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50rm 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A_</u>	For th	ne 2009 ca	alendar	year, or ta	x year begin	ning		, 2009, a	nd endin	g			, 20		
B	Check if	applicable	Please	C Name of	organization IC	daho Legal A	Aid Services,	Inc.			D E	mploy	er identifica	ation nu	ımber
_		s change	use IRS label or		siness As						1	82	02	93641	
_		-	print or	Number an	d street (or PO t	box if mail is not d	elivered to street ad	ldress)	Room/su	ıte			ne number		
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<u> </u>		empt status	<u> </u>	501(c) (3)	(insert no)	4947(a)(1) c	or 527			If "h	vo," at	tach a I	ist (see ins	truction	s)
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o e	2	Check this	box ►	☐ If the or	ganization discr	ontinued its ope	rations or dispos	ed of more	than 25%	of its net ass	ets.				
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3.5	22		•		•	t line 21 fror	n line 20		· [478,	254			7,221
Pa	irt II	Signa	ature	Block			-								
	_	Under pe	nalties of	perjury, I de	clare that I have	e examined this	return, including	accompany	ying sched	ules and state	ments	, and to	the best of	my knc	wledge
		and belief	f, it is trui	e, correct, ar	nd complete De	eclaration of pre	eparer (other than	officer) is	based on	all information	of wh	nich pre	parer has a	ny knov	vledge
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For	Priva	cy Act and	d Paper	work Redu	iction Act No	otice, see the	separate inst	ructions.		Cat. No 1	1282Y		Form	990	(2009)

·Pa	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. Idaho Legal Aid Services is a nonprofit statewide law firm dedicated to providing equal access to justice for low income people through quality advocacy and education.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•••••••••••••••••••••••••••••••••••••••
	Other program converse (December of Cohodule C.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Par	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	ļ
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	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.			
•	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.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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	17	_	1
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		1
	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		/
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		 ✓
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," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	_	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	37		✓
		_~	_▼	∟

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	-		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Lab			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			İ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
	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?	6a		✓
	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).	0.5		
	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		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		√
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
	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 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

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

Sec	tion A. Governing Body and Management	 ,		
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			لــِا
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	,		
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	/	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-		· · · ·	
	enue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
100	Deep the experience have local charters, branches, or offiliates?	10a	1	
	Does the organization have local chapters, branches, or affiliates?		<u> </u>	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	/	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	1	
	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	1	
	rise to conflicts?	12b	_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	1	
	describe in Schedule O how this is done	12c	/	
13	Does the organization have a written whistleblower policy?	13	V	
14	Does the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لـــا
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			لــــــا
	the organization'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 ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr			
	available for public inspection. Indicate how you make these available. Check all that apply.	/-	,,	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of into	erest	
. •	policy, and financial statements available to the public.	J. 1110	001	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde ^	f tha	
	organization: ► Mary Zimmerman, 310 N 5th, Boise ID 83702, (208) 336-8980 ext. 112			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did_not co	mpensate	any o	curre	ent	offi	cer, d	irec	tor, or trustee.		<u>-</u>
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per		`			that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Mary Hunycutt								0	-0-	-0-
President Board of Directors		1		1				-0-	-0-	-0-
Susan Graham								-0-	-0-	-0-
Vice President Board of Directors		✓		✓				-0-		
Connie Henage								-0-	-0-	-0-
Secretary Board of Directors		✓		✓	_			, ,		_
April Ice		١.						-0-	-0-	-0
Board of Directors		/		-	_		-			
Lou Garbrecht		١,						-0-	-0-	-0-
Board of Directors Lauren Hayden		/	-	-	-					
Board of Directors		/						-0-	-0-	-0-
Karin Seubert		-	\vdash	<u> </u>			-			
Board of Directors		1						-0-	-0-	-0-
Cathy Beck		-	<u> </u>							
Board of Directors		1						-0-	-0-	-0-
Kim Brooks		<u> </u>						_		
Board of Directors		✓		ŀ				-0-	-0-	-0-
Billie Jensen										
Board of Directors		✓						-0-	-0-	-0-
Judy Geier								-0-	-0-	-0-
Board of Directors		✓		_				-0-	-0-	
Lora Breen								-0-	-0-	-0-
Board of Directors		1					L	-0-	-0-	
Eva Lopez								-0-	-0-	-0-
Board of Directors		✓			L		<u> </u>	-0-		
Seth Platts								-0-	-0-	-0-
Board of Directors		✓	_		<u> </u>		<u> </u>			·
Brooke Baldwin		,				l		-0-	-0-	-0-
Board of Directors		✓		\vdash	<u> </u>		<u> </u>			
Denise Atwood								-0-	-0-	-0-
Board of Directors		. ✓	L	L		!	L	L		

