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Form	JJU

Return of Organization Exempt From Income Tax

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OMB No 1545 0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

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

intel	nal Revenu	e Service	<u> Informa</u>	ation about Forn	n 990 and its in	structions	is at v	vww irs go	v/torm99	U	IIIspection	
A	For the 2	2016 cale	ndar year, or tax year	r beginning		, 20	16, an	d ending		_	, 20	
В	Check if a	pplicable	C Name of organization	Idaho Legal Aid	Services, Inc					D Employe	er identification number	
	Address o	hange	Doing business as								82 0293641	
$\bar{\Box}$	Name cha	Ť	Number and street (or	PO box if mail is n	of delivered to str	eet address)		Room/suite		E Telephor	ne number	_
一	Initial retui	-	1447 S Tyrell Lane							208-	336 8980 ext 1112	
$\overline{\Box}$		 √lerminated	City or town state or p	province country a	nd ZIP or foreign p	oostal code					DOG COC CAL TITLE	_
H	Amended		Boise, ID 83706	,						G Gross re	cointe \$	
H			F Name and address of p	annoinal officer			_		History is the a co		subordinates? Yes No	—
ш	Applicatio	in penaing	r realite and address of p	omorpai omcei							sincluded? Tes No	
			[7] rou um			740476 244		7507			Jist (see instructions)	1
<u>!</u>	Tax-exem		7 501(c)(3)	☐ 501(c) () ◀ (insert no) L	4947(a)(1)	or L	527				
<u>,,</u>	Website				7 ~					exemption		—
			Corporation Trust	Association [_ Other ►		L Year	of formation		M State	of legal domicile	
ď	art I	Summ										_
_	1		=		_						nonprofit statewide la	3W
õ	f	firm dedic	cated to providing egi	ual justice for lo	w income beof	ole through	ı qualı	ity advoca	cy and ed	ucation		
Ē	-											
ě	1		is box ▶ 🗌 if the org				or disp	posed of i	nore thar	1 25% of	its net assets	
g	1 8	Number	of voting members of	of the governing	g body (Part VI	l, line 1a)				3	-	19
행	4 1	Number	of independent votir	ng members of	the governing	body (Par	rt VI, li	ıne 1b)		4_		-0-
ij	5 7	Total nun	nber of individuals e	mployed in cal	endar year 201	16 (Part V,	line 2	2a)		5		
Activities & Governance	6	Total nun	nber of volunteers (e	estimate if n <mark>ece</mark>	ssary)	WED				6_		
Ą	7a	Total unr	elated business reve	enue from Part	VIII dojununiC	1/1/10 15	-,:	\		7a		0
	1 d	Net unrel	ated business taxab	le income from	yForm 990-T,	line 34	080			7b		
	i			2	1 44 1	y 2017	ļĢ	<u> </u>	Prior Ye	ear	Current Year	
d)	8 (8 Contributions and grants (Part VIII, line 11) 3.1									3,102,6	73
Ž	9 F	9 Program service revenue (Part VIII, line 2d)							0-		0	
Revenue	10 I	nvestme	nt income (Part VIII,	column (A), line	es 3 kg abd 7c	Ni	Γ	1 –		831	8,5	32
æ			enue (Part VIII, colu			c. and 11e	e)			-0-		0
	I		enue – add lines 8 thr				•	12)		3,113,663	3,111,2	<u>-</u>
	 		nd similar amounts p				,.			60,000	60 00	
	l		paid to or for memb							-0-		-0-
	1		other compensation,				nes 5-	-10)	-	2,233,705	2,371,5	_
Ş	1	-	nal fundraising fees		•		.,	· · · · ·	•	-0-		-0-
Expenses	I		draising expenses (F					 		-0-		÷
Ä	I		penses (Part IX, colu				-			580,475	832,0	'
	1	-	enses Add lines 13				o 25\	-		2,874,180		
			less expenses Sub			(<i>-</i> -y,	C 23)				3 262,69	_
		<u>neve</u> riue	less expenses 300	tractime to no	12			Beo	inning of Cu	239,483	(152,44 End of Year	0)
ets or lances	20 7	Fotal aca	oto (Part V. lino 16)					Deg				
Bale	20 1		ets (Part X, line 16)	"				 -		1,942 560	1,889,20	
Net Asse Fund Ball	21]		ilities (Part X, line 26	•	d (1 00					185,324	284,4	
			ts or fund balances	Subtract line 2	1 from line 20					,757,236	1,604,79	90
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J		' I								-	·	_

