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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

2015 Open to Public Inspection

OMB No 1545-0047

<u>A.</u>	For the 2015 C	alendar year, or tax year beginning 07/01/15, and ending 00/30/	10		
В	Check if applicable	C Name of organization PENNSYLVANIA INTEREST ON LAWYERS		D Employer	dentification number
	Address change	TRUST ACCOUNT BOARD		į	
\exists	•	Doing business as		1 25-1	802119
	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
П	Initial return	601 COMMONWEALTH AVENUE RM/STE 2400			238-2001
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code		1	
	terminated	UADDT CDUDC DA 17100 0001			. 22 100 657
	Amended return	HARRISBURG PA 17120-0901	1	G Gross rece	expts \$ 33,190,657
믐		F Name and address of principal officer	H(a) Is this a gro	oun return for su	bordinates? Yes X No
	Application pending		11(4) 10 1113 4 910	oup return to: of	
			H(b) Are all sub	oordinates inclu	uded? Yes No
			If "No,	" attach a list	(see instructions)
$\overline{}$	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	1		
÷		WW.PAIOLTA.ORG	-		. 🛌
<u></u>			H(c) Group exe		
K _∞	Form of organization	Corporation Trust Association X Other ► GOV 'T BOARD L	ear of formation 1	990	M State of legal domicile PA
	Part I Su	ımmary			
9)Activities & Governance INV	1 Briefly de	escribe the organization's mission or most significant activities			
€	SEE	SCHEDULE O			
Fig.	1				
چ€					
<u>-</u> ē	1		70/ af da mad an		
ౖ౭	2 Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	5% of its net as:		•
~ĕ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	9
€ŝ	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	9
₩	5 Total nur	mber of individuals employed in calendar year 2015 (Part V, line 2a)		5	8
⊵ई	6 Total nur	nber of volunteers (estimate if necessary)		6	9
<u> </u>	7- Total indi	• • • • • • • • • • • • • • • • • • • •		7a	0
97	l .	related business revenue from Part VIII, column (C), line 12			
	b Net unre	lated business taxable income from Form 990-T, (ine 34 DCCCIVID	Drier Ve	7b	<u>_</u>
			Prior Ye		Current Year
<u>o</u>	8 Contribu	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 76)4		5,185	21,175
Ĕ	9 Program	service revenue (Part VIII, line 2g)	18,14		29,461,895
Revenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7	4	9,457	94,558
œ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)	1,09	2,569	347,253
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,32	5.341	29,924,881
_			14,36		14,673,942
		nd similar amounts paid (Part IX, column (A), lines 1–3)	11/30	7 7 3 2	11/0/3/512
		paid to or for members (Part IX, column (A), line 4)		1 1 6 0	
S	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)	42	1,169	533,058
Š	16a Professi	onal fundraising fees (Part IX, column (A), line 11e)			0
Expenses	- b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0		- 1	•
ũ	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	43	4,203	388,874
	1	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,22		15,595,874
		·		2,018	14,329,007
_	w Revenue	e less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	S 20 -		20,40		34,716,572
SSe	20 Total as:	sets (Part X, line 16)			
¥.	21 Total liat	pilities (Part X, line 26)		7,730	1,228,188
ž,	권 22 Net asse	ets or fund balances Subtract line 21 from line 20	19,15	9,769	33,488,384
	Part II Si	gnature Block			
	Inder penalties of	perjury, J declare that I have examined this return, including accompanying schedules and statement	ents, and to the b	est of my kn	owledge and belief, it is
t	rue, correct, and o	complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledo	ge	
_		At Man wal Is Mant		10/2	6/16
e:	an P	Signature of officer	<u> </u>	Date	
	a ;			22.0	
H	ere .	/ Stephaniel S. Libhart			
		Type or print name and title			
	Print/Typ	ne preparer's name Preparer's signature	Date 10/17/	Check	If PTIN
Pa	id CHRIS	TIAN P PASQUALI, CPA	PA 10/17/	self-em	ployed P00970025
Pr	enarer	HANTIMON C MUCCER DC CDAG	, T	Firm's EIN	23-2213999
	e Only	176 CUMBERLAND PARKWAY		anta Elly F	
-	·	MEGUANTAGDUDA DA 170EE			717 607 2000
	Firm's ac			Phone no	717-697-3888
		ss this return with the preparer shown above? (see instructions)			X Yes No
		uction Act Notice, see the separate instructions.			Form 990 (2015)
DA	Α				

Form 990 (2015) PENNSYLVANIA INTEREST ON LAWYERS 25-1802119	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission SEE SCHEDULE O	
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code)(Expenses \$ 13,028,598 including grants of \$ 12,692,354) (Revenue \$ FACILITATE AND AWARD GRANTS FOR THE DELIVERY OF CIVIL LEGAL ASSISTANCE TO THE POOR AND DISADVANTAGED IN PENNSYLVANIA BY NON-PROFIT CORPORATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED)
4b (Code)(Expenses \$ 1,200,000 including grants of \$ 1,200,000) (Revenue \$ FACILITATE AND AWARD GRANTS FOR THE DELIVERY OF CIVIL LEGAL ASSISTANCE TO THE POOR AND DISADVANTAGED IN PENNSYLVANIA BY CLINICAL AND INTERNSHIP PROGRAMS ADMINISTERED BY LAW SCHOOLS LOCATED IN PENNSYLVANIA)
4c (Code.)(Expenses \$ 50,150 including grants of \$ 50,150) (Revenue \$ FACILITATE AND AWARD GRANTS TO HELP FUND THE INFRASTRUCTURE NECESSARY FOR ORGANIZED COUNTY-BASED PRO BONO PROGRAMS IN PENNSYLVANIA)
4d Other program services (Describe in Schedule O) (Expenses \$ 731,438 including grants of \$ 731,438) (Revenue \$)
4e Total program service expenses ▶ 15,010,186	Form 990 (2015)