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees.	an	d Hig	hes	t Compensate	d Employees	contini	ied)	
	(A)	(B)	(c)						(D)	(E)	(F)		
	Name and title	Average hours per week		T ::-		_	that ap		Reportable compensation	Reportable compensation		Estimat	of
		week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS6	C) c	other ompensa from thorganiza and rela rganizat	ation he ition ited
	ve Brown ard of Directors		/						-0-	-	0-		-0-
	d Peterson and of Directors		,						-0-	-	0-		-0-
	nee Zimmer		✓	-	_	-		-			-		
	ard of Directors		1						-0-	- (0-		-0-
	esto Sanchez cutive Director	30					1		88,208	-1	D-		-0-
							Ť						
					_								
												-	
1b 2	Total	not limited	to the		iete	<u>.</u>	boyo	>	88,208	-(-0-
	reportable compensation from the organiza		to the)3C	IISIC	ou a	DOVE	, vvi	io received inc	ne man proo,	000 111		
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oyee	e, or highest c	ompensated	3	<u> </u>	1
4	For any individual listed on line 1a, is the s the organization and related organizations	um of repo	rtable	e cc	mp	ens	ation						
5	individual										4		1
	services rendered to the organization? If ")	es," comp	lete S	Sche	edu	le J	for s	uch	person		5		1
	etion B. Independent Contractors				<u> </u>								
1	Complete this table for your five highest co- compensation from the organization.	mpensated	d inde	eper	nde	nt c	ontra	ctor	s that received	d more than \$	100,00	0 of	
	(A) Name and business add	ress							(B) Description of se	ervices		(C) ensatio	n
n/a													
_													
		 				_							
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bu	t not	lımı n ▶	ted 0	to t	hose	liste	ed above) who	received			

Par	t VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	1a	Federated campaigns 1a	67,479				
gra		Membership dues 1b	-0-				
Contributions, gifts, grants and other similar amounts	c	Fundraising events 1c					
	d	Related organizations 1d					
sir.	e	Government grants (contributions). 1e	2,211,243				
tributic other	f	All other contributions, gifts, grants,	547.055	ĺ			
향		and similar amounts not included above 1f	517,855				,
Cont		Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	·····	2,796,577			
	├-''	Total: Add lines 1a-11	Business Code	2,130,311	.		
Program Service Revenue		<u> </u>		-0-			
ě	2a b						
9	٦						
ervi	d			_			
Ē	e						
ogra	f	All other program service revenue .					
<u> </u>	g	Total. Add lines 2a-2f	▶				
	3 4 5	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bond	▶ . proceeds ▶				
	3	Royalties	(ii) Personal	·	 		
	ı	Gross Rents . Less: rental expenses	(i) i ci sorial				
	1 -	Rental income or (loss)					
	d	, , , , , , , , , , , , , , , , , , , ,					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less cost or other basis and sales expenses .					
	c	Gain or (loss)					
		Net gain or (loss)	▶				
enne	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a					
he	ь	Less: direct expenses b					
δ	С	Net income or (loss) from fundraising even	ents ▶		- ··		
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activiti	es ▶				
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b				- -	
	_ c	Net income or (loss) from sales of inventor					
	<u> </u>	Miscellaneous Revenue	Business Code				<u> </u>
							ļ
	l						
	ı	All other revenue				:	
	12 12	Total. Add lines 11a–11d	· · · 🔰				<u> </u>
		reserve to terrate occumentations.				_	l

