

Form **990-EZ**

Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2004**

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Open to Public Inspection

**A** For the 2003 calendar year, or tax year beginning 1/01 2004, and ending 5/31, 2004

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> <b>WESTERN OHIO LEGAL SERVICES ASSOCIATION</b> 545 WEST MARKET ST #301 LIMA, OH 45801	<b>D</b> Employer identification number 34-1014595
			<b>E</b> Telephone number 1-866-794-7282
			<b>F</b> Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Web site: N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

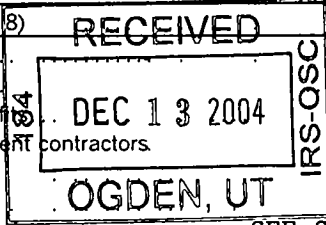
**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 2,182.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	
4	Investment income		4	106.
5a	Gross amount from sale of assets other than inventory.	5a		
5b	Less: cost or other basis and sales expenses	5b		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c		
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe <u>SEE STATEMENT 1</u> )		8	2,076.
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	2,182.
10	Grants and similar amounts paid (attach schedule)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	16,376.
13	Professional fees and other payments to independent contractors		13	12,945.
14	Occupancy, rent, utilities, and maintenance		14	1,450.
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe <u>SEE STATEMENT 2</u> )		16	21,067.
17	<b>Total expenses</b> (add lines 10 through 16)		17	51,838.
18	Excess or (deficit) for the year (line 9 less line 17)		18	-49,656.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	129,474.
20	Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 3</u>		20	-79,818.
21	Net assets or fund balances at end of year (combine lines 18 through 20)		21	0.



**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

		(See Instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			98,002.	22
23	Land and buildings				23
24	Other assets (describe <u>SEE STATEMENT 4</u> )			53,203.	24
25	<b>Total assets</b>			151,205.	25
26	<b>Total liabilities</b> (describe <u>SEE STATEMENT 5</u> )			21,731.	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)			129,474.	27

SCANNED DEC 29 '04

RECEIVED

EXPENSES

ASSETS

P 11

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>SEE STATEMENT 6</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>SEE STATEMENT 7</u> ----- ----- ----- (Grants \$ _____)	28a
29	----- ----- ----- (Grants \$ _____)	29a
30	----- ----- ----- (Grants \$ _____)	30a
31	Other program services (attach schedule) (Grants \$ _____)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>SEE STATEMENT 8</u> ----- -----		0.	0.	0.
----- -----				

Part V Other Information (Note the attachment requirement in the instructions)		SEE STATEMENT 9	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)	SEE STATEMENT 10	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b	Did the organization file Form 1120-POL for this year?			X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911	0.		
	section 4912	0.		
	section 4955	0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation			X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958			0.
d	Enter. Amount of tax on line 40c, above, reimbursed by the organization			0.
41	List the states with which a copy of this return is filed			OHIO
42	The books are in care of			LISA LEIS
	Located at			545 WEST MARKET ST, STE 301
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued			

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: Lisa A. Leis

Preparer's signature: J. Stephen Schall

Firm's name (or yours if self-employed), address, and ZIP + 4: GILMORE, JASON & MAHLER, LPA  
1715 INDIAN WOOD CIRCLE, SUITE 100  
MAUMEE, OH 43537

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

OMB No 1545-0047

**2004**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

WESTERN OHIO LEGAL SERVICES ASSOCIATION

Employer identification number

34-1014595

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**Part IV Reason for Non-Private Foundation Status** (See instructions)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,213,783.	2,427,090.	2,837,042.	2,718,738.	10,196,653.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,504.	6,020.	22,582.	32,479.	63,585.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 11		1,986.	3,942.		5,928.
23 Total of lines 15 through 22	2,216,287.	2,435,096.	2,863,566.	2,751,217.	10,266,166.
24 Line 23 minus line 17	2,216,287.	2,435,096.	2,863,566.	2,751,217.	10,266,166.
25 Enter 1% of line 23	22,163.	24,351.	28,636.	27,512.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 205,323.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,266,166.
d Add. Amounts from column (e) for lines: 18 63,585. 19					26d 69,513.
22 5,928. 26b					26e 10,196,653.
e Public support (line 26c minus line 26d total)					26f 99.32 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V** Private School Questionnaire (See instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
Not over \$500,000	20% of the amount on line 40 . . . .		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . .	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**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 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . .					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions )  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .
- c Media advertisements . . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (add lines c through h.) . . . . .

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.