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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,"			
Ū	complete Schedule D, Part III	8	Ì	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		1	
	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		$\neg \neg$	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ŀ	X
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 162 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		X
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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	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 and XII	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 and XII 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		14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate		İ	
	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 other assistance to or		i	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40	ł	v
	assistance to or for foreign individuals? 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	ا ـ ِ ا		v
4.0	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	40	J	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III		990	

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ľ		
	Part IX, column (A), line 29 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	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b] .	ĺ
	through 24d and complete Schedule K if "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	l		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			į
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	<u>3</u> 1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	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,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	l	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			_ aan	

DAA

rai	Check if Schedule O contains a response or note to any line in this Part V	•			
	Officer is confedence of contains a responde of flote to any line as they are v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>			
	reportable gaming (gambling) winnings to prize winners?		1c	X	
	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 8			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the control of the control	rns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b_		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	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	he			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as	1_		١,,,
	required to file Form 8282?	1 . f	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>		٠,,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract ⁷	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g	<u> </u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C7	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by the		1	
	sponsoring organization have excess business holdings at any time during the year?		8		-
9	Sponsoring organizations maintaining donor advised funds.		00	1	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		30		
10	Section 501(c)(7) organizations. Enter	10a			
а	Initiation fees and capital contributions included on Part VIII, line 12	10b	\dashv		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1001			
11	Section 501(c)(12) organizations. Enter	11a			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	110	_		
b		11b			
40-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		12a	1	Ì
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1.55		
12	Section 501(c)(29) qualified nonprofit health insurance issuers.	·	—		
13	Is the organization licensed to issue qualified health plans in more than one state?		13a	1	
а	Note. See the instructions for additional information the organization must report on Schedule O		<u> </u>		
h	Enter the amount of reserves the organization is required to maintain by the states in which				
р	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	service and the service of the servi	ıle O	14b		
DAA			Fo	orm 99	0 (2015)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 b 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 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 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 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 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 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 10a Х 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 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 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring 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 PA List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records PO BOX 62445 ISABELLE WOZNIAK PA 17106-2445 717-238-2001 **HARRISBURG**

						-		 -			
Form 990 (2015) PENNSYLV										Page	∍ 7
		Dire	ecto	rs,	Tru	ste	es,	Key Employees, Hig	hest Compensated	Employees, and	
Independent Co								e any line in this Bort	V	Г	٦
		_						o any line in this Part			
Section A. Officers, Directors 1a Complete this table for all persor								Compensated Employee			
organization's tax year	is required to be	11310	u IV	Сроі	1 001	npei	isati	off for the calculat year cr	iding with or within the		
 List all of the organization's cu compensation Enter -0- in columns 	rrent officers, d (D), (E), and (F)	recto	ors, t	ruste npen	ees (satio	whe	ther as pa	ındıvıduals or organization aid	s), regardless of amount o	of	
List all of the organization's cu											
 List the organization's five cur who received reportable compensation organization and any related organization. 	on (Box 5 of For	npen m W	sate /-2 a	d en nd/o	nploy r Box	ees x 7 o	othe) of For	er than an officer, director, rm 1099-MISC) of more tha	trustee, or key employee an \$100,000 from the)	
 List all of the organization's fo \$100,000 of reportable compensation 									who received more than		
 List all of the organization's foo organization, more than \$10,000 of it List persons in the following order in compensated employees, and formed 	reportable compo ndividual trustees	ensa	tion	from	the	orga	niza	tion and any related organ	ızatıons		
Check this box if neither the org		y rela	ated	orga	nızal	tion (com	pensated any current office	er, director, or trustee		
(A)	(B)			(C)			(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for	bo: off	x, unle	check ess pe nd a d	rson i	than c s both r/trust	ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(17-27-033-11100)	organization and related organizations	
(1) IRWIN W. ARONSOI	, ESQ.										_
	6.00										
CHAIR	0.00	X	<u></u>	X	<u> </u>		<u> </u>	0	C)	<u>0</u>
(2) HON. JACQUELINE	L. RUSS	ELI	ł								
VICE-CHAIR	6.00	x		x				0	C	, [0
	NDERINO		 	<u> </u>			+-	<u> </u>			-
(0)11011, 1111111111111111111111111111111	6.00										
TREASURER	0.00	X		x		_		0		<u>) </u>	0
(4) HON. OURANIA PA	1	‡0ī	7								_
	6.00					1					
SECRETARY	0.00	X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0	<u> </u>)	0
(5) ALAN M. FELDMAN	ESQ. 3.00										

0.00

3.00

3.00

0.00

0.00

35.00

0.00

ESQ. 3.00

ESQ. 3.00 0.00

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(11)

DAA

(6) GRETCHEN L. KELLY, ESQ.