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu		required to comp	lete columns (B), (C	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	60,000	60,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16		:		a name
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,208		88,208	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,604,565	1,414,704	140,328	49,533
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	432,398	366,906	52,118	13,374
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				·
	Legal	13,300		13,300	
	Accounting	1,383		13,300	1,383
	Lobbying	1,303			1,303
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	121,375	119,819	1,556	
_	Other	121,010		1,000	
12 13	Advertising and promotion	44,220	30,459	13,061	
14	Information technology	41,617	37,390	4,227	· -
15	Royalties				
16	Occupancy	143,818	114,504	24,472	4,842
17	Travel	27,288	20,586	. 6,702	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,586	11,100	2,486	
20	Interest				- · · · · · · -
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	17,680	17,680		
23	Insurance	12,254	1,132	11,122	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Library	15,312	11,626	3,686	
a b	Litigation	727	727		·
C	Equipment and Repairs	37,182	30,668	6,514	
d		-,,			
e					
f	All other expenses	19,629	762	18,867	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,694,542	2,238,063	386,647	69,832
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year End of year 250,700 306.397 Cash—non-interest-bearing 1 154,838 2 155,801 2 Savings and temporary cash investments Pledges and grants receivable, net 84,884 3 174,432 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of -0-Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete -0--0-6 -0-Notes and loans receivable, net . . -0-7 Assets 7 -0--0-8 8 Inventories for sale or use 9 10,193 11,822 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 66,297 b Less. accumulated depreciation 10b 87,253 10c -0-11 -0-11 Investments—publicly traded securities . . . -0-12 -0-12 Investments—other securities, See Part IV, line 11 -0-13 -0-13 Investments-program-related. See Part IV, line 11 . . . Intangible assets -0-14 -0-14 -0--0-15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 589,497 713,120 111,243 17 135,899 17 18 -0--0-18 -0-19 -0-Deferred revenue 19 20 -0--0-20 Tax-exempt bond liabilities 21 -0-21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L -0--0<u>-</u> -0-23 -0-Secured mortgages and notes payable to unrelated third parties 23 -0--0-Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities. Complete Part X of Schedule D -0-25 25 -0-26 Total liabilities. Add lines 17 through 25 . 111,243 135,899 26 Organizations that follow SFAS 117, check here ▶ □ and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 271,914 252,253 27 27 206,340 324,968 28 28 -0-29 29 -0-Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. -0-30 -0-30 Capital stock or trust principal, or current funds -0-31 -0-31 Paid-in or capital surplus, or land, building, or equipment fund . . . -0--0-32 32 Retained earnings, endowment, accumulated income, or other funds Net 577,221 478,254 33 33 Total liabilities and net assets/fund balances 589,497 34 713,120

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		:	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	_
b	Were the organization's financial statements audited by an independent accountant?	2b_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c_	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_	:	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a_	✓_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	✓_	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Idat	10 L	<u>.egal</u> Aid Ser	vices, Inc.						82	(0293641		
Pai	τI	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	e instruc	ctions.		
The	ora	anization is n	ot a private foun	idation because it is.	(For lines	1 through	ah 11. ch	eck only	one box.)			
1	<u> </u>		•	rches, or association	•	-		-		•			
2	$\bar{\Box}$			on 170(b)(1)(A)(ii). (At					-1-7(-7(7(-7-			
3	\Box			hospital service organ		•	ın sectio	n 170(h)	(1)(A)(iii)				
4	_			ation operated in con						170/b)/1	\(A\(iii\) Enter the		
•			•	•	*		•				AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
5	П	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	_	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	Ш	A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).			
7	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9				receives (1) more th				m contrib	outions, m	embersh	ip fees, and gross		
		-	-	ed to its exempt func									
		support from	n gross investm	ent income and unre	lated bu	siness ta	xable inc	ome (les	s section	511 tax	from businesses		
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete f	art III.)				
10	\Box	An organizat	tion organized a	nd operated exclusive	elv to tes	t for publ	ic safety	See sec	tion 509	(a)(4)			
11	$\overline{\Box}$	-	-	and operated exclusive	-		-				r to carny out the		
•	_			blicly supported organ									
			•	at describes the type				•	, , ,		, , , ,		
		a ☐ Type				e III–Fun					Type III-Other		
_	П	_ ',,-		ify that the organizat			•	•					
е	Ш			•				•	-		•		
		-	section 509(a)(2)	n managers and othe	r man on	e or more	publicly	supporte	ed organiz	alions de	scribed in Section		
_													
f				a written determinati	on from	the IRS	that it is	a Type	I, Type II	, or Type	III supporting		
		•	, check this box								🛚		
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	any of the	•			
			•	r indirectly controls, ending body of the supp		_		h persor		oed in (ii)	Yes No		
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)		
				of a person described							11g(in)		
h				ation about the suppo									
(i) I	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi) I	s the	(vii) Amount of		
	org	janization		(described on lines 1-9		sted in your		nization in		ion in col	support		
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
					Yes	No	Yes	No	Yes	No			
											 - 		
_													
					·								
							-						

