** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	2023 calendar year, or tax year beginning and	ending					
3 C	heck if pplicable	C Name of organization	_	D Employer identific	cation number			
	Addres	IDAHO LEGAL AID SERVICES INC]				
	Name change	Doing business as		82-02936	41			
	Initia return Fina return/	Number and street (or P.O. box if mail is not delivered to street address) 1447 TYRELL LANE	Room/suite	E Telephone numbe 208-746-				
	termin- ated			G Gross receipts \$	5,453,630.			
	Amend			H(a) Is this a group return				
	Applica			for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in				
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
K F	orm of	organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: ID			
	rt I	Summary	•	•				
	1	Briefly describe the organization's mission or most significant activities: IDAH	O LEGA	L AID SERVI	CES INC IS			
Activities & Governance		A STATEWIDE NONPROFIT LAW FIRM DEDICATED						
اع اع	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	18			
ၓၟ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18			
စ္ခ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			63			
i≩l		Total number of volunteers (estimate if necessary)			18			
딍				7a	0.			
۸	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
اه	8	Contributions and grants (Part VIII, line 1h)		4,496,177.	5,440,812.			
ξĮ	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,425.	12,818.			
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,500,602.	5,453,630.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		95,000.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,488,185.	3,792,437.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
흸	b ·	Total fundraising expenses (Part IX, column (D), line 25) 67,03	<u> 10. </u>					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		888,704.	1,709,116.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,471,889.	5,501,553.			
		Revenue less expenses. Subtract line 18 from line 12		28,713.	-47,923.			
Net Assets or -und Balances			Ве	ginning of Current Year	End of Year			
Set	20	Total assets (Part X, line 16)		2,795,273.	2,731,207.			
ğ	21	Total liabilities (Part X, line 26)		936,939.	847,130.			
		Net assets or fund balances. Subtract line 21 from line 20		1,858,334.	1,884,077.			
	rt II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
rue,	correc	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.				
		Signature of officer		I Date				
Sigr		JAMES COOK, EXECUTIVE DIRECTOR		Dato				
Here	е	Type or print name and title						
				Date Check	PTIN			
aid		Print/Type preparer's name Preparer's signature ANN SWINDELL ANN SWINDELL		.1/13/24 off-employ	I			
	arer	Firm's name CLIFTONLARSONALLEN LLP	<u> </u>		1-0746749			
-	Only	Firm's address 101 S. CAPITOL BLVD., SUITE 1700		IIIII SEIN 4	<u> </u>			
J06 1	Unity	BOISE, ID 83702		Phone no (2	08) 387-6400			
May	the I	S discuss this return with the preparer shown above? See instructions		i none no. (Z	X Yes No			
viay	u io ii	C discuss this return with the preparer shown above; see instructions			LAA 163 L 190			

	1 990 (2023) IDAHO LEGAL AID SERVICES INC	82-0293641	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	===>.	
	IDAHO LEGAL AID SERVICES INC IS A STATEWIDE NONPROFIT L		
	DEDICATED TO PROVIDING EQUAL ACCESS TO JUSTICE FOR LOW	INCOME PEOPLE	<u> </u>
	THROUGH QUALITY, ADVOCACY AND EDUCATION.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	is measured by expenses.	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$4 , 518 , 576 . including grants of \$) (Rev	/enue \$)
	DELIVERY OF LEGAL SERVICES IN 4,800 CASES.		
	•		
4b	(Code:) (Expenses \$	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	
40	(Code:) (Expenses \$	renue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 4,518,576.		990 (2023)
		⊢orm ₹	JJU (2023)

Form 990 (2023) IDAHO LEGAL AID SERVICES INC 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			\ ₃₇
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		_v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		 **
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