(8) STELLA L. SMETANKA, ESQ

(7) DAVID S. POSNER

(9) FOREST N. MYERS

EXECUTIVE DIRECTOR

(10) STEPHANIE S. LIBHART

X

X

X

X

X

X

0

0

0

0

0

132,624

0

0

0

0

0

0

0

0

0

0

0

22,183

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0

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received more than \$100,000 of compensation from the organization

DAA

ra	rt Vi	Check if Schedule	D con	tains a	response or	note to any line in	n this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	12	Federated campaigns	1a						3,2311
Program Service Revenue Contributions, Gifts, Grants	h	Membership dues	1b						
٥٤		Fundraising events	1c						
ī. Ā	4	Related organizations	1d						
Ç.≝	e	Government grants (contributions)	1e						
Sign	f	All other contributions, gifts, grants,	 						
돌림	·	and similar amounts not included above	1f		21,175				
		Noncash contributions included in lines 1a	<u> </u>	\$					
돌림	9 h	Total. Add lines 1a-1f		•	•	21,175			
9	''	Total: Add lines Ta-11			Busn Code				
ᇹ	2a	IOLTA/ACCESS TO JUS	TTCE	דאייי	900099	14,118,411	14,118,411		
<u>چ</u> ا	b	BANK OF AMERICA SUR			900099	12,167,624	12,167,624		
흥	٥	LAWYERS ASSESSMENT		DISIK	900099	1,947,185	1,947,185		
eZ.	c d	PRO HAC VICE	FEES		900099	628,675	628,675		· · · · ·
J.S	u	HOMEOWNER ASSISTANCE	ים כטיי	ጥ፣. ምለም	900099	600,000	600,000		
gra	e	All other program service reve		ILEME	1 3 3 3 3 3	300,000	733,7333		
E.	'	Total. Add lines 2a-2f	ilue		•	29,461,895		····	
$\overline{-}$		Investment income (including	divider	nds intere			T		
	3	and other similar amounts)	uiviaci	ids, intere	,St.,	93,294	37,229		56,065
		Income from investment of ta	v ovom	nt hand n	roceeds			.	
	4		A-CACIII	pt bond p	loccedas P			.	
	5	Royalties (i) Real		/u) I	Personal			· · · · · · · · · · · · · · · · · · ·	
	6-				5,55.14.				
	6a								
	b	Less rental exps							
	C	Rental inc or (loss) Net rental income or (loss)			•		1		
	d 7a	Gross amount from (i) Securities) Other				
		sales of assets		\ <u>''</u>	, , , , , , , , , , , , , , , , , , , ,				
		Garar area area area area area area area	,010						
	b	Less cost or other basis & sales exps 3,265	776						
		, <u> </u>	,264	<u> </u>					
		Net gain or (loss)	, 202	L		1,264	250		1,014
		Gross income from fundraising evi	ante			_,			
g	04	(not including \$	cino		ĺ				
Ven		of contributions reported on line 10	-1						
æ	ļ	See Part IV, line 18	- <i>)</i> a						
Other Revenue	١,	Less direct expenses	b						
ठ		Net income or (loss) from fun		a events					
		Gross income from gaming activiti		5 0 701113					
	Ja	See Part IV, line 19	a						
	h	Less direct expenses	b						
		Net income or (loss) from gar		tivities	<u> </u>	ĺ]		
	l	Gross sales of inventory, less		livities				······································	
	lua	returns and allowances	, a						
	.	Less cost of goods sold	b						
	1	Net income or (loss) from sal	_	ventory		j	1		
	- د	Miscellaneous Revenue		- Cintory	Busn. Code				
	44-				 	346,440	346,440		
	11a b					813	813		
		MISCELLANEOUS INCOME	•						
	d	All other revenue							
	"	Total. Add lines 11a-11d				347,253			
	1 e	Total revenue See instruction	200			29,924,881	29,846,627	C	57,079

Page 10 Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) (B) Do not include amounts reported on lines 6b, Program service Management and Fundraising general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 14,673,942 14,673,942 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 154,808 60,375 94,433 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) 233,972 39,468 273,440 Other salaries and wages Pension plan accruals and contributions (include 5,417 23,895 29,312 section 401(k) and 403(b) employer contributions) 45,545 5,863 39,682 Other employee benefits 23,410 6,543 29,953 Payroll taxes Fees for services (non-employees) Management 123 365 488 b Legal 7,449 9,958 2,509 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Q Other (If line 11g amount exceeds 10% of line 25, column 25,290 8,519 33,809 (A) amount, list line 11g expenses on Schedule O) 1,104 276 1,380 Advertising and promotion 12 4,099 17,017 21,116 13 Office expenses 17,749 23,729 5,980 14 Information technology 15 Royalties 6,980 27,921 34,901 16 Occupancy 8,767 4,111 12,878 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 23,004 4,601 18,403 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 20,092 20,092 Depreciation, depletion, and amortization 22 8,747 1,749 6,998 23 Insurance 24 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) 174,847 174,847 BANK SERVICE CHARGES 4,784 23,925 19,141 MISCELLANEOUS C d e All other expenses 15,010,186 585,688 0 15,595,874 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)

