

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

**LEGAL AID CENTER OF SOUTHERN
NEVADA**

88-0072562

Net Asset / Fund Balance at Beginning of Year		<u>79,552,934</u>
Revenue		
Contributions	<u>33,617,062</u>	
Program service revenue	<u>4,986,047</u>	
Investment income	<u>971,405</u>	
Capital gain / loss	<u>19,291</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>0</u>	
Total revenue		<u>39,593,805</u>
Expenses		
Program services	<u>23,130,650</u>	
Management and general	<u>2,071,474</u>	
Fundraising	<u>240,241</u>	
Total expenses		<u>25,442,365</u>
Excess / (deficit)		<u>14,151,440</u>
Changes		<u>1,011,044</u>
Net Asset / Fund Balance at End of Year		<u>94,715,418</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>47,385,443</u>
Less:	
Unrealized gains	<u>1,011,044</u>
Donated services	<u>6,846,051</u>
Recoveries	_____
Other	_____
Plus:	
Investment expenses	<u>65,457</u>
Other	_____
Total revenue per return	<u>39,593,805</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>32,222,959</u>
Less:	
Donated services	<u>6,846,051</u>
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	<u>65,457</u>
Other	_____
Total expenses per return	<u>25,442,365</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>90,054,801</u>	<u>104,174,984</u>	
Liabilities	<u>10,501,867</u>	<u>9,459,566</u>	
Net assets	<u>79,552,934</u>	<u>94,715,418</u>	<u>15,162,484</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/17/25
 Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization LEGAL AID CENTER OF SOUTHERN NEVADA		D Employer identification number 88-0072562
Doing business as		E Telephone number 702-386-1070
Number and street (or P.O. box if mail is not delivered to street address) 725 E. CHARLESTON BLVD.		
Room/suite		
City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89104		
G Gross receipts \$ 46,781,609		

F Name and address of principal officer: BARBARA BUCKLEY 725 E. CHARLESTON BLVD. LAS VEGAS NV 89104	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
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J Website: WWW.LACSN.ORG	L Year of formation: 1958	M State of legal domicile: NV
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LACSN'S MISSION IS THE PRESERVATION OF ACCESS TO JUSTICE AND THE PROVISION OF QUALITY LEGAL COUNSEL, ADVICE AND REPRESENTATION FOR INDIVIDUALS WHO ARE UNABLE TO PROTECT THEIR RIGHTS BECAUSE THEY CANNOT AFFORD AN ATTORNEY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	246
	6 Total number of volunteers (estimate if necessary)	6	710
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	30,890,163	33,617,062
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,937,201	4,986,047
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	747,263	990,696
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,574,627	39,593,805
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,279,979	22,209,135
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 240,241		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,009,133	3,233,230
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,289,112	25,442,365
19 Revenue less expenses. Subtract line 18 from line 12	12,285,515	14,151,440	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	90,054,801	104,174,984
	22 Net assets or fund balances. Subtract line 21 from line 20	10,501,867	9,459,566
		79,552,934	94,715,418

Part II Signature Block

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

Sign Here	Signature of officer BARBARA BUCKLEY	Date
	Type or print name and title EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Preparer's name JESSICA P SAYLES	Preparer's signature JESSICA P SAYLES	Date 08/11/25	Check <input type="checkbox"/> if self-employed	PTIN P01530213
	Firm's name HOULDSWORTH, RUSSO & COMPANY, P.C	Firm's EIN 88-0374623			
	Firm's address 6001 S DECATUR BLVD STE P LAS VEGAS, NV 89118-3074	Phone no. 702-269-9992			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

LACSN'S MISSION IS THE PRESERVATION OF ACCESS TO JUSTICE AND THE PROVISION OF QUALITY LEGAL COUNSEL, ADVICE AND REPRESENTATION FOR INDIVIDUALS WHO ARE UNABLE TO PROTECT THEIR RIGHTS BECAUSE THEY CANNOT AFFORD AN ATTORNEY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ **7,719,158** including grants of \$) (Revenue \$)

CHILDREN'S ATTORNEYS PROJECT PROVIDES FREE COUNSEL, ADVICE AND REPRESENTATION TO ABUSED AND NEGLECTED CHILDREN WHO HAVE BEEN REMOVED FROM THEIR HOMES. GENERALLY, ONCE A CHILD HAS BEEN REMOVED FROM PARENTAL CUSTODY, A COURT HEARING TO DETERMINE FAMILY REUNIFICATION, PERMANENCY PLANNING, OR TERMINATION OF PARENTAL RIGHTS IS NECESSARY. THE CHILDREN'S ATTORNEYS PROJECT PROVIDES SERVICES TO CHILDREN WHO HAVE NOT HAD THE BENEFIT OF ATTORNEY REPRESENTATION IN COURT.