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions

9-21

Cat No 11282Y

Yes 🗌 No

Form **990** (2016)

Form 99	00 (2016) Page
Part	
	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 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,262,651 including grants of \$ 60,000) (Revenue \$ 3,111,205) Delivery of legal services to 3,547 clients
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	<u></u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

rarı	Checklist of Nequired Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>		
	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	✓	✓
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		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		√
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, 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
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		1
	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		✓
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		1
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 IF, Parts III and IV.	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 (see instructions)	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		\
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		1

Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	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	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<u> </u>
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? <i>If "Yes," complete Schedule R, Part III</i>	27		1
38	Part VI	37	1	
		Fom	n 990	(2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Fart V	<u>· · ·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 16	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-	1		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 51			L
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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
e	(FBAR)		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a_ 5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			L
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			_
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	i i		
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	į į		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L .	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			
b				
_	the organization is licensed to issue qualified health plans			
C 140	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		┵
b	in 166, has it filed a 1 of in 120 to report those payments in 146, provide an explanation in concedit of .			Ь

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>.</u>	. 🗸
Secti	on A. Governing Body and Management		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year 1a 1	9	100	
ıa	If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		l	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ļ	1
2	any other officer, director, trustee, or key employee?	2		
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	†	1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		ĺ	
	the year by the following:		ļ. <u>.</u>	<u> </u>
а	The governing body?	8a_	√	
b	Each committee with authority to act on behalf of the governing body?	8b	-	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode.)
	The state of the section of requests missing and a section of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ļ	ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120	1	
42	Did the organization have a written whistleblower policy?	12c	1	
13 14	Did the organization have a written document retention and destruction policy?	14	7	1
15	Did the process for determining compensation of the following persons include a review and approval by		Ť	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
	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			ļ
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ļ	<u> </u>
C	organization's exempt status with respect to such arrangements?	16b	<u> </u>	L
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501/	(c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.	2011	, \- ,-	,/
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir	terest	polic	y, and
	financial 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 r	ecords	: ▶	
	Many 7 immorman, 1447 S Tyroll I and Roise ID 93706 4044 (209) 336,9980 avt 1112			

		•
Form	990	(2016)

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

Check if Schedule O contains a res	onse or note to any line in this Part VII	
Check if Schedule O Contains a les	onse of note to any intentituis Fait vii	\Box

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
			(C)						
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	욕ᆵ	'n	♀	6	믴,플	Б	from the	related organizations	other compensation
	related	Individual trustee or director	Ē	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당 등	iona		류	/ee		(W-2/1099-MISC)	'	organization and related
	line)	Su	5		yee	mpe	Ì			organizations
		6	Institutional trustee			Highest compensated employee		İ		
	<u> </u>					ed.				
(1) Boyd Peterson						ļ				
President Board of Directors		1		1				-0-	-0-	-0-
(2) Paul McFarlane										
Vice President Board of Directors		✓		✓						
(3) Cathy Beck										
Secretary Board of Directors		✓		✓						
(4) Louise Zimmerman										
Board of Directors		✓								
(5) R. Wayne Sweney										
Board of Directors		✓	L.			ļ				
(6) Kinzo Mihara										
Board of Directors		✓				ļ	<u> </u>			
(7) Sarah McDowell-Lamont		,			İ					
Board of Directors		✓	-							
(8) Kım Brooks								}		
Board of Directors		✓					.			
(9) Hazel Young										
Board of Directors		✓	ļ		_					
(10) William Mauk		,								
Board of Directors	 	✓		-						
(11) Lora Breen		1			l					
Board of Directors			-							
(12) Miriam Mbotha		1	ļ							
Board of Directors (13) Seth Platts		_			\vdash					· · · · · · · · · · · · · · · · · · ·
Board of Directors	+	1	1							
(14) Brooke Redmond	+	<u> </u>			-					
Board of Directors	+	1								
Double of Difference		<u> </u>						1	l	- 000