Balance Sheet Part X * Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 13,250,170 15,613,740 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 2,514,937 2,269,852 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other 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 6 organizations (see instructions) Complete Part II of Schedule L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 189,619 201,276 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 318,482 10a other basis Complete Part VI of Schedule D 316,487 22,087 1,995 10b 10c b Less accumulated depreciation 4,430,686 16,629,709 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 34,716,572 20,407,499 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 64,230 66,558 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,183,500 1,161,630 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,247,730 1,228,188 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 9,637,151 27 8,773,452 27 Unrestricted net assets 9,522,618 24,714,932 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33,488,384 19,159,769 33 Total net assets or fund balances 20,407,499 34,716,572 Total liabilities and net assets/fund balances

Form 990 (2015)

orm	990 (2015) PENNSYLVANIA INTEREST ON LAWYERS 25-1802119				Pa	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				881
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>874</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>007</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	,15	59,	769
5	Net unrealized gains (losses) on investments	5				392
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	33	,48	38,	384
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			- 1		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			- 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			l		
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Forr	n 990	(2015)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revênue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PENNSYLVANIA INTEREST ON LAWYERS

Inspection

Employer identification number

Name of the organization 25-1802119 TRUST ACCOUNT BOARD Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 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) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (n) EIN (III) Type of organization (i) Name of supported listed in your governing support (see other support (see (described on lines 1-9 organization document? instructions) instructions) above (see instructions)) Yes (A) (B) (C) (D)

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

(E)

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,822,187	2,252,283	2,274,701	35,185	21,175	6,405,531
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	1,822,187	2,252,283	2,274,701	35,185	21,175	6,405,531
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						6,405,531
	tion B. Total Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,822,187	2,252,283	2,274,701	35,185	21,175	6,405,531
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,621	18,810	18,589	21,755	56,065	142,840
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				:		6,548,371
12	Gross receipts from related activities, etc	,				12	96,933,418
13	First five years. If the Form 990 is for the	•	, second, third, fou	rth, or fifth tax yea	er as a section 501	(c)(3)	
~	organization, check this box and stop her						•
	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6	• •	•	1 (f))		14	97.82%
15	Public support percentage from 2014 Sch			2 and line 44 in 2	12 4/20/	<u> 15 [</u>	99.87%
16a	33 1/3% support test—2015. If the organ				3 1/3% or more, c	neck this	► V
L	box and stop here. The organization qual 33 1/3% support test—2014. If the organ	•	• • •		5 is 22 1/20/ or ma	ara.	► X
b	check this box and stop here. The organi				5 IS 55 1/5 % OF THE	ne,	▶ □
17a		•		=	a or 16h and line	1 <i>∆</i> ie	
174	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa						
	organization		nocs tost The org	amzadon quamos	ac a pablicly supp	0.100	▶ 🗍
b	10%-facts-and-circumstances test—201	14. If the organizati	on did not check all	box on line 13, 16	a. 16b. or 17a. and	lline	, L
-	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me					blicly	
	supported organization			J 2	, F	•	▶ 🗌
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16b	, 17a, or 17b, che	ck this box and see	Э	-
	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						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 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	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L	<u> </u>	L			
14	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	. □
500	organization, check this box and stop her ction C. Computation of Public Su		tage				
15	Public support percentage for 2015 (line 8			nn (fl)		15	%
16	Public support percentage from 2014 Sch			(1)		16	
	tion D. Computation of Investme						
17	Investment income percentage for 2015 (I			3, column (f))		17	%
18	Investment income percentage from 2014					18	%
19a	33 1/3% support tests—2015. If the orga			e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this b	ox and stop here.	. The organization	qualifies as a publi	cly supported orga	anızatıon	▶ 🗌
b	33 1/3% support tests—2014. If the orga						
	line 18 is not more than 33 1/3%, check the						> [_]
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	on A. All Supporting Organizations			
		<u> </u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1	
	organization made the determination	3b		ļ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	ļ	<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ŀ		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	
	was accomplished (such as by amendment to the organizing document)	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	1
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6	1	1
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	-	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<u> </u>	 	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	1	1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	9a	Ì	1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	30		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	96		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	35		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c	1	1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	"	1	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a	1	1
	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- 30		
b	determine whether the organization had excess business holdings in the tax year (osc defications).	10b		
	determine whether the organization had exceed admired historia.			

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

Schedule A (Form 990 or 990-EZ) 2015

and 4c

8

Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

Excess distributions carryover to 2016. Add lines 3j

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

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Inspection

OMB No 1545-0047

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that great funds are the organization inform all donors and donor advisors in writing that great funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conference in premised by protection the season only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conference in premised by the organization answered "Yes" on Form 990, Part IV, line 7 Part II Conservation Easements. Preservation of any other purpose conference in the donor or donor advisor, or for any other purpose conference in the state of the tax year Preservation of any other purpose and the protection or advisor in Form 990, Part IV, line 7 Purpose(s) of conservation easements between the preservation of a historically important land area Protection of natural habitat Preservation of any other purpose conservation easements in the state of the tax year 2 Complete in the organization hald a qualified conservation contribution in the form of a conservation easements on the last day of the tax year 3 Total number of conservation easements and the preservation of the state of the tax year 4 Total number of conservation easements and the preservation easement in the form of a conservation easement in the last day of the tax year 5 Total number of conservation easements and defined in Capacities and the preservation of the preservation		ENNSYLVANIA INTEREST ON LAWYERS		Employer identification rightset
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works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$\Bigsim \Bigsim \Bi	40			halance sheet
public service, provide, in Part XIII, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$	ıa			
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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X				
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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$	h			
public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	b	• • •	•	
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X			. Community of the control of the co	
(ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X \$\Bigsir \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$}		T		> \$
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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		••		
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \text{\$\e	2		r other similar assets for financial dain, pr	· · · · · · · · · · · · · · · · · · ·
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4			
b Assets included in Form 990, Part X	9	-	Totaling to those home	> \$
		·		> \$
			•	Schedule D (Form 990) 2015