4b (Code:) (Expenses \$ **3,502,854** including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **3,302,969** including grants of \$) (Revenue \$)

THE FAMILY JUSTICE PROJECT PROVIDES DIRECT LEGAL ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE WHO OTHERWISE COULD NOT AFFORD LEGAL REPRESENTATION. VICTIMS LEAVING ABUSIVE RELATIONSHIPS OFTEN REQUIRE EXTENDED PROTECTIVE ORDERS AGAINST DOMESTIC VIOLENCE OR STALKING AND HARASSMENT, CHILD CUSTODY/CHILD SUPPORT ORDERS AND/OR DIVORCES, INTERCESSION WITH LANDLORDS OR EMPLOYERS, AND OTHER ASSISTANCE IN ESTABLISHING AND MAINTAINING A SAFE HOUSEHOLD (I.E. IMMIGRATION ASSISTANCE, COUNSELING ON HOW TO ESTABLISH INDEPENDENT CREDIT, ETC.). THIS PROGRAM LEVELS THE PLAYING FIELD FOR A VICTIM WHO OTHERWISE SUFFERS INTIMIDATION FROM A BETTER FINANCED BATTERER.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **8,605,669** including grants of \$) (Revenue \$ **4,986,047**)

4e Total program service expenses **23,130,650**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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 "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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 VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	37
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
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	246		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
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 (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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			X
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			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records.

TERRY R. BRATTON
LAS VEGAS

725 E. CHARLESTON BLVD.

NV 89104

702-386-1070

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA BUCKLEY EXECUTIVE DIRECTOR	40.00 0.00			X				227,358	0	41,110
(2) TERRY BRATTON CHIEF FINANCIAL DIR.	40.00 0.00			X				192,600	0	39,372
(3) JANICE WOLF ATTORNEY	40.00 0.00					X		162,833	0	29,099
(4) APRIL S GREEN ATTORNEY	40.00 0.00					X		161,167	0	29,044
(5) ROBERT FLEMMING ATTORNEY	40.00 0.00					X		159,063	0	17,753
(6) SUSAN NOYCE ATTORNEY	40.00 0.00					X		151,143	0	28,543
(7) CANDACE BARR ATTORNEY	40.00 0.00					X		148,267	0	28,370
(8) MARISA RODRIGUEZ PRESIDENT	3.00 0.00	X		X				0	0	0
(9) ELIZABETH NELSON SECRETARY	1.00 0.00	X		X				0	0	0
(10) SHELBY KEEFER TREASURER	1.00 0.00	X		X				0	0	0
(11) OGONNA BROWN DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KAREN HALLER										
(12) DIRECTOR	1.00 0.00						0	0	0	
(13) GABRIELLE HOUSTON										
(13) DIRECTOR	1.00 0.00	X					0	0	0	
(14) MONA KAVEH										
(14) DIRECTOR	1.00 0.00	X					0	0	0	
(15) ROBIN RATCLIFFE MANZINI										
(15) DIRECTOR	1.00 0.00	X					0	0	0	
(16) MICHON MARTIN										
(16) DIRECTOR	1.00 0.00	X					0	0	0	
(17) RICHARD MORGAN										
(17) DIRECTOR	1.00 0.00	X					0	0	0	
(18) BETSY WARD										
(18) DIRECTOR	1.00 0.00	X					0	0	0	
(19) JOHN VALERY WHITE										
(19) DIRECTOR	1.00 0.00	X					0	0	0	
1b Subtotal							1,202,431		213,291	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,202,431		213,291	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **58**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LGA ARCHITECTURE LAS VEGAS NV 89104	1226 S. 3RD ST., SUITE 110 DESIGN	1,890,995
DYNTEK SERVICES ATLANTA GA 31193-6232	PO BOX 936232 ALARM SERVICES	469,668
CHETU, INC SUNRISE FL 33323	1500 CONCORD TERRACE, STE 100 CASE MGMT	305,888
T.M.C. SECURITY LAS VEGAS NV 89117	8020 W SAHARA AVE STE 235 SECURITY	305,460
WILLICK INVESTMENTS, INC. LAS VEGAS NV 89110	3591 E. BONANZA ROAD, SUITE 200 RENT	186,925

