

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>		
	OHIO LEGAL ASSISTANCE FOUNDATION		31-1287915		
	Doing Business As				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>	
	10 W. BROAD STREET		950	614-752-8919	
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b>			
COLUMBUS, OH 43215		4,657,578.			
<b>F Name and address of principal officer:</b> ANGELA LLOYD SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>J Website:</b> WWW.OLAF.ORG		If "No," attach a list. (see instructions)			
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c) Group exemption number</b> ▶			
<b>L Year of formation:</b> 1994		<b>M State of legal domicile:</b> OH			

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 27
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 27
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> 13
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 27
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.
	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 1,161,289. <b>Current Year</b> 337,226.
<b>9</b> Program service revenue (Part VIII, line 2g) ..... 3,503,288. 4,260,788.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 10,045. 6,496.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 13,712. 53,068.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 4,688,334. 4,657,578.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 4,331,867. 2,781,361.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 1,302,343. 1,279,524.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..... 79,127.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... 439,997. 487,353.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 6,074,207. 4,548,238.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... -1,385,873. 109,340.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 8,750,411. <b>End of Year</b> 7,814,599.
	<b>21</b> Total liabilities (Part X, line 26) ..... 3,170,808. 1,158,574.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... 5,579,603. 6,656,025.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	ANGELA LLOYD, EXECUTIVE DIRECTOR		
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	BERNIE OSTROWSKI	<i>B. Ostrowski</i>	11-18-11
	Firm's name ▶ PLANTE & MORAN, PLLC	Check if self-employed <input type="checkbox"/>	PTIN
Firm's address ▶ 65 EAST STATE ST, STE 600	Firm's EIN ▶	Phone no. (614) 849-3000	
COLUMBUS, OH 43215			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE OHIO LEGAL ASSISTANCE FOUNDATION IS COMMITTED TO EQUAL ACCESS TO JUSTICE AND WORKS TO ENHANCE AND IMPROVE RESOURCES, PROGRAMS, AND LEGAL SERVICES STATEWIDE TO SERVE THE UNMET CIVIC LEGAL NEEDS OF OHIO'S POOR.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 2,918,980. including grants of \$ 2,781,361. ) (Revenue \$ 436,973. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 569,474. including grants of \$ ) (Revenue \$ 2,232,157. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 347,501. including grants of \$ ) (Revenue \$ 337,399. ) SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) (Expenses \$ 364,877. including grants of \$ ) (Revenue \$ 351,629. )

4e Total program service expenses 4,200,832.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-13b and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DEBORAH ROTONDA - 614-728-5398 10 W BROAD ST, SUITE 950, COLUMBUS, OH 43215