		ANIA INTER			25-1802119	Page 2
Pa	art III Organizations Maintainir					sets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	ls, check any of the fo	ollowing that a	re a significant use of its	
а	Public exhibition	d 🗌	Loan or exchange pr	rograms		
b	Scholarly research	е	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explain	n how they further the	e organization'	s exempt purpose in Part	
	XIII					
5	During the year, did the organization solicit	or receive donations	of art, historical treas	ures, or other	sımılar	
	assets to be sold to raise funds rather than		oart of the organization	n's collection	?	Yes No
Pa	art IV Escrow and Custodial A	•				
	Complete if the organization 990, Part X, line 21	on answered "Yes	" on Form 990, P	art IV, line s	9, or reported an amo	ount on Form
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other asse	ts not	
	included on Form 990, Part X?					Yes No
b	if "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				<u>1e</u>	
f	Ending balance				1f	
	Did the organization include an amount on					∐ Yes ∐ No
	if "Yes," explain the arrangement in Part XI	II Check here if the e	xplanation has been	provided on P	art XIII	
Pa	irt V Endowment Funds.		–			
	Complete if the organization			_		
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three years t	pack (e) Four years back
	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains, and					
	losses					
	Grants or scholarships					
е	Other expenditures for facilities and					
_	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cu		ce (line 1g, column (a)) held as		
	Board designated or quasi-endowment	%				
	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
•	The percentages on lines 2a, 2b, and 2c sl				d for the	
3a	Are there endowment funds not in the poss	session of the organiz	ation that are held an	a administere	o for the	V N
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations		und on Cabadula B2			3a(ii)
_ D	If "Yes" on line 3a(ii), are the related organ					3b
+	Describe in Part XIII the intended uses of the lart VI Land, Buildings, and Equ		owment tunos			
rę	Complete if the organization		" on Form 990 P	art IV line	11a See Form 990 F	Part X line 10
	Description of property	(a) Cost or other		r other basis	(c) Accumulated	(d) Book value
	pescription of property	(investment)		ther)	depreciation	(a) book value
	Land	(·	·		
	Land	 				
	Buildings					
c				318,482	316,487	1,995
d	Equipment Other				520,107	1,793
	il. Add lines 1a through 1e (Column (d) mus	t equal Form 990 Par	rt X. column (B). line	10c)		1,995
	Los mico la micagni le (committa) mas	q	, (5),			Schodulo D (Form 000) 2045

· Schedule D (Form 990) 2015

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Part VII		—Other Securities. e organization answered "Yes"	on Form 990. Part IV. line	e 11b. See Form 990, F	Part X, line 12
		on of security or category	(b) Book value	(c) Method o	
•		ng name of security)		Cost or end-of-year	ar market value
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				·····
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					·····
(G)					
(H)					············
		rm 990, Part X, col (B) line 12) ▶		<u> </u>	
Part VIII	Investments-	—Program Related.			
		e organization answered "Yes"			
	(a) Desc	cription of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)					
(2)					
(3)					·
(4)					
(5)					
(6)					
(7)					-,-
(8)					
(9)					
Total. (Colum	nn (b) must equal Fo	orm 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets).			
	Complete if th	e organization answered "Yes"	<u>' on Form 990, Part IV, lin</u>	<u>e 11d See Form 990, F</u>	Part X, line 15
		(a) Description	1		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				· · · · · · · · · · · · · · · · · · ·	
(9)					
Total. (Colum		orm 990, Part X, col (B) line 15)		<u> </u>	L
Part X	Other Liabilit Complete if th	t <mark>ies.</mark> ne organizatıon answered "Yes'	" on Form 990, Part IV, lin	e 11e or 11f See Form	990, Part X,
	line 25				
1.	(a) Do	escription of liability	(b) Book value		
(1) Federa	Income taxes				
(2)					
(3)				4	
(4)				4	
(5)				4	
(6)				4	
(7)				4	
(8)				4	
(9)				1	
Total. (Colun	nn (b) must equal Fo	orm 990, Part X, col. (B) line 25) ▶			
2. Liability fo	r uncertain tax posit	ions In Part XIII, provide the text of the	e footnote to the organization's	financial statements that repo	orts the
organization's	liability for uncertai	ın tax positions under FIN 48 (ASC 74	0) Check here if the text of the	footnote has been provided in	n Part XIII X

4c

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15,595,874

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_	rt XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per Ret	turn.	
	 Complete if the organization answered "Yes" on Form S 	990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements			1	29,749,642
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	-392		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-174,847		
е	Add lines 2a through 2d			2e	-175,239
3	Subtract line 2e from line 1			3	29,924,883
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
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	29,924,883
Pŧ	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	ı Expenses per F	Return	1.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	15,421,027
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 XIII)	_2d	-174,847		
е	Add lines 2a through 2d			2e	-174,847
3	Subtract line 2e from line 1			3	15,595,874

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1
 Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION.

MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ASSOCIATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE BOARD IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2013.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

OTHER EXPENSES NETTED AGAINST REVENUE

\$ -174,847

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

OTHER EXPENSES NETTED AGAINST REVENUE

\$ -174,847

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2015 OMB No 1545-0047

Department of the Treasury	<u> </u>			► Attach to Form 990.	.066	3,000		Open to Public
-1		mormation about	Schedule	Information about Schedule I (Form 390) and its instructions is at www.iis.gov/form390	ISTUCTIONS IS At WW	W.Irs.gov/rorms90		Hispection
Name of the organization PI	PENNSYLVANIA INTEREST	EST ON LAWYERS	TYERS				<u> </u>	Employer identification number
F	TRUST ACCOUNT BOARD	٥					2	25-1802119
Part I General	General Information on Grants and Assistance	l Assistance						
1 Does the organization the selection criteria	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?	he amount of the gr	ants or ass	istance, the grantees'	eligibility for the grant	ts or assistance, an	рı	X Yes
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	intoring the use of c	grant funds	in the United States]
Part II Grants a 990, Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	mestic Organi that received m	zations (\$5,000 Part II car	nestic Governments. Complete if the organization an Part II can be duplicated if additional space is needed	nplete if the organdlete if the organdlete	anization ansv e is needed	vered "Yes" on Form
1 (a) Name and	(a) Name and address of organization or government	(b) EIN	(c) IRC section	(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) AIDS LAW PROJE	LAW PROJECT OF PENNSYLVANIA						1	TEGAL ASSTSTANCE
	PA 19107	23-2576149	m	17,000				
(2) ALLEGHENY COUNTY BAR 400 KOPPERS BUILDING	FOUNDATION 436 SEVENTH	ΑV						LEGAL ASSISTANCE
PITTSBURGH	PA 15219	25-1383622	3	74,900				
(3) CASA OF ALLEGHENY	HENY COUNTY							
564 FORBES AVENUE	SUITE 902							LEGAL ASSISTANCE
	PA 15219	25-1735360	3	27,650				
(4) COMMUNITY JUST	JUSTICE PROJECT							T.EGAL ASSISTANCE
HARRISBURG	PA 17101	23-2890384	Э	143,650				
(5) COMMUNITY LEGAL	SERVICES	Ä						
1424 CHESTNUT STREET								LEGAL ASSISTANCE
PHILADELPHIA	PA 19102	23-1671562	3	28,316				
(6) CONSUMER BANKI	(6) CONSUMER BANKRUPICY ASSISTANCE PROJ	5						
42 SHOUTH 15TH	15TH STREET 4TH FLOOR							LEGAL ASSISTANCE
PHILADELPHIA	PA 19102	23-2694116	3	36,850				
(7) DISABILITY RIC 1315 WALNUT ST	(7) DISABILITY RIGHTS PENNSYLVANIA 1315 WALNUT STREET SUITE 400							LEGAL ASSISTANCE
PHILADELPHIA	PA 19107	22-2589891	3	38,700				
(8) EDUCATION LAW CENTER	CENTER							
Ħ	STREET							LEGAL ASSISTANCE
PHILADELPHIA	PA 19107	23-2581102	3	44,400				
(9) FRANKLIN COUNT	(9) FRANKLIN COUNTY LEGAL SERVICES							
2	SIKEEL							LEGAL ASSISTANCE
4	PA 17201	37-1416631	3	19,100				
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	f in the line	1 table				▶ 32
3 Enter total number of	Enter total number of other organizations listed in the line 1 table	e 1 table						▶ 15
For Paperwork Reduction DAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	for Form 990.						Schedule I (Form 990) (2015)

SCHEDULE (Form 990)

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

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

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OMB No 1545-0047

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Yes

Employer identification number 25-1802119 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. PENNSYLVANIA INTEREST ON LAWYERS General Information on Grants and Assistance TRUST ACCOUNT BOARD Department of the Treasury Internal Revenue Service Name of the organization

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

LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE LEGAL ASSISTANCE (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 55,600 25,000 40,300 126,600 49,500 40,000 141,500 40,300 38,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable m 23-7007943 3 m ო 23-1157129 3 m 23-1901014 3 23-2460392 26-2300991 23-2887494 51-0214321 25-0983060 23-7101191 (b) EIN (9) NEIGHBORHOOD LEGAL SERVICES ASSOCIP (6) LEGAL CLINIC FOR THE DISABLED INC. (7) LEGAL SERVICES FOR IMMIGRANTS AND 1290 VETERANS HIGHWAY BOX 809 PA 15219 PA 17102 PA 18503 PA 19106 PA 15601 PA 19007 PA 19102 15217 (5) LEGAL AID OF SOUTHEASTERN PA (2) KIDS VOICE PENNSYLVANIA INC. (1) FRIENDS OF FARMWORKERS, INC. (a) Name and address of organization 437 GRANT STREET SUITE 700 306 S. PENNSYLVANIA AVENUE (4) LAUREL LEGAL SERVICES INC. 213-A NORTH FRONT STREET (3) LACKAWANNA PRO BONO INC (8) MIDPENN LEGAL SERVICES or government 5743 BARTLETT STREET 699 RANSTEAD STREET 321 SPRUCE STREET 1513 RACE STREET 928 PENN AVE PHILADELPHIA PHILADELPHIA PITTSBURGH GREENSBURG PITTSBURGH HARRISBURG PITTSBURGH SCRANTON BRISTOL Part II ~