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

8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e		12,658,956				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		20,958,106				
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			33,617,062				
	Program Service Revenue	2a ATTORNEY FEES	Business Code					
			541100	4,986,047	4,986,047			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f			4,986,047					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			971,405			971,405	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b	7,207,095			
			c Gain or (loss)	7c	7,187,804	19,291	19,291	
	d Net gain or (loss)				19,291	19,291		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
			c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				39,593,805	5,005,338	0	971,405	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	500,438	147,655	258,819	93,964
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	16,045,792	14,908,181	1,050,882	86,729
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	596,647	557,658	36,730	2,259
9 Other employee benefits	3,682,933	3,400,469	255,075	27,389
10 Payroll taxes	1,383,325	1,262,975	106,378	13,972
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	79,950		79,950	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	65,457		65,457	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	272,103	272,103		
12 Advertising and promotion				
13 Office expenses	479,143	387,482	88,070	3,591
14 Information technology	221,934	202,625	17,067	2,242
15 Royalties				
16 Occupancy	850,088	827,475	21,619	994
17 Travel	238,488	231,421	7,067	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	124,990	109,921	15,069	
20 Interest	47,818	43,658	3,677	483
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	636,159	580,815	48,919	6,425
23 Insurance	137,189	125,254	10,549	1,386
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	79,911	72,958	6,146	807
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	25,442,365	23,130,650	2,071,474	240,241
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	25,163,845	1	26,970,259
	2	Savings and temporary cash investments	8,573,878	2	17,424,653
	3	Pledges and grants receivable, net	16,323,858	3	15,310,667
	4	Accounts receivable, net	1,953,302	4	2,304,622
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	483,763	9	578,255
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,948,152		
	b	Less: accumulated depreciation	10b 5,456,811	10c	18,491,341
	11	Investments—publicly traded securities	17,017,513	11	18,921,531
	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	4,392,279	15	4,173,656
16	Total assets. Add lines 1 through 15 (must equal line 33)	90,054,801	16	104,174,984	
Liabilities	17	Accounts payable and accrued expenses	1,393,103	17	1,693,212
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	205,329	21	115,110
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	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	8,903,435	25	7,651,244
	26	Total liabilities. Add lines 17 through 25	10,501,867	26	9,459,566
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	79,552,934	27	38,949,572
	28	Net assets with donor restrictions		28	55,765,846
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	79,552,934	32	94,715,418
33	Total liabilities and net assets/fund balances	90,054,801	33	104,174,984	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,593,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,442,365
3	Revenue less expenses. Subtract line 2 from line 1	3	14,151,440
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79,552,934
5	Net unrealized gains (losses) on investments	5	1,011,044
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,715,418

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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 compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MARSHAL WILLICK										
(12) 1.00										
DIRECTOR 0.00		X					0	0	0	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization LEGAL AID CENTER OF SOUTHERN NEVADA	Employer identification number 88-0072562
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,929,887	17,647,562	15,351,113	30,890,163	33,617,062	114,435,787
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	16,929,887	17,647,562	15,351,113	30,890,163	33,617,062	114,435,787
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 shown on line 11, column (f)						3,218,288
6 Public support. Subtract line 5 from line 4						111,217,499

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	16,929,887	17,647,562	15,351,113	30,890,163	33,617,062	114,435,787
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	323,622	658,914	479,616	822,878	971,405	3,256,435
9 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.)	2,691	1,847,900				1,850,591
11 Total support. Add lines 7 through 10						119,542,813

12 Gross receipts from related activities, etc. (see instructions) 12 20,089,919

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	93.04 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.39 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2024. 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 organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 1,850,591**

Schedule B
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

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

Name of the organization

**LEGAL AID CENTER OF SOUTHERN
NEVADA**

Employer identification number

88-0072562

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

LEGAL AID CENTER OF SOUTHERN

Employer identification number

88-0072562

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLARK COUNTY 500 S GRAND CENTRAL PKWY, 5TH FLOOR LAS VEGAS NV 89155-1212	\$ 1,312,329	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF NEVADA DCFS 4126 TECHNOLOGY WAY, 3RD FLOOR CARSON CITY NV 89706	\$ 1,999,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes" on 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" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization LEGAL AID CENTER OF SOUTHERN NEVADA Employer identification number (EIN) 88-0072562