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID C. WEINER BOARD MEMBER	1.50	X					0.	0.	0.	
THOMAS D. MCAULIFFE BOARD MEMBER	0.50	X					0.	0.	0.	
CRAIG S. MORFORD BOARD MEMBER	0.50	X					0.	0.	0.	
KATHLEEN TRAFFORD BOARD MEMBER	0.50	X					0.	0.	0.	
ALAN C. MICHAELS BOARD MEMBER	0.50	X					0.	0.	0.	
DAVID KUTIK BOARD MEMBER	0.50	X					0.	0.	0.	
JANINE HANCOCK JONES BOARD MEMBER	0.50	X					0.	0.	0.	
BEN E. ESPY BOARD MEMBER	0.50	X					0.	0.	0.	
MARY AMOS AUGSBURGER BOARD MEMBER	0.50	X					0.	0.	0.	
JANET GREEN MARBLEY BOARD MEMBER	0.50	X					0.	0.	0.	
KATHLEEN B. BURKE BOARD MEMBER	0.50	X					0.	0.	0.	
KIMBERLY SHUMATE BOARD MEMBER	0.50	X					0.	0.	0.	
MICHAEL H. MEARAN BOARD MEMBER	0.50	X					0.	0.	0.	
SALLY BLOOMFIELD BOARD MEMBER	1.00	X					0.	0.	0.	
SHARON SOBOL JORDAN BOARD MEMBER	0.50	X					0.	0.	0.	
JENNIFER DAY BOARD MEMBER	0.50	X					0.	0.	0.	
STEVEN H. STEINGLASS BOARD MEMBER	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS C. STEVENS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM A. KLATT BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL DEEMER BOARD MEMBER	0.50	X						0.	0.	0.
WILLIAM DOWLING BOARD MEMBER	1.00	X						0.	0.	0.
GARY J. LEPPLA BOARD MEMBER	1.00	X						0.	0.	0.
DICK POGUE BOARD MEMBER	0.50	X						0.	0.	0.
JULIE A. DAVIS PRESIDENT (JULY-MARCH)	2.00	X		X				0.	0.	0.
H. RITCHEY HOLLENBAUGH PRESIDENT (MARCH-JUNE)	2.00	X		X				0.	0.	0.
JAMES PETRO VICE PRESIDENT	1.50	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								356,419.	0.	113,475.
<b>d Total (add lines 1b and 1c)</b>								356,419.	0.	113,475.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	330,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,226.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		337,226.				
	Program Service Revenue	2 a	IOLTA/IOTA INT & FEES	Business Code 900099	4,260,788.	4,260,788.		
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		4,260,788.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,496.			6,496.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	LRAP REPAYMENTS	900099	33,000.	33,000.				
b	TIG REVENUE	900099	8,925.	8,925.				
c	REFUNDS TO OLAF	900099	7,643.	7,643.				
d	All other revenue	900099	3,500.	3,500.				
e	<b>Total.</b> Add lines 11a-11d		53,068.					
12	<b>Total revenue.</b> See instructions.		4,657,578.	4,313,856.	0.	6,496.		

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	2,183,472.	2,183,472.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	597,889.	597,889.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	125,301.	62,651.	50,120.	12,530.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	855,712.	708,867.	107,365.	39,480.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	96,750.	82,109.	11,095.	3,546.
9 Other employee benefits .....	123,576.	109,591.	10,100.	3,885.
10 Payroll taxes .....	78,185.	61,866.	9,949.	6,370.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	14,875.	10,029.	4,219.	627.
d Lobbying .....	18,000.	18,000.		
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	108,694.	76,420.	29,943.	2,331.
12 Advertising and promotion .....	1,469.	553.	916.	
13 Office expenses .....	79,877.	58,959.	17,701.	3,217.
14 Information technology .....	67,529.	66,614.	680.	235.
15 Royalties .....				
16 Occupancy .....	120,070.	98,642.	16,130.	5,298.
17 Travel .....	39,340.	34,847.	3,554.	939.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	21,893.	18,116.	3,378.	399.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	5,343.	2,594.	2,620.	129.
23 Insurance .....	3,518.	2,868.	509.	141.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>BAD DEBTS</b> .....	6,000.	6,000.		
b <b>PIKA</b> .....	745.	745.		
c .....				
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,548,238.	4,200,832.	268,279.	79,127.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	151,605.	
	<b>2</b> Savings and temporary cash investments .....	1,796,850.	<b>2</b>	1,000,680.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	282,116.	<b>4</b>	299,650.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	25,113.	<b>9</b>	20,699.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 128,415.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 107,162.	15,074.	<b>10c</b> 21,253.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,105,733.	<b>12</b>	1,000,978.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	5,328,778.	<b>13</b>	5,311,173.	
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	196,747.	<b>15</b>	8,561.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,750,411.	<b>16</b>	7,814,599.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	557,611.	<b>17</b>	510,609.	
	<b>18</b> Grants payable .....	2,416,450.	<b>18</b>	642,787.	
	<b>19</b> Deferred revenue .....		<b>19</b>	5,178.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	196,747.	<b>25</b>	0.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,170,808.	<b>26</b>	1,158,574.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	6,329,292.	<b>27</b>	6,312,151.	
	<b>28</b> Temporarily restricted net assets .....	-749,689.	<b>28</b>	343,874.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	5,579,603.	<b>33</b>	6,656,025.	
<b>34</b> Total liabilities and net assets/fund balances .....	8,750,411.	<b>34</b>	7,814,599.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,657,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,548,238.
3	Revenue less expenses. Subtract line 2 from line 1	3	109,340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,579,603.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	967,082.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,656,025.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **OHIO LEGAL ASSISTANCE FOUNDATION** Employer identification number **31-1287915**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
  - h Provide the following information about the supported organization(s).