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)					1				
	(A)	(B) Position (do not check more than							(D)	(E)			(F)		
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportat		Estimated om amount of			
		hours per officer and a director/tr						<u> </u>	compensation	compensatio related			ther	1	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	eng Higt	Form	the	organizati			ensati		
		related organizations	rect	重	ĕ	em	loye	₽	organization (W-2/1099-MISC)	(W-2/1099-N	VIISC)		m the nızatıo		
		below dotted	호흡	nal		항	i i i		(2,,			and	related	d	
		line)	uste	trug		8	pen					organ	nzation	ns	
			, o	tee			Highest compensated employee								
(15) NA	tza Salazar		-						-						
3	of Directors		1												
	ary Huneycutt		<u> </u>										-		
	of Directors		1												
	arie Pederson													-	
	of Directors		1												
	eve Brown												-		
	of Directors		✓								}				
	ourtney Crossley	_													
	of Directors		 												
(20)															
(21)															
								<u> </u>							
(22)			ļ					ŀ							
			_												
(23)			{				ļ								
(0.4)								_			-				
(24)			-												
(OE)			 					-							
(25)			1												
1b	Sub-total		L			<u> </u>		-	 :-						
c	Total from continuation sheets to Part		n A	•		•	•	•			-,				
d	Total (add lines 1b and 1c)			•	•			•							
	Total number of individuals (including but							2) W	ho received me	ore than \$1	00.000	of			
_	reportable compensation from the organi							.,			00,000	•			
													Yes	No	
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated				
	employee on line 1a? If "Yes," complete \$								· · · ·			3		✓	
4	For any individual listed on line 1a, is the	sum of re	portal	ble (com	per	nsatio	n a	nd other comp	ensation fr	om the		ĺ	İ	
	organization and related organizations	greater that	an \$1	50,	000	? /:	f "Ye	s, "	complete Sch	edule J fo	or such			<u> </u>	
	individual			•			•					4		✓	
5	Did any person listed on line 1a receive o												ļ	- , -	
	for services rendered to the organization?	r it "Yes," c	ompi	ete	Scr	eau	ile J T	or s	such person		<u> </u>	5		✓	
	on B. Independent Contractors	.									0400	000 - 6			
1	Complete this table for your five highest of													tav	
	compensation from the organization. Rep	ort compe	nsatio	on re	or tr	ie c	alend	ar y	ear ending wit	n or within	the orga	anızanı	жы	.ax	
	year.											(0)			
	(A) Name and business add	ress					:		(B) Description of se	ervices	((C) Compens	ation		
N/A															
															
2	Total number of independent contracto	rs (includir	ng bu	it ne	ot I	imit	ed to	th	ose listed abo	ove) who					
	received more than \$100,000 of compens								-0-	-					

Par	VIII	Statement of Rever	nue			5		
ı		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	53,246				
E Z	ь	Membership dues .		00,240				
عَ جُ	C	Fundraising events .		94,250				
ifts ar A	d	Related organizations) ——	0.,,200				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr All other contributions, gift	ributions) 1e	2,411,386				
草草	i :	and similar amounts not inclu		543,791				
育	g	Noncash contributions include	L	343,731				
Son	h	Total. Add lines 1a-1f			3,102,673			
		1010117100111100110111	<u> </u>	Business Code	0,102,070			
Ē	2a							
æ	b							
<u>8</u>	С							
ē	d							
E	е							
Program Service Revenue	f	All other program servi						ļ
P	g	Total. Add lines 2a-2f		▶				
	3	Investment income (ir						
		and other similar amou	ints)	▶	9,360			
	4	Income from investment of	of tax-exempt be	ond proceeds ►		•		
	5	Royalties		.				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses			į			
	С	Rental income or (loss)						
	d	Net rental income or (lo		▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b	Less. cost or other basis and sales expenses .						
		· —		(222)			!	
	C	Gain or (loss)		(828)	(000)			
	d	Net gain or (loss) .			(828)			
enne	8a	Gross income from fun events (not including \$	draising					
Other Rev		of contributions reported See Part IV, line 18 .						
돋	b	Less: direct expenses	b					
•	С	Net income or (loss) fro	m fundraising	events . >				
	9a	Gross income from gam See Part IV, line 19 .						
	ь	Less: direct expenses	b		İ			ł
		Net income or (loss) fro		vities ►				
	10a	Gross sales of inve	entory, less					
		returns and allowances	. a					
	b	Less: cost of goods sol	ld b					
	1	Net income or (loss) fro		entory ►				
		Miscellaneous Rev		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-1	1d	•				
	12	Total revenue See ins	tructions	▶	2 111 205			