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions \$
3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		153,630													
c Total lobbying expenditures (add lines 1a and 1b)		153,630													
d Other exempt purpose expenditures		23,130,650													
e Total exempt purpose expenditures (add lines 1c and 1d)		23,284,280													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	959,476	1,000,000	1,000,000	1,000,000	3,959,476
b Lobbying ceiling amount (150% of line 2a, column (e))					5,939,214
c Total lobbying expenditures	68,605	130,695	173,963	153,630	526,893
d Grassroots nontaxable amount	239,869	250,000	250,000	250,000	989,869
e Grassroots ceiling amount (150% of line 2d, column (e))					1,484,804
f Grassroots lobbying expenditures				0	

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

LOBBYING IS PERFORMED TO ADVOCATE FOR LEGAL AID CENTER OF SOUTHERN NEVADA PROGRAMS AND SYSTEMATIC REFORM BENEFITTING CLIENTS OF LEGAL AID OF SOUTHERN NEVADA.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LEGAL AID CENTER OF SOUTHERN NEVADA

Employer identification number

88-0072562

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 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 FASB ASC 958 relating to these items.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,226,143	16,256,346	18,326,873	16,815,604	15,287,129
b Contributions	1,520	1,337	3,702	9,029	510,664
c Net investment earnings, gains, and losses	1,519,203	1,968,460	-2,074,229	1,502,240	1,017,811
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,746,866	18,226,143	16,256,346	18,326,873	16,815,604

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **23.78** %
- b Permanent endowment %
- c Term endowment **76.22** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,654,157		3,654,157
b Buildings		18,856,429	4,398,654	14,457,775
c Leasehold improvements				
d Equipment		1,437,566	1,058,157	379,409
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) **18,491,341**

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related

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) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE ROU	3,750,371
(3) REFUNDABLE ADVANCE	3,510,733
(4) OPERATING LEASE ROU	390,140
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,651,244

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	47,385,443
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,011,044	
b	Donated services and use of facilities	2b	6,846,051	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	7,857,095
3	Subtract line 2e from line 1		3	39,528,348
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,457	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	65,457
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	39,593,805

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	32,222,959
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,846,051	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	6,846,051
3	Subtract line 2e from line 1		3	25,376,908
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,457	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	65,457
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,442,365

Part XIII Supplemental Information

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE LEGAL AID CENTER OF SOUTHERN NEVADA HOLDS SETTLEMENT PROCEEDS RECEIVED ON BEHALF OF CLIENTS IN TRUST UNTIL SUCH A TIME THAT DISBURSEMENT IS MADE TO THE CLIENTS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE BOARD OF DIRECTORS PASSED A RESOLUTION AUTHORIZING THE ESTABLISHMENT OF THE LEGAL AID CENTER OF SOUTHERN NEVADA ENDOWMENT (THE ENDOWMENT). THE ENDOWMENT IS INTENDED TO PROVIDE AN ONGOING SOURCE OF FINANCIAL SUPPORT FOR THE MISSION OF THE ORGANIZATION AND TO ENHANCE ITS STABILITY AND PRESTIGE, FUND ITS PROGRAM EXPANSION, PROVIDE FINANCIAL INDEPENDENCE FROM OUTSIDE SOURCES, AND OFFER FLEXIBILITY FOR ITS MANAGEMENT. IT WILL BE INVESTED WITH THE LONG-TERM GOAL OF GENERATING INCOME TO SUPPORT THE ORGANIZATION'S PROGRAMS.

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

LEGAL AID CENTER OF SOUTHERN NEVADA

Employer identification number

88-0072562

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BARBARA BUCKLEY EXECUTIVE DIRECTOR	(i)	227,358	0	0	11,368	29,742	268,468	0
	(ii)	0	0	0	0	0	0	0
2 TERRY BRATTON CHIEF FINANCIAL DIR.	(i)	192,600	0	0	9,630	29,742	231,972	0
	(ii)	0	0	0	0	0	0	0
3 JANICE WOLF ATTORNEY	(i)	162,833	0	0	8,142	20,957	191,932	0
	(ii)	0	0	0	0	0	0	0
4 APRIL S GREEN ATTORNEY	(i)	161,167	0	0	8,058	20,986	190,211	0
	(ii)	0	0	0	0	0	0	0
5 ROBERT FLEMMING ATTORNEY	(i)	159,063	0	0	7,953	9,800	176,816	0
	(ii)	0	0	0	0	0	0	0
6 SUSAN NOYCE ATTORNEY	(i)	151,143	0	0	7,557	20,986	179,686	0
	(ii)	0	0	0	0	0	0	0
7 CANDACE BARR ATTORNEY	(i)	148,267	0	0	7,413	20,957	176,637	0
	(ii)	0	0	0	0	0	0	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L