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2899723.	1912850.	1315429.	1161289.	1239856.	8529147.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2899723.	1912850.	1315429.	1161289.	1239856.	8529147.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						8529147.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	2899723.	1912850.	1315429.	1161289.	1239856.	8529147.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	117,035.	93,159.	48,357.	10,045.	6,496.	275,092.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	1,206.	10,702.	50,589.	13,712.	53,068.	129,277.
<b>11 Total support.</b> Add lines 7 through 10						8933516.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	23,827,729.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.47	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	95.56	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME, SUCH AS LOAN REPAYMENTS UNDER LRAP.

Multiple horizontal lines for supplemental information.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

OHIO LEGAL ASSISTANCE FOUNDATION

31-1287915

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

<b>Name of organization</b>  OHIO LEGAL ASSISTANCE FOUNDATION	<b>Employer identification number</b>  31-1287915
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
OHIO LEGAL ASSISTANCE FOUNDATION	31-1287915

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  OHIO LEGAL ASSISTANCE FOUNDATION	<b>Employer identification number</b>  31-1287915
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>OHIO LEGAL ASSISTANCE FOUNDATION</b>	Employer identification number <b>31-1287915</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
c Total lobbying expenditures (add lines 1a and 1b) .....			
d Other exempt purpose expenditures .....			
e Total exempt purpose expenditures (add lines 1c and 1d) .....			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f) .....			
h Subtract line 1g from line 1a. If zero or less, enter -0- .....			
i Subtract line 1f from line 1c. If zero or less, enter -0- .....			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		2,679.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....	X		18,018.
<b>j</b> Total. Add lines 1c through 1i .....			20,697.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

OLAF CONTRACTED WITH A LEGISLATIVE CONSULTANT IN THE AMOUNT INDICATED  
AT PART II-B 1I.

**PART II-B, LINE 1(G):**

THE OLAF EXECUTIVE DIRECTOR, THE DEPUTY DIRECTOR FOR REVENUE

**Part IV** Supplemental Information (continued)

ENHANCEMENT, AND VARIOUS BOARD MEMBERS SPOKE TO OHIO LEGISLATIVE STAFF, INCLUDING STAFF IN THE GOVERNOR'S OFFICE, TO INCREASE REVENUE FOR THE PROVISION OF CIVIL LEGAL AID. THE AMOUNT LISTED REPRESENTS A WAGE AND BENEFIT ALLOCATION FOR THEIR TIME RELATED TO THIS ACTIVITY.

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

OHIO LEGAL ASSISTANCE FOUNDATION

Employer identification number

31-1287915

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,938.	21,976.	962.
d Equipment		53,779.	42,593.	11,186.
e Other		51,698.	42,593.	9,105.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,253.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>MONEY MARKET</b>	1,000,978.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,000,978.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>DENIS MURPHY FUND</b>	1,604,581.	COST
(2) <b>PROGRAM RESERVE FUND</b>	3,706,592.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	5,311,173.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,657,578.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,548,238.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	109,340.
4	Net unrealized gains (losses) on investments	4	967,395.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-313.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	967,082.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,076,422.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,624,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	967,395.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	967,395.
3	Subtract line 2e from line 1	3	4,657,578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,657,578.

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

1	Total expenses and losses per audited financial statements	1	4,548,238.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,548,238.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,548,238.