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) (2015)

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

å LEGAL ASSISTANCE (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number 25-1802119 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (e) Amount of noncash assistance 125,500 57,900 35,000 108,000 10,854,958 17,900 37,350 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable PENNSYLVANIA INTEREST ON LAWYERS ᡢ m m m m 61-1697848 23-2749089 23-2851213 23-1892464 23-1659111 25-1201331 23-2823744 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (8) PHILADELPHIA VOLUNTEERS FOR THE IND TRUST ACCOUNT BOARD (6) PENNSYLVANIA LEGAL AID NETWORK INC (4) PA HIAS INDIGENT IMMIGRANT LEGAL 65 EAST ELIZABETH AVE SUITE 800 (5) PA IMMIGRATION RESOURCE CENTER PA 19103 (7) PHILADELPHIA LEGAL ASSISTANCE PA 19102 PA 18018 PA 17402 16501 PA 17001 PA 17101 42 S. 15TH STREET SUITE 500 (2) NORTHWESTERN LEGAL SERVICES 1001 STATE STREET SUITE 700 (a) Name and address of organization (1) NORTH PENN LEGAL SERVICES (3) PA HEALTH LAW PROJECT or government 118 LOCUST STREET 50 MT. ZION ROAD 2100 ARCH STREET P.O. BOX 702 PHILADELPHIA PHILADELPHIA Department of the Treasury Internal Revenue Service Name of the organization HARRISBURG CAMP HILL BETHLEHEM Part II Part ! ERIE YORK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) (2015)

LEGAL ASSISTANCE

75,950

m

23-2210390

PA 19102

42 SOUTH 15TH STREET 4TH FLOOR

125 S. NINTH STREET SUITE 700

PHILADELPHIA

(9) PUBLIC INTEREST LAW CENTER

PHILADELPHIA

37,400

23-1923398

PA 19107

LEGAL ASSISTANCE

Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2015	Open to Public Inspection

OMB No 1545-0047

2 LEGAL ASSISTANCE (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number Yes 25-1802119 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 150,000 87,600 80,500 40,300 62,950 32,660 37,450 75,000 150,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable PENNSYLVANIA INTEREST ON LAWYERS 3 ന 23-2048664 3 23-2604575 3 m 23-2169936 25-1192139 25-1264376 23-1901416 24-6000376 23-1352630 25-1035663 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (6) WOMEN'S CENTER & SHELTER OF GREATER TRUST ACCOUNT BOARD (4) SUPPORT CENTER FOR CHILD ADVOCATES (7) PENN STATE DICKINSON SCHOOL OF LAW 3 (3) SOUTHWESTERN PA LEGAL SERVICES INC (9) DUQUESNE UNIVERSITY SCHOOL OF LAW 100 SOUTH BROAD STREET SUITE 1810 (5) WOMEN AGAINST ABUSE LEGAL CENTER (8) DREXEL UNIV THOMAS KLINE SCH OF (1) REGIONAL HOUSING LEGAL SERVICES 110 TECHNOLOGY CENTER BUILDING PA 19110 PA 19110 PA 16802 PA 19103 PA 15224 PA 19104 PA 15282 PA 19038 PA 15301 (a) Name and address of organization or government 2 SOUTH EASTON ROAD 100 S. BROAD STREET 10W. CHERRY AVENUE 1900 CHERRY STREET 3320 MARKET STREET 600 FORBES AVENUE (2) SENIORLAW CENTER P.O. BOX 9024 UNIVERSITY PARK PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA Name of the organization PITTSBURGH WASHINGTON PITTSBURGH GLENSIDE Part II Parti ~

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

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

Schedule I (Form 990) (2015)

SCHEDULE 1 (Form 990)

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

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No 1545-0047

ŝ LEGAL ASSISTANCE (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form LRAP or assistance Employer identification number Yes 25-1802119 ADMIN. OF non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 150,000 10,000 75,000 150,000 150,000 150,000 150,000 7,500 325,447 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable PENNSYLVANIA INTEREST ON LAWYERS 23-2303925 24-6000376 23-1352685 25-0965591 23-1386178 23-1286576 23-1365971 23-1352688 25-1495357 General Information on Grants and Assistance (b) EiN the selection criteria used to award the grants or assistance? (6) WIDENER UNIV COMMONWEALTH LAW SCHOO TRUST ACCOUNT BOARD (5) VILLANOVA UNIV C WIDGER SCH OF LAW (2) TEMPLE UNIV BEASLEY SCHOOL OF LAW (4) UNIV OF PITTSBURGH SCHOOL OF LAW (3) UNIV OF PENNSYLVANIA LAW SCHOOL 110 TECHNOLOGY CENTER BUILDING 3800 VARTAN WAY P.O. BOX 69382 (1) PENN STATE UNIV PENN STATE LAW (7) ALICE PAUL HOUSE (INDIANA CTY) PA 19085 PA 15260 PA 17106 PA 19122 PA 19104 PA 17101 PA 16802 PA 15701 17401 (8) YORK COUNTY BAR ASSOCIATION (9) PENNSYLVANIA BAR FOUNDATION (a) Name and address of organization 299 NORTH SPRING MILL ROAD 1719 NORTH BROAD STREET 137 EAST MARKET STREET or government 3400 CHESTNUT STREET 100 SOUTH STREET 3900 FORBES AVE 27 S 9TH STREET UNIVERSITY PARK PHILADELPHIA PHILADELPHIA Department of the Treasury Internal Revenue Service Name of the organization PITTSBURGH HARRISBURG HARRISBURG VILLANOVA INDIANA Part II Part