(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **LEGAL AID CENTER OF SOUTHERN NEVADA** Employer identification number **88-0072562**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization LEGAL AID CENTER OF SOUTHERN NEVADA	Employer identification number 88-0072562
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FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

ITS GUARDIANSHIP ADVOCACY PROJECT PROVIDES REPRESENTATION TO VULNERABLE SENIOR CITIZENS AND INDIVIDUALS WITH DISABILITIES WHOSE CIVIL RIGHTS AND PROPERTY ARE AT SIGNIFICANT RISK OF EXPLOITATION AND LOSS. THE PROJECT PROVIDES A VOICE IN COURT PROCEEDINGS FOR SENIORS AND INDIVIDUALS WITH DISABILITIES. LEGAL AID CENTER'S CONSUMER RIGHTS PROJECT HELP FAMILIES REACH SELF-SUFFICIENCY BY RESOLVING CONSUMER-RELATED PROBLEMS SUCH AS FORECLOSURE, PREDATORY LENDING, AND CAR REPOSSESSIONS. THE ORGANIZATION ALSO ASSISTS INDIVIDUALS WITH SERIOUS ILLNESSES WHO HAVE BEEN DENIED SOCIAL SECURITY BENEFITS. THOSE EXPENSES ARE ALLOCATED UNDER CONSUMER RIGHTS PROJECT IN THE STATEMENT OF FUNCTIONAL EXPENSES.

LEGAL AID CENTER'S GUARDIANSHIP ADVOCACY PROGRAM PROVIDES REPRESENTATION TO INDIVIDUALS AND ADULTS WITH DISABILITIES WHO ARE FACING OR UNDER GUARDIANSHIP TO ENSURE THE PERSON'S LEGAL RIGHTS ARE PROTECTED. CASES ARE REFERRED TO THE GUARDIANSHIP ADVOCACY PROGRAM FROM THE COURT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

LEGAL AID CENTER OF SOUTHERN NEVADA PROVIDES FREE LEGAL COUNSEL, ADVICE AND REPRESENTATION TO LOW INCOME INDIVIDUALS WHO CANNOT AFFORD AN ATTORNEY. THE PRO BONO PROJECT PROVIDES PLACEMENT SERVICES FOR LOW-INCOME INDIVIDUALS NEEDING LEGAL REPRESENTATION WITH AN ISSUE NOT REGULARLY HANDLED BY THE ORGANIZATION'S STAFF ATTORNEYS, OR WITH MATTERS THAT CANNOT BE HANDLED BY THE ATTORNEYS DUE TO LIMITED AVAILABILITY OF RESOURCES. THE PRO BONO PROJECT RECRUITS PRIVATE ATTORNEYS TO VOLUNTEER THEIR TIME TO PROVIDE FREE LEGAL REPRESENTATION TO LOW-INCOME RESIDENTS IN ALL OF OUR PROGRAM AREAS INCLUDING FAMILY LAW, DOMESTIC VIOLENCE, ABUSED/NEGLECTED CHILDREN, BANKRUPTCY, REAL ESTATE FRAUD, GUARDIANSHIP, AND CONSUMER FRAUD. THE PRO BONO PROJECT ALSO RUNS A VARIETY OF ASK-A-LAWYER PROGRAMS WHERE UNREPRESENTED PEOPLE CAN MEET ONE-ON-ONE WITH AN ATTORNEY TO DISCUSS THEIR CASE.

THE CIVIL LAW SELF-HELP CENTER PROVIDES LEGAL INFORMATION AND FORMS TO THOSE WISHING TO REPRESENT THEMSELVES IN CIVIL MATTERS IN THE CLARK COUNTY COURT SYSTEM. TYPES OF MATTERS INCLUDE SMALL CLAIMS, EVICTIONS, HOUSING, HARASSMENT, AND LAWSUITS AND JUDGMENTS FOR MONEY. THE MISSION OF THE CIVIL LAW SELF-HELP CENTER IS TO INCREASE INFORMED ACCESS TO THE COURT BY PROVIDING EDUCATION, INFORMATION, LEGAL FORMS, COMMUNITY REFERRALS, AND SUPPORT SERVICES TO SELF-REPRESENTED CIVIL LITIGANTS, REGARDLESS OF THEIR INCOME. THE ORGANIZATION OPERATES AND STAFFS THE CIVIL LAW SELF-HELP CENTER UNDER A CONTRACT WITH THE COURTS. THE CIVIL LAW SELF-HELP CENTER ALSO HOUSES A NEIGHBORHOOD JUSTICE CENTER MEDIATOR ON SITE AS AN ALTERNATIVE TO LITIGATION.