## WESTERN OHIO LEGAL SERVICES ASSOCIATION

34-1014595

STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

MISCELLANEOUS		
	TOTAL	\$ 2,076.
		<u>\$ 2,076.</u>

STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

SUPPLIES		\$ 1,401.
DEPRECIATION		12,545.
CONTRACT SERVICES - PROGRAM		3,125.
MISCELLANEOUS		3,996.
	TOTAL	\$ 21,067.
		<u>\$ 21,067.</u>

STATEMENT 3  
FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER TO AFFILIATES		\$ -79,818.
	TOTAL	\$ -79,818.
		<u>\$ -79,818.</u>

STATEMENT 4  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	\$ 20,821.	\$ 0.
ACCOUNTS RECEIVABLE	18,620.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	12,540.	0.
CLIENT ESCROW FUNDS	421.	0.
INDUSTRIAL INSURANCE DEPOSIT	801.	0.
TOTAL	<u>\$ 53,203.</u>	<u>\$ 0.</u>

STATEMENT 5  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 21,310.	\$ 0.
CLIENT TRUST DEPOSITS	421.	0.
TOTAL	<u>\$ 21,731.</u>	<u>\$ 0.</u>

**STATEMENT 6  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

WOLSA IS A NON-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING LEGAL ASSISTANCE TO PERSONS FINANCIALLY UNABLE TO AFFORD LEGAL ASSISTANCE IN NON-CRIMINAL PROCEEDINGS OR MATTERS TO PERSONS FINANCIALLY UNABLE TO AFFORD LEGAL ASSISTANCE IN AN EIGHTEEN COUNTY AREA.

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
WOLSA OFFERS FREE LEGAL SERVICES TO PERSONS UNABLE TO AFFORD PRIVATE COUNSEL IN CIVIL MATTERS. THE ORGANIZATION ALSO ENTERED INTO CONTRACTS WITH OTHER INDIVIDUALS AND ORGANIZATIONS TO SERVE CLIENTS IN CASES OR AREAS NOT IMMEDIATELY SERVED BY WOLSA.		
	\$ 0.	\$ 0.

**STATEMENT 8  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRAD ROUSH 545 WEST MARKET ST, STE 301 LIMA, OH 45801	PRESIDENT AS NEEDED	\$ 0.	\$ 0.	\$ 0.
JERRY PITTS 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED		0.	0.
LINDA STONER 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED		0.	0.
LOUIS SCHIAVONE 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED		0.	0.
FRED BEERY 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED		0.	0.

STATEMENT 8 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DUANE GOETTEMOELLER 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	\$ 0.	\$ 0.	\$ 0.
ANN RATCLIFF 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
TODD BRECOUNT 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
GRANT KERBER 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
WOLODYMYR STRILECKYJ 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TREASURER AS NEEDED	0.	0.	0.
JOHN HATCHER 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
CAROL GREENWALD 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
CHRISTOPHER MURRAY 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
KANDY FOLEY 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
INZA JOHNSON-HEBB 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
SAMUEL KITTLE 545 WEST MARKET ST, STE. 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
JAMES MARTIN 545 WEST MARKET ST, STE. 301 LIMA, OH 45801	SECRETARY AS NEEDED	0.	0.	0.

**STATEMENT 8 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DOLORES GASSER 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	\$ 0.	\$ 0.	\$ 0.
CAROLYN HEWITT 545 WEST MARKET ST, STE 301 LIMA, OH 45801	TRUSTEE AS NEEDED	0.	0.	0.
CHRISTOPHER MOORMAN 545 WEST MARKET ST, STE 301 LIMA, OH 45801	VICE PRESIDENT AS NEEDED	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

**STATEMENT 9**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

**STATEMENT 10**  
**FORM 990-EZ, PART V, LINE 36**  
**LIQUIDATION, DISSOLUTION, TERMINATION, OR SUBSTANTIAL CONTRACTION**

AS OF JANUARY 1, 2004, WOLSA CEASED SERVICE TO THE EIGHTEEN COUNTIES IT HISTORICALLY SERVED. WOLSA DISSOLVED AS OF MAY 31, 2004.

**STATEMENT 11**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
MISCELLANEOUS	\$ 0.	\$ 1,986.	\$ 3,942.	\$ 0.	\$ 5,928.
TOTAL	\$ 0.	\$ 1,986.	\$ 3,942.	\$ 0.	\$ 5,928.

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	WESTERN OHIO LEGAL SERVICES ASSOCIATION	34-1014595
	Number, street, and room or suite number If a P O box, see instructions	
	545 WEST MARKET ST #301	
	City, town or post office For a foreign address, see instructions	state ZIP code
	LIMA, OH 45801	

### Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 2/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_ or
- ▶  tax year beginning 1/01, 20 04, and ending 6/30, 20 04.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ 0.

### Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ J. Stephen Schultz Title ▶ CPA Date ▶ 11/12/04

**BAA For Paperwork Reduction Act Notice, see instructions.**