**Part XIV Supplemental Information**

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **OHIO LEGAL ASSISTANCE FOUNDATION** Employer identification number **31-1287915**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADVOCATES FOR BASIC LEGAL EQUALITY 525 JEFFERSON AVENUE, STE 300 TOLEDO, OH 43604	23-7376131	501 (C)(3)	697,244.	0.			LEGAL AID FOR SPECIAL POPULATIONS AND PERSONS FACING HOUSING
OHIO STATE LEGAL SERVICES ASSOCIATION - 555 BUTTLES AVENUE - COLUMBUS, OH 43215	31-0718185	501 (C)(3)	683,681.	0.			LEGAL AID FOR PERSONS FACING HOUSING FORECLOSURE, FUNDING FOR SUPPORT TO LEGAL AID
LEGAL AID SOCIETY OF CLEVELAND 1223 W. SIXTH STREET CLEVELAND, OH 44113	34-0866026	501 (C)(3)	205,917.	0.			LEGAL AID FOR PERSONS FACING HOUSING FORECLOSURE
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK COLUMBUS, OH 43206	31-4476407	501 (C)(3)	112,156.	0.			LEGAL AID FOR PERSONS FACING HOUSING FORECLOSURE
LEGAL AID SOCIETY OF CINCINNATI 215 E. NINTH STREET CINCINNATI, OH 45202	31-0536673	501 (C)(3)	149,588.	0.			LEGAL AID FOR PERSONS FACING HOUSING FORECLOSURE
EQUAL JUSTICE WORKS 2120 L STREET, NW, STE 450 WASHINGTON, DC 20037	52-1469738	501 (C)(3)	160,469.	0.			FUNDING FOR DENIS MURPHY FELLOWS

**2** Enter total number of section 501(c)(3) and government organizations **8.**

**3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LEGAL AID SERVICES 50 S. MAIN STREET, STE 800 AKRON, OH 44308	34-0753560	501 (C)(3)	149,996.	0.			LEGAL AID FOR PERSONS FACING HOUSING FORECLOSURE
PRO SENIORS 7162 READING ROAD, STE 1150 CINCINNATI, OH 45237	31-0887471	501 (C)(3)	24,420.	0.			LEGAL AID FOR PERSONS FACING HOUSING FORECLOSURE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LOAN REPAYMENT ASSISTANCE PROGRAM	101	597,889.	0.	N/A	N/A

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

SCHEDULE I, PART I, LINE 2: OHIO LEGAL ASSISTANCE FOUNDATION PROVIDES GRANTS TO LEGAL AID SOCIETIES, AND REQUIRES EACH TO SUBMIT AN ANNUAL REPORT REFLECTING HOW THE FUNDS WERE USED. IN ADDITION, THE FOUNDATION FOLLOWS UP INFORMALLY WITH MOST ORGANIZATIONS ON A QUARTERLY BASIS.

IN AN EFFORT TO ENSURE THAT THE BEST AND BRIGHTEST ATTORNEYS CAN AFFORD TO WORK AT OHIO'S LEGAL AID SOCIETIES, THE FOUNDATION PROVIDES UP TO \$6,000 IN LOAN REPAYMENT ASSISTANCE ANNUALLY FOR EACH QUALIFYING ATTORNEY PARTICIPANT IN THE FOUNDATION'S LOAN REPAYMENT ASSISTANCE PROGRAM.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADVOCATES FOR BASIC LEGAL EQUALITY

(H) PURPOSE OF GRANT OR ASSISTANCE:

LEGAL AID FOR SPECIAL POPULATIONS AND PERSONS FACING HOUSING FORECLOSURE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

OHIO LEGAL ASSISTANCE FOUNDATION

Employer identification number

31-1287915

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE OHIO LEGAL ASSISTANCE FOUNDATION IS COMMITTED TO EQUAL ACCESS TO  
JUSTICE AND WORKS TO ENHANCE AND IMPROVE RESOURCES, PROGRAMS, AND LEGAL  
SERVICES STATEWIDE TO SERVE THE UNMET CIVIC LEGAL NEEDS OF OHIO'S POOR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANT ADMINISTRATION:

AS PART OF ITS MISSION, THE FOUNDATION IS COMMITTED TO SERVING THE  
UNMET CIVIL LEGAL NEEDS OF OHIO'S POOR. CONSISTENT WITH THIS MISSION,  
THE FOUNDATION DISBURSES FUNDING TO OHIO'S CIVIL, LEGAL AID SOCIETIES  
IN 2 MANNERS. FIRST, IT DISTRIBUTES 85% OF ITS GRANT FUNDS BASED ON  
THE POPULATION IN EACH COUNTY LIVING BELOW 125% OF THE FEDERAL POVERTY  
LEVEL. SECOND, IT AWARDS APPROXIMATELY 15% OF ITS GRANT FUNDS TO THOSE  
SAME CIVIL LEGAL AID SOCIETIES FOR TARGETED PROGRAMS TO ADDRESS  
SPECIFIC, EMERGENT LEGAL NEEDS. IN 2010, THE FOUNDATION USED THE  
LARGEST PORTION OF ITS 15% DISCRETIONARY FUND TO PROVIDE \$ 1.5 MILLION  
FOR FORECLOSURE ASSISTANCE TO OHIO'S LOWEST INCOME, STRUGGLING  
HOMEOWNERS. IN ADDITION, THE FOUNDATION USES SOME OF ITS DISCRETIONARY  
FUNDS TO PROVIDE LAW SCHOOL LOAN REPAYMENT ASSISTANCE. THE FOUNDATION  
RECOGNIZES THAT LAWYERS EMPLOYED BY OHIO'S LEGAL AID SOCIETIES ARE  
COMPENSATED AT LOWER RATES THAN OHIO'S PRIVATE ATTORNEYS, DESPITE THE  
FACT THAT LEGAL AID ATTORNEYS LEAVE LAW SCHOOL WITH DEBT COMPARABLE TO  
THAT OWED BY THEIR PEERS IN THE PRIVATE SECTOR. IN AN EFFORT TO ENSURE  
THAT THE BEST AND BRIGHTEST ATTORNEYS CAN AFFORD TO WORK AT OHIO'S  
LEGAL AID SOCIETIES, THE FOUNDATION PROVIDES UP TO \$6,000 IN LOAN  
REPAYMENT ASSISTANCE ANNUALLY FOR EACH QUALIFYING ATTORNEY PARTICIPANT

Name of the organization OHIO LEGAL ASSISTANCE FOUNDATION	Employer identification number 31-1287915
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IN THE FOUNDATION'S LOAN REPAYMENT ASSISTANCE PROGRAM ("LRAP").

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANTEE TECHNICAL ASSISTANCE:

THE FOUNDATION CONSTANTLY EXPLORES INNOVATIVE METHODS OF DELIVERING LEGAL SERVICES TO THOSE IN NEED AND SUPPLIES TECHNICAL SUPPORT IN THE DEVELOPMENT OF THESE PROGRAMS. SPECIFICALLY, THE FOUNDATION, THROUGH A GENEROUS GRANT FROM THE OHIO SUPREME COURT, PROVIDES NATIONAL, PEER-REVIEWS OF OHIO'S LOCAL LEGAL AID OFFICES. THE FOUNDATION SUBSEQUENTLY MAKES GRANT DOLLARS AVAILABLE TO IMPLEMENT THE RECOMMENDATIONS DERIVED FROM THE PEER REVIEW AS WELL AS TO IMPLEMENT IMPROVEMENTS PROPOSED INTERNALLY BY A LEGAL AID SOCIETY. THIS INCLUDES ASSISTING GRANTEEES WITH A VARIETY OF PROGRAM OPERATIONS, HUMAN RESOURCES, FUND-RAISING AND COMMUNICATIONS. IN 2010, THE FOUNDATION AWARDED \$100,000 TO OHIO LEGAL AIDS TO ADDRESS EITHER A NEED IDENTIFIED IN A FOUNDATION IMPLEMENTED PEER REVIEW OR IN A GRANTEE'S OWN STRATEGIC PLANNING AND REVIEW PROCESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLABORATING WITH FINANCIAL INSTITUTIONS:

THE FOUNDATION WORKS WITH FINANCIAL INSTITUTIONS, LAWYERS, AND TITLE AGENTS TO ENHANCE REVENUES RECEIVED FROM THE INTEREST ON LAWYER TRUST ACCOUNTS (IOLTA), INTEREST ON TITLE AGENT TRUST ACCOUNTS (IOTA), AND A CIVIL FILING FEE SURCHARGE WHICH ARE USED TO FUND SERVICES TO THE POOR. SPECIFICALLY, THE FOUNDATION WORKS TO ENSURE THAT LAWYERS AND TITLE INSURANCE AGENTS PROPERLY ESTABLISH THE STATUTORILY REQUIRED ACCOUNTS AND THAT FINANCIAL INSTITUTIONS PROPERLY REPORT AND REMIT THE INTEREST ON SUCH ACCOUNTS FOR PROGRAMS DESIGNED TO FUND LEGAL SERVICES TO THE

