes" eived more than \$5,000 Check this box if no one recipient received more than \$5,0	ted States. Compheck this box if no	olete if the orgar o one recipient i	rization answe	red "Yes" than \$5,000
	Space is rieduci	Jailai	toos to tours of (b)	and to the second (a)	notester to bottom (4)	7	(h) Oursell of areas
1 (a) Name and address of organization or government	(a)	section applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(t) meurod or varuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose or grant or assistance
(1) WASHINGTON COUNTY BAR ASSOCIATION							
119 SOUTH COLLEGE STREET							LEGAL ASSISTANCE
WASHINGTON PA 15301	25-1090014		9,500				
(2) PENNSYLVANIA BAR FOUNDATION							
H STREET		,					LEGAL ASSISTANCE
HARRISBURG PA 17101	23-2303925	m	564,430				
(3) BUTLER COUNTY BAR ASSOCIATION							
SCOTH MAIN STREET SO	1		,				LEGAL ASSISTANCE
BUTLER PA 16001	25-1418631		12,000				
(4) FACE-TO-FACE LEGAL CENTER							
RICE STREET							LEGAL ASSISTANCE
PHILADELPHIA PA 19144	23-2862064	3	10,000				
(5)							
(9)		,					
(2)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed in	the line 1 t	able				•
3 Enter total number of other organizations listed in the line 1 table	1 table						•

Schedule I (Form 990) (2011)

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

Page 2

PENNSYLVANIA INTEREST ON LAWYERS Schedule I (Form 990) (2011)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance 9

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information OR TWICE ANNUALLY. THE ASSISTANT EXECUTIVE DIRECTOR REVIEWS EVERY REPORT TO SEEM INCONSISTENT WITH THEIR PROPOSAL. PAIOLTA CONDUCTS SITE VISITS, RELIES ENSURE THAT THEY ARE USING THE MONEY FOR THE PURPOSE AND WITHIN THE BUDGET STATED IN THEIR PROPOSAL. INQUIRIES ARE MADE IF THE REPORTS ARE UNCLEAR OR GRANTEES ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS QUARTERLY, ON PLAN, INC. TO MONITOR THE GRANTEE'S PROGRAMS, AND ALSO RECEIVES A COPY IOLTA FUNDED WORK AT BOARD MEETINGS AND THE BOARD RESPONDS WITH QUESTIONS MEETING. ONE GRANTEE IS USUALLY ASKED TO PREPARE A PRESENTATION ON THEIR OF THE MONITORING REPORTS. GRANTEES ARE INVITED TO ATTEND EVERY BOARD - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ~ PART I, LINE Par ≅

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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		i :	İ
	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		
	directors, itustees, and the OLO/Executive Director, regarding the items checked in line 1a.	-		
2	Indicate which if any of the following the filing organization uses to establish the compensation of the			l
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			l
	related organization to establish compensation of the CEO/Executive Director Explain in Part III			
	Compensation committee Independent compensation consultant Written employment contract X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Duran the ware did any page lated in Farm CCC Both VIII. Contain A light to with respect to the films			
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	4.	•	v
	Receive a severance payment or change-of-control payment?	4a		X
	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		<u> </u>
	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	5 -	•	v
	The organization?	5a		X
D	Any related organization?	5b		
_	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			· ·
	The organization?	6a		X
b	Any related organization?	6b		^
_	If "Yes" to line 6a or 6b, describe in Part III			f
7				-
	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			1
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			l
	ın Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		<u> </u>

Page 2

PENNSYLVANIA INTEREST ON LAWYERS

Schedule J (Form 990) 2011 Part #

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

25-1802119

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

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

	(B) Breakdow	n of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Companyation
(A) Name	(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Ot compensation compensation compens	(III) Other reportable compensation	other deferred compensation	benefils	(a)-(ı)(a)	reported as deferred in pnor Form 990
ALFRED J. AZEN	(1) 104,742		0	78,255	10,015	193,012	0
1)	0 (11)	0		0	0	0	0
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2-	(1)					•	
	8						
15	(11)					,	
) 16	(E)						

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 Part III Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

Supplemental Information

SCHEQULE 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.

2011 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 4D - ALL OTHER ACCOMPLISHMENT A LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP) WAS ESTABLISHED 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 ATTORNEYS WHO ARE EMPLOYED BY ANY IOLTA FUNDED ADMINISTER THE LRAP. OUALIFIED 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.

PENNSYLVANIA INTEREST ON LAWYERS

Employer identification number 25-1802119

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.

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