332003 12-21-23

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (A), line 27 (**) (**) (**) (**) (**) (**) (**) (**	Form	rt IV Checklist of Required Schedules (continued)	<u> 3641</u>	P	age 4
22 X 25 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X column (A) lin 27 / N res, * complete Schedule / Rart I and All Part I A column (A) lin 27 / N res, * complete Schedule / Rart I A column (A) lin 27 / N res, * complete Schedule / Schedule / Part I A column (A) lin 27 / N res, * complete Schedule / Schedule / Part I A column (A) lin 27 / N res, * complete Schedule / Part I A column (A) lin 27 / N res, * complete Schedule / Schedule / N res, * complete Schedule / Part I / Schedule / Pa	Га	Checklist of Required Schedules (continued)		Voc	No
Part X. column (A), line 27 of "Yes," complete Schedule / Parts Land III 28 Did the organization answer "Fe's in Part NI, Section A, line 34, or 6, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "N "Yes," complete Schedule / Section 50 (14 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? "N "Yes," amawe lines 24th through 24d and complete Schedule / N "No", ye to line 25e. 24b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	INO
23 Dit the organization answer "Yes" to Park IV. Section A, line 3. 4, or 5, about compensation of the organization's current and former officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Was a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of 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 organization maintain an excrew account of the than 1,2002? If "Yes," answer lines \$240 through \$240 and complete Schedule I. If "No," or to line \$250 compensation for an any proceeds of flax-exempt bonds? d Did the organization maintain an excrew account other than a refunding scrow at any time during the year? debt to the organization and the terms of the organization and organizati			22		X
and former officers, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," american activity 2d and complete Schedule K. If "No," go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2d 24d 2d 2d 2d 2d 2d 2d	23	, , ,			
Schedule J. 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," yo to hine 25a					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." go to line 25a. 5 Did the organization invest any processes of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any process of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any process of the several process of t		,	23		X
at day of the year, that was issued after December 31, 2002? If "Yes," answer times 24b through 24d and complete Schedule K. I" No." go to the 28a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization ministian an escrove account other than a refunding escrove at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25a Section 50(16)8, 05(16)4, and 50(16)280 pagnizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization aware that engaged in an excess benefit transaction than a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I 25b X 27c Did the organization report any amount on Part X. Ine 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or another or from the organization or persons? If "Yes," complete Schedule I, Part II 27c X 27c Did the organization previde a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor or to a 39% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV and the complete Schedule I, Part IV b A family member of any individual disactional in the 28a? If Yes, "complete Schedule I, Part IV c A 39% controlled entity of one or more individuals and/or organizations? If "Yes," complete Schedule IV 27d Did the organization receive one or more individuals and/or organizations? If "Yes," co	24 a				
b Did the organization ministria an escrow account other than a refunding secrow at any time during the year to defease any tax-owning to mode and the organization maintain an escrow account other than a refunding secrow at any time during the year of defease any tax-owning to mode and the policy of the organization and as an in or behalf of issuer for bonds outstanding at any time during the year? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization agein an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25B X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25B X 28b Did the organization report any amount on Part X, Ine 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X 28 Was the organization party to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X 28c A C A 35% controlled entity of one or more individuals described in line 28a? If "Yes," complete Schedule L, Part III 28B X 29 Did the organization receive more than \$25,000 in noneash contributions described in line 28a or 28b? If "Yes," complete Schedule L, Part II 28B X 29 Did the organization receive more than \$25,000 in noneash contributions described in line 28a or 28b? If "Yes," complete Schedule III X 29 Did the organization receive more than \$25,000 in noneash contributions? If "Yes," complete Schedule III X 29 Did the organization receive more than \$25,000 in noneash contributions? If "Yes," complete Schedule III X 29 Did the organization neared to any tax-ex		Schedule K. If "No," go to line 25a	24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501c(s)8, 501c(s)4, and 501c(s)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I 25a X 15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 25 X 27 Did the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X X 28 X X X X X X X X X	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 801(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule L. Part # . 25a X 25b 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 reports 990 etc. # . 25c In the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, nustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? # "Yes," complete Schedule L, Part # . 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furestee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part # . 26 X 27 A Was the organization a party to a business transaction with one of the following parties? (see the Schedule L, Part # .) 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part # . 28 A 1 A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part # . 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule # . Part # . 30 Did the organization for even or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule # . Part # . 31 Did the organization for even or more individuals and/or organizations? # "Yes," complete Schedule # . Part # . 32 Did the organization for even or more individuals and/or organizations? #	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X 15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule I, Part III 27 X 28 Was the organization of filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part III 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization spell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M 29 X 32 Did the organization spell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M 29 X			24c		
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? If Yes, 'complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 If "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Z Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant a selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization of sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 Did the organization of sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Pa	25 a				l
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27		·	25a		<u>X</u>
Schedule L, Part II 250 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part II 26	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "yes," complete Schedule L, Part II					
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		,	25b		X
controlled entity or family member of any of these persons? # "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member to a 35% controlled entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28b X 50 A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 28b X 50 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule L, Part IV 28c X 50 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 290 X 50 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 290 X 50 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I 31 X 50 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part I 32 X 50 Did the organization and sol., Part IV 50 Did the organization and sol., Part IV 50 Did the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part V III and 19? 50 Did the organization conduct more than 5% of its activities through an entity that i	26				
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		Part V, line 1	34		
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 37 X Yes No 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	37				
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 or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		·	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		l	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	Da		38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Ta 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Pa				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 I	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			-	Yes	No
b Enter the number of Forms W 24 metaded of time 14. Enter of the applicable			-		
		Enter the number of Forms w 24 included of line 14, Enter of inflot applicable	ᅴ		