Form 9	90 (2016)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, p, 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 domestic organizations and domestic governments. See Part IV, line 21	60,000	60,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,869,935	1,760,639	67,355	41,941
9 10 11	Other employee benefits	501,624	469,937	19,527	12,160
a b	Management				
d d	Accounting	13,500		13,500	
e f g	Investment management fees	415,615	407,441	8,174	
12 13	Advertising and promotion	32,366	28,504	3,801	61
14	Information technology	32,300	26,304	3,801	
15 16	Royalties	100,888	99,786	701	401
17 18	Travel	31,144	30,964	180	
19	for any federal, state, or local public officials Conferences, conventions, and meetings .	41,184	41,054	130	
20	Interest	41,101	11,001		-
21 22	Payments to affiliates	39,664	30,674	8,990	
23 24	Insurance	12,990	12,990		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Telephone	33,379	33,376	3	
b	Library	22,817	22,817		
c d	Equipment Rental and Repair Internet	42,716	42,716		
a e	All other expenses	13,889 31,940	13,889 19,609	12,331	
25	Total functional expenses. Add lines 1 through 24e	3,263,651	3,074,396	134,692	54,563
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	3,22,123	2/31 //300		3.,000

Form **990** (2016)

	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	527,921	1	368,883
	2	Savings and temporary cash investments	436,626	2	645,50
	3	Pledges and grants receivable, net	291,210	3	227,783
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	-0-	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6.569	9	7,28
	10a	Land, buildings, and equipment: cost or	5,000		
		other basis. Complete Part VI of Schedule D 10a 895,685			
	Ь	Less: accumulated depreciation 10b 255,943	680,234	10c	639,742
	11	Investments—publicly traded securities	·	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,942,560	16	1,889,201
	17	Accounts payable and accrued expenses	185,324		
	18	Grants payable		18	
	19	Deferred revenue	-0-	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties	····	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		_	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	185,324	26	284,411
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ညို				27	705 705
<u>a</u>	27	Unrestricted net assets	830,286		765,725
ã	28 29	Permanently restricted net assets	926,950	29	839,065
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		23	
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds.		32	
e	33	Total net assets or fund balances	1,757,236		1,604,790
Z	34	Total liabilities and net assets/fund balances	1,737,230		1,889,201

om 9	90 (2016)			Pa	ge 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		. , <u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,11	1,205
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,26	3,651
3	Revenue less expenses. Subtract line 2 from line 1	3		(15	2,446 <u>)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,75	7,236
5	Net unrealized gains (losses) on investments	5	_		-0-
6	Donated services and use of facilities	6		3	4,557
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,60	<u>14,790</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	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," expected to the schedule O.	olaın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a	✓	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 d on a	2b	✓	
	✓ 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 over of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a	1	

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.

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 20**16**

Open to Public Inspection

Name of the organization **Employer identification number** Idaho Legal Aid Services, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 · (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 2,907,496 2,789,756 4,357,894 2,937,482 3,068,116 16,060,744 revenues levied for the organization's benefit and either paid to or expended on its behalf . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . 2,907,496 2.789.756 4.357,894 2.937,482 3.068.116 16.060.744 The portion of total contributions by each person (other than governmental unit or publiciv supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 16,060,744 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 7 2,907,496 2,789,756 4,357,894 2,937,482 3,068,116 16,060,744 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,620 1,817 2,917 9,360 1,711 18,425 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 16,079,169 Gross receipts from related activities, etc. (see instructions) . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 99.9 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 99.9 % 16a 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

<u>Idah</u> o	Legal Aid Services, Inc.		82-0293641
Pai	<u> </u>		
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	,	
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		for any other purpose
			· · · · · 🗌 Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	-	
	Preservation of land for public use (e.g., recrea	·	•
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		<u>2a</u>
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I	• •	
d	Number of conservation easements included in	• • •	
_	•		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or terr	minated by the organization during the
	tax year ►	nyation accompant to located	
4 5	Number of states where property subject to conse Does the organization have a written policy re-		enection handling of
3	violations, and enforcement of the conservation ea		· · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspect		
U	Stan and volunteer flours devoted to morntoning, inspec	ung, nandung of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing	conservation easements during the year
•	S	ig, handling of violations, and emoleting	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
•		Z(a) above causiy are requirements of	· · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports of		
3	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Par			Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF.		
	works of art, historical treasures, or other similar	assets held for public exhibition, ec	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts relati	ing to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	tems:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
h	Assets included in Form 990, Part X		b ¢