Sched	tule A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,359,242	2,480,297	2,472,303	2,514,178	2,796,577	12,622,597
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,359,242	2,480,297	2,472,303	2,514,178	2,796,577	12,622,597
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						-0-
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.				. –		12,622,597
_	tion B. Total Support	l I	1	1		I	.2,022,001
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,359,242	2,480,297	2,472,303	2,514,178	2,796,577	12,622,597
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,540	16,198	20,630	10,883	3,495	59,746
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		l		· · · · · · · · · · · · · · · · · · ·		12,682,343
12	Gross receipts from related activities, etc	•	,			12	-0-
13	First five years. If the Form 990 is for organization, check this box and stop he	re .		d, third, fourth,			
	tion C. Computation of Public Su						00.52
14	Public support percentage for 2009 (line		vided by line 11	, column (f))		14	99.52 <u>%</u> 99.51 %
15	Public support percentage from 2008 Sci		l, line 14			15	
16a	33% % support test—2009. If the organic		heck the box o	n line 13, and li	ine 14 is 33/3 %	6 or more, chec	_
	and stop here. The organization qualifies	· · · · · · · · · · · · · · · · · · ·					
Ь	33% % support test - 2008. If the organization						_
47-	box and stop here. The organization qua		-	=			▶ ∐
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test, o	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstance organization meets the facts-and-circumstance organization did by the	acts-and-circumances" test. The	stances" test, c organization qua	heck this box a lifies as a publicl	nd stop here. ly supported org	Explain in Part l ganization .	V how the

	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checke	nizations De	escribed in S n line 9 of Pa	Section 509(a art I.)	1)(2)		
Sec	tion A. Public Support			-	<u> </u>		
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					L	
14	First five years. If the Form 990 is for toganization, check this box and stop I	here		nd, third, fourth			
	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15			15 16	% %
	tion D. Computation of Investmen						
17 18	Investment income percentage for 2009 Investment income percentage from 20	08 Schedule	A, Part III, line	17		17 18	%
	33½ % support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2009. If the suppor	ox and stop h e	ere. The organ	zation qualifies	as a publicly	supported orga	anization 🕨 🔲
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this						

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

Schedule A (Fo	pm 990 or 990-EZ) 2009 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
•••••	
	·
•••••	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization **Employer identification number** Idaho Legal Aid Services, Inc. 0293641 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures . Volunteer hours . . . Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **b** If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? . . ∐ Yes ∐ No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization if none, enter -0-

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Page	-

Sche	dule C (Form 990 or 990-EZ) 2009					Page 2
Pa	rt II-A Complete if the organiza under section 501(h)).	tion is exem	pt under sectio	n 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				one apply	
_				CONTROL PROVISIO	, , , , , , , , , , , , , , , , , , , 	
	(The term "expenditures" r	bying Expend neans amoun		ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influen-	ce public opini	on (grass roots lo	bbying)		
	Total lobbying expenditures to influen	•	,			
c		-		, . 9,		
d						
٠	Total exempt purpose expenditures (a	dd linos 1s an				
•			,			
f	Lobbying nontaxable amount. Enter the columns	e amount from	the following tab	e in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoui	nt is:		
	Not over \$500,000	20% of the a	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
a	Grassroots nontaxable amount (enter	25% of line 1f)				
_	Subtract line 1g from line 1a. If zero o					
i	Subtract line 1f from line 1c. If zero or	•				
i	If there is an amount other than zero of			rganization file Fo	rm 4720 reporting	_
,	section 4911 tax for this year? .					☐ Yes ☐ No
	(Some organizations that m	ade a section	• •	· ·	•	ïve
	Lobbyin	g Expenditure	s During 4-Year	Averaging Period	}	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	l la companya di managantan di managantan di managantan di managantan di managantan di managantan di managanta	(a)		(a)		(b)
		Yes	No	Amount		
	uring the year, did the filing organization attempt to influence foreign, national, state or local					
	gislation, including any attempt to influence public opinion on a legislative matter or ferendum, through the use of					
	plunteers?	✓				
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?	√				
	edia advertisements?		1	-		
	ailings to members, legislators, or the public?		V			
	ublications, or published or broadcast statements?		/			
	rants to other organizations for lobbying purposes?		✓			
	rect contact with legislators, their staffs, government officials, or a legislative body?	✓		1,38		
_	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		/			
	ther activities? If "Yes," describe in Part IV		/			
j To	otal. Add lines 1c through 1i					
2a D	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓			
b If	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d if Part I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	14(0)(E) 0	cootion		
al C	501(c)(6).	,,(0)(J), U	Section		
				Yes N		
1 W	ere substantially all (90% or more) dues received nondeductible by members?			1		
2 D	d the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Di Part I	d the organization agree to carryover lobbying and political expenditures from the prior year? II-B Complete if the organization is exempt under section 501(c)(4), section 50			3		
1 D	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III- "Yes." ues, assessments and similar amounts from members	-A, II	1	is allswelled		
2 Se	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was paid).	ical				
	urrent year		2a			
	arryover from last year		2b			
	otal		2c			
3 Ag	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the				
ex	cess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
	nd political expenditure next year?		4			
	axable amount of lobbying and political expenditures (see instructions)		5			
Part I	Supplemental Information					
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, li	ne 5,	and I	Part II-B, line 1		
dso, c	omplete this part for any additional information.					
	omplete this part for any additional information.	ne 5,	and i	чап II-В, IIne		