Name of the organization OHIO LEGAL ASSISTANCE FOUNDATION	Employer identification number 31-1287915
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POOR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BUILDING SUPPORT FOR LEGAL SERVICES:

THE FOUNDATION SERVES AS THE STATEWIDE "VOICE" FOR LEGAL SERVICES IN OHIO. THE FOUNDATION CONDUCTS EDUCATIONAL PROGRAMS TO INFORM THE LEGAL COMMUNITY, STATE AND NATIONAL LEGISLATORS, AND THE GENERAL PUBLIC ABOUT THE IMPORTANCE OF LEGAL SERVICES FOR THE POOR. IN ADDITION, THE FOUNDATION PARTNERS WITH OHIO'S COURTS, BAR ASSOCIATIONS, BUSINESS COMMUNITIES, SOCIAL SERVICE AGENCIES, GOVERNMENT, AND OTHERS TO INCREASE THE AWARENESS OF AND BUILD SUPPORT FOR CIVIL LEGAL AID. EXPENSES \$ 121,796. INCLUDING GRANTS OF \$ 0. REVENUE \$ 351,629.

PRO BONO:

THROUGH A GENEROUS GRANT FROM THE SUPREME COURT OF OHIO, THE FOUNDATION WORKS ON THE STATEWIDE LEVEL TO INCREASE PRO BONO PARTICIPATION IN THE DELIVERY OF CIVIL LEGAL SERVICES. THE FOUNDATION IS A CATALYST FOR THE DEVELOPMENT OF NEW, STATEWIDE AND LOCAL PRO BONO INITIATIVES. IN ADDITION, THE FOUNDATION WORKS TO INCREASE THE PRO BONO CAPACITY OF EXISTING PROGRAMS TO MORE EFFICIENTLY AND EFFECTIVELY ENGAGE VOLUNTEERS. IN 2010, THE FOUNDATION, IN COLLABORATION WITH THE OHIO SUPREME COURT, ADMINISTERED THE THIRD ANNUAL, VOLUNTARY SURVEY OF OHIO LAWYERS' PRO BONO INVOLVEMENT. IN ADDITION, THE FOUNDATION COLLABORATED WITH OHIO'S COURTS AND THE OHIO STATE BAR ASSOCIATION AND DEVELOPED THE JUDICIALLY-LED, APPELLANT DISTRICT, PRO BONO PROJECT; ESTABLISHING PRO BONO COMMITTEES WITHIN EACH OF OHIO'S 18 APPELLATE DISTRICTS. EACH YEAR THE FOUNDATION PRESENTS THE OLAF PRESIDENTIAL AWARD FOR PRO BONO SERVICE TO RECOGNIZE OUTSTANDING PRO BONO

Name of the organization OHIO LEGAL ASSISTANCE FOUNDATION	Employer identification number 31-1287915
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ASSISTANCE.