Par 3	Using the organization's acquisition,								
	collection items (check all that apply)								
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams		
ь	☐ Scholarly research		е	Othe	er				
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	they further	the org	ganization's exe	empt purpo	se in Part
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical t	reasure	s, or other sim	ılar	
	assets to be sold to raise funds rather								s 🗌 No
Par	IV Escrow and Custodial Arra	angements.		-					
	Complete if the organization 990, Part X, line 21.	answered "Yes"	" on For	m 990, I	Part IV, lın	e 9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:				
								Amount	
C	Beginning balance					1c	:		
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun								
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII	<u></u>	
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes'							
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses			——————————————————————————————————————					
d	Grants or scholarships						-		
e	Other expenditures for facilities and					Í			
	programs								
f	Administrative expenses								
g	End of year balance		•						
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a	a)) held a	as:	•	
a	Board designated or quasi-endowmer	nt ▶	%						
ь	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	· %							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for t	:he	
	organization by:							[-	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses								
Part				***					
	Complete if the organization		on For	m 990, F	Part IV, line	e 11a. \$	See Form 990	, Part X, li	ne 10.
	Description of property	(a) Cost or oth	ner basıs	(b) Cost of	or other basis ther)	(c) A	Accumulated preciation	(d) Book	
1a	Land								·
b	Buildings		607,776				35,948		571,828
c	Leasehold improvements								
d	Equipment		287,909				219,995		67,914
e	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0, Part)	(, column	(B), line 10	Oc.)	>		639,742

(e) Becomption of socurity or category (nectuding name of security) 1) Financial derivatives 2) Closely-held equity interests 3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Complete if the organization answer	ered "Yes" o	on Form	990, Part IV,	line 11b. Se	e Form 990, Part X, line 12.
2) Closely-held equity interests		(a) Description of security or category					(c) Method of valuation
2) Closely-held equity interests	(1) Financial	derivatives				-	
30 Other (-/				. –			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		· ·					
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	(A)						
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(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(C)				'		
(i) (ii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii	(D)						
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(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(F)				-		
(if)							
Description Dimust equal Form 990, Part X, col. (B) line 12.) Part XIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation Cost of end-of-year market value (c) Method of valuation Cost of end-of-year market value (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e							
Part VIII		h) must equal Form 990, Part X, col. (R) line 12.)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value (f) Book value (f) Book value (g)						<u> </u>	
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	Liability for	r uncertain tax positions. In Part XIII, provide	e the text of the	O OF and	to trie organiza	uon s iinancial	bas been provided in Book You

Par				Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	3,111,205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	34,55	7	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	34,557
3	Subtract line 2e from line 1			3	3,076,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b		i l	
Ç	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents \	With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	3,263,651
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a		[
b	Prior year adjustments	2b		┪ ┃	
C	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		7	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,263,651
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			0,200,001
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	3,263,651
	XIII Supplemental Information.			<u> </u>	3,203,031
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Par	t IV. lines 1b and 2	b: Part V. lır	e 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				.,
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Idaho Legal Ald Services, Inc.

Part I

Employer identification number

82-0293641

Open to Public Inspection 2016

OMB No 1545-0047 -

the selection criteria used to award the grants or assistance?	award the grants	or assistance?	· · · · · · · · · · · · · · · · · · ·	bottel left at spec	States		· · □ Yes □ No
II I	ssistance to Do	mestic Organiz	ations and Dom	estic Governm	ients. Complete	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dualicated if additional space is needed	rered "Yes" on Form
(a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Idaho Law Foundation PO Box 895 Boise ID 83701	23-7439392		000'09				Legal Services
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	501(c)(3) and gov	ernment organiza	organizations listed in the line 1 table	ne 1 table			_
3 Enter total number of other organizations listed in the line 1 table	organizations listed	In the line 1 table					ф А .
For Paperwork Reduction Act Notice, see the Instructions for Forr	see the Instruction	is for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

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

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

82-0293641 Idaho Legal Aid Services, Inc. Part VI, #9 Please see attached list of board members not available at Idaho Legal Aid Offices. Part VI, #1 b Copies of the 990 are distributed to each member of the board for review before submission. Questions and suggestions are requested and addressed. Part VI, #12, c The conflict of interest policy is distributed to the board to review annually. Board members are reminded on a regular basis to disclose any possible conflict of interest. Part VI, #15, a and b, Salary plans are based on comparison of the market as well as other Legal Services programs, although ILAS is unable to compete with private law firms. The salary plans are approved by the board of directors. Part VI, #19 All governing documents, conflict of interest policies and financial statements are available to the public on request. Part IX, #11, g \$78,063 was paid for legal services; \$1,705 for custodial services; \$2,655 for translation services; \$314,082 to subcontractors on technology grants;\$39,092 to shelters on a DOJ rural grant; the rest is miscellaneous services