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

IDAHO LEGAL AID SERVICES INC 82-0293641 <u> Page</u> **5** Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 63 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form **990** (2023)

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
			_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	8						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision							
				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9	X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
			•		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filling the form?	11a	X					
b										
12a	and the second s									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "}	res," d	escribe							
	on Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>				
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	nizatior	's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	-T (section 501(c)(3)s on l y	avai l a	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest po l icy, a	nd finar	ncial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and telephone number of the person who possesses the organization's books are the person who possesses the organization of the person who possesses the organization or the person of the pers	oks and	records							
	CLIFTONLARSONALLEN - 208-387-6400									
	101 S CAPITOL BLVD #1700, BOISE, ID 83702									

<u> Page</u> **7**

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SILVANIO REIS DIRECTOR OF FIN & ADMIN	40.00					x		107,440.	0.	0.
(2) JAMES COOK	40.00									
EXECUTIVE DIRECTOR						x		102,000.	0.	0.
(3) BROOKE REDMOND	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) KINZO MIHARA	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) CATHY BECK	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ADRIANA ARTEAGA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MICHAEL BOWERS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LORA BREEN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) STEVE BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KATHLEEN CENTERS	1.00								_	
DIRECTOR		Х						0.	0.	0.
(11) KOURTNEY CROSSLEY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) RENAE HOFF	1.00								_	
DIRECTOR		Х						0.	0.	0.
(13) WILLIAM MAUK	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(14) MIRIAM MBOTHA	1.00	l								•
DIRECTOR	1 00	Х				_		0.	0.	0.
(15) SARAH MCDOWELL LAMONT	1.00	,,							_	•
DIRECTOR (16) POWD DEFENDING	1 00	Х	\vdash			\vdash	_	0.	0.	0.
(16) BOYD PETERSON	1.00	٦,							<u>,</u>	_
DIRECTOR	1 00	Х	\vdash			<u> </u>	_	0.	0.	0.
(17) SETH PLATTS DIRECTOR	1.00	v						0.	0.	0.
DIRECTOR	l	X				<u> </u>		1 0.	<u> </u>	Form 990 (2022)