Schedule C (For	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
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••••••		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization Employer identification number Idaho Legal Aid Services, Inc. 82 : 0293641 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ► 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Pao	e	2

Pai	t III Organizations Maintaini	ng Collections	of Art, His	storical	Treasures, o	or Other Similar	Assets (co	ntınued)
3	Using the organization's acquisition, collection items (check all that apply		ther recor	ds, ched	ck any of the fo	ollowing that are a	significant i	use of its
а	Public exhibition		d		oan or exchang			
b	Scholarly research		е		ther			
С	Preservation for future general	ions						
4	Provide a description of the organiz Part XIV.	ation's collections	and expla	ain how	they further th	ie organization's e	exempt purp	ose ın
5	During the year, did the organization sassets to be sold to raise funds rather						. 🗌 Yes	s 🗌 No
Pai	Escrow and Custodial A IV, line 9, or reported an a					swered "Yes" to F	orm 990, F	'art
1a	Is the organization an agent, trustee included on Form 990, Part X? .	e, custodian or oti	ner interm	ediary fo	or contribution	s or other assets		s 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table:			
							Amount	
	Beginning balance					1c		
d	Additions during the year			•		1d		
е	Distributions during the year					1e		
f	•					1f		
b	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.				· · · · · ·		
Pa	t V Endowment Funds. Co					ĭ	- 1	
		(a) Current year	(b) Prior	year	(c) Two years ba	ck (d) Three years ba	ack (e) Four	ears back
1a	Beginning of year balance							
b	Contributions	-						
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage o	f the year end bal	ance held	as:				
а	Board designated or quasi-endowm	ent ▶	%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ %	•						
3 a	Are there endowment funds not in the	e possession of th	e organiza	tion that	t are held and	administered for th	e r	,
	organization by							res No
	(i) unrelated organizations .						. 3a(i)	
	(ii) related organizations		· . · ·				3a(ii)	
4	If "Yes" to 3a(II), are the related organism Describe in Part XIV the intended us						. 3b	
	t VI Investments—Land, Bu					Y line 10		
rai	•		_ '					
	Description of investment	(a) Cost or oth			t or other (other)	(c) Accumulated depreciation	(d) Book	value
	Land	· · 						
	Buildings	· · 					_	
	Leasehold improvements	.					-	
е	Equipment		331,401			265,104		66,297
ota	. Add lines 1a through 1e. (Column (d) i	must equal Form 99	90, Part X,	column ((B), line 10(c).)	<u> </u>		66,297

Part VII Investments—Other Securities	s. See Form 990. Part X.	line 12.	1 age 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
	· · · · · · - · ·	·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		-	
Part VIII Investments—Program Relate	d. See Form 990, Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part IX	rt X line 15		
Carlet Assets. Sec 1 Still 550, 1 a	(a) Description		(b) Book value
			
	.		
	·····	·	
		.	
Total. (Column (b) must equal Form 990, Part X, col.	(P) (no. 15.)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes	,-, <u>,</u>		
	-		
			i
	_		
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