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) (2015)

Schedule I (Form 990) (2015) **№** NEW CASE MGMT SYSTEM Open to Public 2015 OMB No 1545-0047 Inspection LEGAL ASSISTANCE LEGAL ASSISTANCE (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number Yes 25-1802119 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. 10,000 5,150 405,991 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash arant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable PENNSYLVANIA INTEREST ON LAWYERS m m 23-1892464 23-2862064 25-1662271 General Information on Grants and Assistance (p) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? TRUST ACCOUNT BOARD (2) FACE-TO-FACE LEGAL CENTER (PHILADE (1) PENNSYLVANIA LEGAL AID NETWORK INC 129 NORTH PENNSYLVANIA AVENUE PA 15601 PA 19144 PA 17101 (3) WESTMORELAND BAR FOUNDATION (a) Name and address of organization 109 EAST PRICE STREET or government 118 LOCUST STREET PHILADELPHIA Department of the Treasury Internal Revenue Service Name of the organization GREENSBURG HARRISBURG **SCHEDULE 1** (Form 990) Part II Part € 8 3 6 6 9

25-1802119

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2015) PENNSYLVANIA INTEREST ON LAWYERS Part III Grants and Other Assistance to Domestic Individuale Complete

Part III can be duplicated if additional space is needed

	(a) Two of great or acceptance	(h) Nimber of	(c) Amount of	(d) Amount of	(a) Method of valuation (book	(a) Method of valuation (hook (f) Description of pop-cash assistance
	(a) Type of grant of assistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1						
2						
2						
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2						
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7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information rec	quired in Part I, line	2, Part III, column (b)	and any other additional i	nformation

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTEES ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS QUARTERLY,

OR TWICE ANNUALLY. THE GRANTS MANAGER AND EXECUTIVE DIRECTOR REVIEW EVERY

REPORT TO 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 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

THEIR IOLTA FUNDED WORK AT BOARD MEETINGS AND THE BOARD RESPONDS WITH Ö

25-1802119

Schedule I (Form 990) (2015) PENNSYLVANIA INTEREST ON LAWYERS Part III Grants and Other Assistance to Domestic Individuals Complete

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	Part III can be duplicated if additional space is needed	mai space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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Part IV	Supplemental Information. Provide the Information r		quired in Part I, line	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b), and any other additional information	nformation

QUESTIONS.

Schedule I (Form 990) (2015)

· SCHEDULE J (Form 990)

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT BOARD

Employer Identification number 25-1802119

Pa	irt Questions Regarding Compensation			
	r		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	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			
	explain	1b		_
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
	14.			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
•	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	. !		
	22 FORT 550 OF Other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	;		
7	organization or a related organization	;		
9	Receive a severance payment or change-of-control payment?	4a		Х
b	The state of the s	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	II 109 to any or mico act of not the persons and presses are spy			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	:		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	į		
3	compensation contingent on the revenues of	į		
9	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	i		
		i		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	į		
·	compensation contingent on the net earnings of	i		
а	The organization?	6a		X
	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III	į		
		į		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	ı		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	X
8	The same state of the same sta			
J	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	i		
	in Part III	8_	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ĺ		
3	Regulations section 53 4958-6(c)?	9		

Page 2

25-1802119 PENNSYLVANIA INTEREST ON LAWYERS

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2015 Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(E) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns	(B) Breakdown	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	Some (a) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)(ı)(a)	in column (B) reported as deferred on prior Form 990
S. LIBHART	132,62		0	19,352	2,831	154,807	0
1 EXECUTIVE DIRECTOR		0	0	0	0	0	0
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						Sch	Schedule J (Form 990) 2015

Part # Supplemental Information
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 Schedule J (Form 990) 2015 PENNSYLVANIA INTEREST ON LAWYERS Part III Supplemental Information

Schedule J (Form 990) 2015

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT BOARD

Employer identification number 25 – 1802119

FORM 990 - ORGANIZATION'S MISSION

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
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 FOR EACH YEAR, UP TO 10 YEARS OF PARTICIPATION. AN ATTORNEY
WILL BE ELIGIBLE FOR LRAP ASSISTANCE IF: (I) HIS/HER TOTAL CURRENT ANNUAL
GROSS SALARY IS LESS THAN OR EQUAL TO \$66,000; OR (II) IF HIS/HER ANNUAL
NET DEBT SERVICE IS GREATER THAN OR EQUAL TO 10% OF HIS/HER TOTAL CURRENT

ANNUAL GROSS SALARY, REGARDLESS OF THE TOTAL ANNUAL GROSS SALARY AMOUNT.

THEY MUST ALSO 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 BEFORE BEING FILED WITH

THE IRS

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
FORMS COMPLETED BY EACH BOARD MEMBER AT SEPTEMBER BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARY IS COMPARED TO IOLTA DIRECTORS IN OTHER STATES.

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 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

OTHER EXPENSES NETTED AGAINST REVENUE \$ -174,847

OTHER EXPENSES NETTED AGAINST REVENUE \$ 174,847