(A)	Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp (A) (B) (C)						(D)	(E)	(F)	
Name and title	Average			Posit	tion			Reportab l e	Reportab l e	Estimated
	hours per			neck m ss pers				compensation	compensation	amount of
	week	offic	cer an	d a dir	ector/	truste	9)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dire	au			Del		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations be l ow	al tru	onal t		loyee	E 00 90		1099-NEC)		and related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former			organizations
10) MARY CHEA	1.00	u	<u>u</u>	jo	Ş.	ĒĒ	요			
18) MARY SHEA IRECTOR	1.00	Х						0.	0.	0.
19) SEAN WALSH	1.00	Λ		_	\dashv	+	\dashv	0.	<u>U•</u>	0 .
IRECTOR	1.00	х						0.	0.	0.
	1.00	Λ		+	\dashv	+	\dashv	0.	<u> </u>	U .
20) AMBER WILLIAMS	1.00	Х						_	0	_
IRECTOR	1.00	Λ		_	\dashv	_	\dashv	0.	0.	0 .
21) HAZE YOUNG	1.00	٠,,						0	0	
IRECTOR		Х		_	\dashv	+	\dashv	0.	0.	0 .
			\vdash	_	\dashv	+	4			
				_	_	_	_			
					_	_	4			
					_					
1b Subtotal							ļ	209,440.	0.	0.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								209,440.	0.	0 .
2 Total number of individuals (including bu							rec	ceived more than \$100,0	000 of reportable	
compensation from the organization										2
										Yes No
3 Did the organization list any former office	cer, director, trust	ee, k	еу е	mplo	oyee	, or h	igh	nest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J fo	or such individual									3 X
For any individual listed on line 1a, is the										
and related organizations greater than \$	3150,000? If "Yes.	" co	mple	ete S	chec	dule .	J fo	or such individual		4 X
5 Did any person listed on line 1a receive										
rendered to the organization? If "Yes." o	•				•			•		5 X
	ompicte concaun	<i>5</i>	<i>31</i>	OH D	<i>C100</i>	,,				
ection B. independent Contractors		lepe	nder	nt co	ntrad	ctors	tha	at received more than \$	100.000 of compensa	tion from
•	compensated inc								•	
Complete this table for your five highest	•		ndin	a wit	th or	with	ıin 1	tne organization's tax ve	ar	
the organization. Report compensation	•		ndin	g wit	th or	with	in t		ear.	(C)
Complete this table for your five highest	for the calendar ye	ear e			th or	with	iin t	(B)		(C) Compensation
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e	ndin		th or	with	in t			
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	nin 1	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	iin t	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	iin t	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	uin 1	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with		(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	iin 1	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	in 1	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	in 1	(B)		
Complete this table for your five highest the organization. Report compensation (A)	for the calendar ye	ear e			th or	with	in 1	(B)		
Complete this table for your five highest the organization. Report compensation (A) Name and busin	for the calendar ye	NC	ONE					(B) Description of so	ervices (
Complete this table for your five highest the organization. Report compensation (A)	for the calendar yeess address	NC	ONE					(B) Description of so	ervices (

332008 12-21-23

82-0293641

VIII	Statem	ent of	Rever	านe
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			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Chock ii Concadio C Containo a reopene	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
				0 275				560110115 3 12 - 3 14
nts tts	1		Federated campaigns 1a	8,375.	-			
ir ou		b	Membership dues 1b					
s, o		С	Fundraising events 1c					
äff		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e 4	,610,942.				
Sign		f	All other contributions, gifts, grants, and					
bet			similar amounts not included above 1f	821,495.				
ΘĒ		а	Noncash contributions included in lines 1a-1f	-				
Sor		_	Total. Add lines 1a-1f		5,440,812.			
<u> </u>			Total Add in so ra 11	Business Code	, , , , , , , , , , , , , , , , , , , ,			
<u>.</u> .	_	_		240000 0040				
<u>i</u>	2	: а						
er e		b						
n S		С						
ran 3ev		d						
Program Service Revenue		е						
<u>a</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	est, and				
			other similar amounts)		12,818.			12,818.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	()				
	U							
			· · · · · · · · · · · · · · · · · · ·					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)	(::) Other ::				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses					
Ver		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 8	b				
			Net income or (loss) from fundraising events	-				
	a		Gross income from gaming activities. See					
	Ŭ	u	Part IV, line 19					
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities	<u> </u>				
	40		, , , , , , , , , , , , , , , , , , ,					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10	•				
		С	Net income or (loss) from sales of inventory					
ູ				Business Code				
Ö a	11	а						
Miscellaneous Revenue		b						
eke eke		С						
Si B		d	All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		5,453,630.	0.	0.	12,818.