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

art XI Reconciliation of Change in Net Assets from Form 990 to Audi		nents
Total revenue (Form 990, Part VIII, column (A), line 12)	1	
Total expenses (Form 990, Part IX, column (A), line 25)	2	
Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u> </u>
Net unrealized gains (losses) on investments	4	
Donated services and use of facilities	5	<u> </u>
Investment expenses	6	
Prior period adjustments		
Other (Describe in Part XIV.)		
Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines	· · · · 	
art XII Reconciliation of Revenue per Audited Financial Statement	5 a.i.g 5	r Return
Total revenue, gains, and other support per audited financial statements .	1	Tietum
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · · · · ·	
Net unrealized gains on investments		
Recoveries of prior year grants		
2d		•
Other (Describe in Part XIV.)	26	- 1 - 1
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV.)		
Add lines 4a and 4b	40	<i>i</i>
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) art XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) art XIII Reconciliation of Expenses per Audited Financial Statemen Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses 2c	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other losses	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Provided Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.)	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Provided Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ts With Expenses p	per Return
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Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	ts With Expenses p	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	20 20 3	per Return
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XIII Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Supplemental Information mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Financial statement expenses and losses per Audited Financial Statement 12.)	20	Part IV, lines 1b
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses to provide the descriptions required for Part II, lines 3, 5, and 9; File 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part 2b, Part V, line 4; Part X, line 2; Part XII, line 8; Part XII, lines 2d and 4b; and Part 2b, Part V, line 4; Part X, line 2; Part XII, line 8; Part XIII, lines 2d and 4b; and Part 2b, Part XIII, lines 2d and 4b; and Part 2b.	20	Part IV, lines 1b
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses and Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; File 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part III, lines 2d and 4b; and Part III lines 2d and 4b; and	20	Part IV, lines 1b
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Total expenses to provide the descriptions required for Part II, lines 3, 5, and 9; File 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part 2b, Part V, line 4; Part X, line 2; Part XII, line 8; Part XII, lines 2d and 4b; and Part 2b, Part V, line 4; Part X, line 2; Part XII, line 8; Part XIII, lines 2d and 4b; and Part 2b, Part XIII, lines 2d and 4b; and Part 2b.	20	Part IV, lines 1b
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Schedule D (Form	hedule D (Form 990) 2009 Page 5					
Part XIV	Supplemental Information (continued)					
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public

▶ Attach to Form 990.

Normal of the generalization						uonadsur
Idaho Legal Aid Services, Inc.					Employer ident	Employer identification number
Port Conord Information of Contract					82	0293641
Talk deneral information on Grants and Assistance	nd Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? 2 Describe in Bart IV the consistency and the grants or assistance?	ubstantiate the amouts or assistance?	te amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ice?	sistance, the grantees	s' eligibility for the gra	ants or assistance, ar	hd . [Z] Yes 🗀 No
Section of the organization sproced	dures for monitoring	the use of grant funds	in the United States.			
Fair II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Sovernments and recipient that recei)) if additional spac	ts and Organizations in the United States. Complete if the organization answered "Yes" to it received more than \$5,000. Check this box if no one recipient received more than \$5,000. al space is needed	he United States. C	Complete if the orgaif no one recipient r	inization answered received more than	"Yes" to ≀\$5,000. Use
1 (a) Name and address of organization or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Idaho Law Foundation						
FO DOX 635, DOISE ID 65/01		60,000				Delivery of Legal Se
						i
	ernment organizations					-
3 Enter total number of other organizations						0
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions	for Form 990.	Ö	Cat No. 50055P	Š	Schedule I (Form 990) 2009

Page 2

Schedule I (Fo	Schedule I (Form 990) 2009 Part III Grants and Other Assistance to Individuals in the United States. Co		United States. Con	nplete if the orgar	iization answered "Yes"	Page 2 in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this par	e this part to pro	t to provide the information required in Part I, line 2,	on required in Part		and any other additional information.
The Idaho	The Idaho Volunteer Lawyer's Program - The Idaho Law Foundation submits monthly performance reports to ILAS. They also are required to submit an annual budget	o Law Foundation	submits monthly p	erformance reports	to ILAS. They also are re	quired to submit an annual budget
and case	and case statistical report. Periodic substantive and financial monitoring visits are conducted by ILAS personnel. ILAS recieves and submits to their funders an	id financial monit	oring visits are con	ducted by ILAS per	sonnel. ILAS recieves and	submits to their funders an
audit repo	audit report conducted by an independent accounting firm.	ting firm.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
:						Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Idaho Legal Aid Services, Inc.	82	0293641
Part VI, #9 Please see attached list of board members not available at the Idaho Legal Ai	d offices	i.
Part VI, #11 A Copies of the 990 are distributed to each member of the board for review by	efore su	ıbmission. Questions and
suggestions are requested and addressed.		
Part VI, #12 C The conflict of interest policy is distributed to the board and review annua	lly. Boar	d members are reminded
on a regular basis to disclose any possible conflict on interest.		
Part VI, #15 B Salary plans are based on comparisons of the market as well as other Leg	al Servic	es programs, although
ILAS is unable to compete with private law firms. The salary plans are approved by the E	Board of	Directors.
Part VI, #19 All governing documents, conflict of interest policies and financial statemen	its are av	vailable to the public on
request.		
Part V, #3 B All ILAS income is business related. We do not charge for services and all o	ther inc	ome is through grants
and donations specifically directed to the ILAS mission.		
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ILAS BOARD OF DIRECTORS 2010