EXPENSES \$ 243,081. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: ON BEHALF OF THE BOARD, THE OLAF AUDIT COMMITTEE REVIEWS AND APPROVES A FINAL DRAFT OF THE 990. THE FULL BOARD WILL RECEIVE COPIES OF THE 990 PRIOR TO THE 990 BEING SIGNED AND SENT TO THE IRS. OLAF'S MOST RECENTLY FILED 990 WILL BE POSTED ON OLAF'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: OLAF'S CONFLICT OF INTEREST POLICY & PROCEDURES EXTEND TO ALL OLAF TRUSTEES AND OLAF'S EXECUTIVE DIRECTOR AND CFO. EACH TRUSTEE AND OFFICER, AND EACH MEMBER OF A COMMITTEE WITH GOVERNING BODY-DELEGATED POWERS, MUST ANNUALLY COMPLETE AND SIGN "THE OLAF ANNUAL BUSINESS RELATIONSHIP AND CONFLICT OF INTEREST DISCLOSURE FORM". DETERMINATIONS OF WHETHER AN ACTUAL CONFLICT EXISTS IS MADE BY THE OLAF BOARD THROUGH A MAJORITY VOTE WHICH EXCLUDES THE VOTE OF A POTENTIALLY CONFLICTED TRUSTEE(S). NO TRUSTEE OF OFFICER MAY PRESIDE OVER, VOTE ON OR PARTICIPATE IN ANY DELIBERATION OF ANY MATTER IN WHICH SUCH TRUSTEE OR OFFICER HAS A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINES 15A-15B: WHEN COMPENSATING THE EXECUTIVE DIRECTOR, THE OLAF BOARD, THROUGH ITS EXECUTIVE COMMITTEE, REVIEWS AND CONSIDERS COMPARABLE SALARIES AND THEN DOCUMENTS SUCH DELIBERATIONS THROUGH EITHER BOARD OR EXECUTIVE COMMITTEE MINUTES. IN LATE 2009, OLAF'S FOUNDING EXECUTIVE DIRECTOR RETIRED AND THE BOARD HIRED AN INTERIM EXECUTIVE DIRECTOR. THE PROCESS OF HIRING AN INTERIM EXECUTIVE DIRECTOR INVOLVED A SALARY REVIEW OF COMPARABILITY DATA AND A DOCUMENTED

Name of the organization OHIO LEGAL ASSISTANCE FOUNDATION	Employer identification number 31-1287915
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DECISION BY THE BOARD ON THE SALARY TO BE PAID TO THE INTERIM EXECUTIVE DIRECTOR.

SHORTLY THEREAFTER, IN LATE 2010, OLAF HIRED A NEW EXECUTIVE DIRECTOR. AS A RESULT OF THE FACT THAT THE BOARD HAD ALREADY REVIEWED COMPARABILITY DATA WHEN ESTABLISHING THE INTERIM DIRECTOR'S SALARY, THE EXECUTIVE COMMITTEE DID NOT CONDUCT A NEW REVIEW OF COMPARABLE SALARY DATA WHEN IT HIRED THE CURRENT EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REPORTED ITS SALARY DECISION TO THE BOARD IN EXECUTIVE SESSION TO THE BOARD. TRADITIONALLY, MINUTES ARE NOT KEPT WHEN THE BOARD MEETS IN EXECUTIVE SESSION. AS A RESULT, THERE IS NO CONTEMPORANEOUS DOCUMENTATION SUBSTANTIATING THE DELIBERATION AND DECISION REGARDING THE CURRENT EXECUTIVE DIRECTOR'S SALARY. ALL COMPENSATION DECISIONS WILL BE DOCUMENTED IN 2011.

A PROCESS FOR DETERMINING COMPENSATION OF OLAF'S OFFICERS OR KEY EMPLOYEES IS NOT APPLICABLE AS THERE ARE NO OFFICERS OR KEY EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: OLAF MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC. ITS "ANNUAL BUSINESS RELATIONSHIP AND CONFLICT OF INTEREST DISCLOSURE POLICY AND PROCEDURE" FINANCIAL STATEMENTS AND LATEST FORM 990 ARE POSTED TO ITS WEBSITE; WWW.OLAF.ORG. OLAF MAKES OTHER DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization OHIO LEGAL ASSISTANCE FOUNDATION	Employer identification number 31-1287915
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NET UNREALIZED GAINS ON INVESTMENTS: 967,395.

PRIOR PERIOD ADJUSTMENTS: -313.

TOTAL TO FORM 990, PART XI, LINE 5 967,082.

FORM 990, PART XI, LINE 2C:

THE OLAF AUDIT COMMITTEE OVERSEES THE ANNUAL AUDIT AND SELECTION OF INDEPENDENT AUDITORS. IT MEETS WITH THE AUDITORS TO REVIEW THE AUDIT AND LETTER TO TRUSTEES.

FORM 990, PART 1, LINE 8

THE DECREASE IN CONTRIBUTIONS AND GRANTS IS DUE SOLELY TO RECLASSIFICATION OF FUNDS FROM THE PUBLIC DEFENDERS' OFFICE TO MORE ACCURATELY REFLECT THE TYPE OF REVENUE.