Part X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 209,440. 175,034. 31,518. 2,888. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,450,253. 2,045,201. 368,278. 36,774. Other salaries and wages 7 Pension plan accruals and contributions (include 98,244. 14,785. 82,105. 1,354. section 401(k) and 403(b) employer contributions) 669,206. 127,752. 814,430. Other employee benefits 17,472. 9 220,070. 183,918. 33,118. 3,034. 10 Payroll taxes Fees for services (nonemployees): Management Legal 17,500. 17,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 120,250. 88,966. 29,816. 1,468. 13 Office expenses 25,744. 21,435. 4,309. Information technology 14 Royalties 15 95,404 91,088. 4,316. 16 Occupancy 19,564. 15,841. 3.723. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 28,<mark>017.</mark> 28,017. Depreciation, depletion, and amortization 22 23,033. 2,534. 20,499. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,019,139. 1,019,139. CONTRACT SERVICES TO CL CONTRACT SERVICES TO PR 157,510. 157,510. $7,\overline{461}$ 75,075. 67,614. REPAIRS AND MAINTENANCE 36,264. 69,080. 30,541. 2,275. TRAINING 58,800. 25,954. $31,10\overline{1.}$ 1.745. All other expenses 5,501,553. 4,518,576. 915,967. 67,010. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2023) Part X Balance Sheet

Pal	IL A	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			435,543.	1	573,053.
	2	Savings and temporary cash investments			757,139.	2	516,203.
	3	Pledges and grants receivable, net			532,465.	3	631,118.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	or former o	officer, director,			
		trustee, key employee, creator or founder, sub-	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese persor	nsL		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
δ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			9,709.	9	9,185.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,254,523.			
	b	Less: accumulated depreciation	10b	363,063.	919,478.	10c	891,460.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	140,939.	15	110,188.		
	16	Total assets. Add lines 1 through 15 (must eq	2,795,273.	16	2,731,207.		
	17	Accounts payable and accrued expenses	78,628.	17	196,147.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	050 211		CEO 000
		of Schedule D		·····	858,311.		650,983.
	26	Total liabilities. Add lines 17 through 25			936,939.	26	847,130.
S		Organizations that follow FASB ASC 958, ch	eck here	X			
၁င		and complete lines 27, 28, 32, and 33.			1 /25 720		1 607 722
a <u>la</u> ı	27				1,435,739.	27	1,607,733.
Ä	28	Net assets with donor restrictions			422,595.	28	276,344.
Ĕ		Organizations that do not follow FASB ASC	958, chec	ck here			
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
χĄ	31	Retained earnings, endowment, accumulated i			1,858,334.	31	1 001 077
ž	32	Total net assets or fund balances				32	1,884,077.
	33	Total liabilities and net assets/fund balances			2,795,273.	33	2,731,207.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	<u>, 45</u>	3,6	<u>30.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	<u>,50</u> :	1,5	53.			
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>23.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6		7	3,6	<u>66.</u>			
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1	, 88,	4,0	<u>77.</u>			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			-		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				1			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х				

SCHEDULE A

(Form 990)

<u>Total</u>

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				D SERVICES II				32-0293641
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omp l ete th	nis part.) S	ee instructions.	
The	organi	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of ch					I)(A)(i),	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990).)		<i>x x y</i>	
3	一	A hospital or a cooperative)/b)/1)/∆)/ii	i)	
4	\Box	A medical research organiz					•	the hospital's name
_	ш	city, and state:	anon oporatoa in ooi	ijanotion with a noopital	docombod	500110	11 17 0(B) (1)(A)(III)1 Ento:	ino noopital o namo,
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	od by a go	wornmental unit describ	ed in
5	ш	section 170(b)(1)(A)(iv).		nege of university owned	or operat	ed by a go	Werninental unit describ	eu III
_			•	and the state of the state of the		70(1.)(4)(4)	<i>(</i>)	
6		A federal, state, or local go	=					
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmenta i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a l and-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)				, -	
11		An organization organized	•	vely to test for public sat	fetv. See	section 50	09(a)(4).	
12		An organization organized	•		-			purposes of one or
		more publicly supported or						
		lines 12a through 12d that	=					
а		Type I. A supporting orga					-	aivina
a		the supported organization						
					majority C	n the direc	iors or trustees or the st	аррогинд
		organization. You must o			عا جاءات جيجان		al avancimation(a) lavilaci	
b			<u>=</u>					=
		control or management of			ame perso	ns that co	ntrol or manage the sup	portea
		organization(s). You mus						
С			-					ed with,
		its supported organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.	
d			, integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attenti	veness
		requirement (see instruct	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g	Prov	ride the following information	n about the supporte	d organization(s).				
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								

332021 12-21-23