BOARD MEMBER	APPOINTING GROUP/TERM EXPIRATION DATE
April Ice	The Women's Center
220 E 15th	
Post Falls ID 83854	2012
818-6075 (h) Alce93365@roadrunner com	
Arcessos Quodurumer Com	
Lou Garbrecht	First District Bar Association
1400 E Sherman Ave	
Coeur d Alene 1D 83814	2013
666-2445 lgarbrecht@turbonet.com	
- I garantengonia com	
Lauren Hayden	First District Bar Association
1424 E Sherman Ave Ste 400	
Coeur d Alene ID 83814	2013
765-9404 hayden@ghslawoffice.com	
anyot tiegasan to tike to ta	
Karın Seubert	Second District Bar Association
PO Drawer E	
Lewiston ID 83501 743-6231	2011
krseubert@lewiston com	
Cathy Beck	YWCA
1226 Burrell #46	
Lewiston ID 83501 790-3341 (h)	2012
greenthumb123@clearwire net	
Kım Brooks	Third District Bar Association
23 9th Avenue North Nampa ID 83687	2010
442-7489 (w) fax 468-4030	2010
kım@kbrookslaw com	
D.D. L	W. 11.6
Billie Jensen 10051 N Iowa	Western Idaho Community Action Program
Payette ID 83661	2012
891-4921	
bjensen7477@yahoo com	
Susan Craham, Vice Pearidant	Founds Distance Res Association
Susan Graham - Vice President 1009 W Fort Street	Fourth District Bar Association
Boise ID 83702	2012
344-0375. fax 344-1510	
susan@graham-legal com	
<u></u>	<u> </u>

Judy Geier	Fourth District Bar Association
PO Box 959	
Boise ID 83701-0959	2013
384-1800	
geier@evanskeane com	
Lora Breen	Idaho State Bar Association
	Idano State Dar Association
PO Box 2528	
Boise ID 83701	2011
387-0881 ext 14 fax 387-3501	
lbreen@gardnerlaw net	
Eva Lopez	Women's and Children's Alliance
PO Box 8417	
Boise ID 83707	2011
377-8400(w) 375-3499(h)	
evalopez1985@q com	
Seth Platts	Fifth District Bar Association
PO Box 487	
Twin Falls ID 83303	2012
734-4450 (w) 734-4452 (fax)	2012
sethp@cableone net	
scupperancour are	
Brooke Baldwin	Fifth District Bar Association
PO Box 226	
Twm Falls, ID 83303-0226	2012
733-3107 733-1669 (fax)	
bbaldwin@wrightbrotherslaw com	
Connie Henage - Secretary	Crisis Center of Magic Valley
PO Box 2444	
Twn Falls 1D 83303	2011
733-0100(w) 543-8388(h) fax 734-9354	
c henage@hve com	
Mary Huneycutt - President	Sixth District Bar Association
PO Box 6157	
Pocatello ID 83205	2010
235-9585 fax 235-9586	
mshuneycutt@cableone net	
Denise Atwood	Frank, Company Alliana
	Family Services Alliance
723 W Lewis Apt 207	2010
Pocatello ID 83204	2010
479-3375	
Steve Brown	I
- · · -	Seventh District Bar Association
PO Box 51219	Seventh District Bar Association
	Seventh District Bar Association 2010

Page 2 Updated 5/5/10

stevebrown@hopkinsroden.com	
Boyd Peterson	Seventh District Bar Association
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346-6468. fax 346-6470	
bjpelderlaw@hotmail.com	
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353 Oaktrail Dr	
Rexburg ID 83440	2012
208-419-6210	
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