THE FAMILY LAW SELF-HELP CENTER PROVIDES LEGAL INFORMATION AND FORMS TO THOSE WISHING TO REPRESENT THEMSELVES IN DOMESTIC MATTERS IN THE CLARK COUNTY COURT SYSTEM. TYPES OF MATTERS INCLUDE DIVORCE, CUSTODY AND PATERNITY, SEPARATION, ANNULMENT, PROTECTION ORDERS, CHILD SUPPORT, GUARDIANSHIP, PROBATE, AND JUVENILE MATTERS. THE MISSION OF THE FAMILY LAW SELF-HELP CENTER IS TO INCREASE INFORMED ACCESS TO THE COURT BY PROVIDING EDUCATION, INFORMATION, LEGAL FORMS, COMMUNITY REFERRALS, AND SUPPORT SERVICES TO SELF-REPRESENTED CIVIL LITIGANTS, REGARDLESS OF THEIR INCOME. THE ORGANIZATION OPERATES AND STAFFS THE FAMILY LAW SELF-HELP CENTER UNDER

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization LEGAL AID CENTER OF SOUTHERN NEVADA	Employer identification number 88-0072562
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A CONTRACT WITH THE EIGHTH JUDICIAL DISTRICT COURT. THE RESILIENCY AND JUSTICE CENTER, FORMERLY KNOWN AS, THE VEGAS STRONG RESILIENCY CENTER (VSRC) IS A PLACE OF HEALING AND SUPPORT DEDICATED TO SERVING AS A MULTI-AGENCY RESOURCE AND REFERRAL CENTER FOR RESIDENTS, VISITORS AND RESPONDERS AFFECTED BY THE SHOOTING AT THE ROUTE 91 HARVEST FESTIVAL. THE CENTER IS MANAGED BY LEGAL AID CENTER OF SOUTHERN NEVADA, AND IS STAFFED BY KNOWLEDGEABLE AND CARING PROFESSIONALS TO HELP PEOPLE ACCESS RESOURCES TO HELP THEM BUILD STRENGTH AND RESILIENCY IN THE AFTERMATH OF THIS INCIDENT. ANYONE IMPACTED BY 1 OCTOBER OR OTHER VIOLENT CRIME IS WELCOME TO CALL, EMAIL OR VISIT THE RESILIENCY CENTER. SERVICES THAT ARE AVAILABLE INCLUDE VICTIM ADVOCACY AND SUPPORT, CASE MANAGEMENT, COUNSELING AND SPIRITUAL CARE REFERRALS, AND TECHNICAL ASSISTANCE WITH APPLYING FOR ONLINE SERVICES INCLUDING FBI VICTIM ASSISTANCE SERVICES. FREE CIVIL LEGAL SERVICES ARE AVAILABLE INCLUDING LEGAL CONSULTATIONS AND POSSIBLE LEGAL REPRESENTATION FOR ISSUES INVOLVING INSURANCE MATTERS, MEDICAL BILLING PROBLEMS, DEBT COLLECTION, HOUSING AND EVICTIONS, FAMILY LAW MATTERS AND MORE.

THE CULINARY & BARTENDERS UNIONS LEGAL SERVICES FUND WAS DEVELOPED THROUGH A PARTNERSHIP BETWEEN THE CULINARY WORKERS UNION LOCAL 226, UNITE HERE BARTENDERS UNION LOCAL 165, PARTICIPATING EMPLOYERS, AND LEGAL AID CENTER OF SOUTHERN NEVADA TO HELP SAFEGUARD THE LEGAL AND ECONOMIC WELLBEING OF ELIGIBLE EMPLOYEES AND THEIR FAMILIES. FOR HOTEL, CASINO, AND OTHER EMPLOYEES ELIGIBLE UNDER THE LEGAL SERVICE FUND, LEGAL AID CENTER OF SOUTHERN NEVADA HAS A TEAM OF ATTORNEYS AND ADVOCATES THAT HELP WITH LEGAL MATTERS INCLUDING IMMIGRATION, BANKRUPTCY, HOUSING, TENANT'S RIGHTS, POWERS OF ATTORNEY AND HEALTHCARE DIRECTIVES, AND FAMILY LAW INFORMATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED INTERNALLY BY LEGAL AID CENTER MANAGEMENT, THEN REVIEWED BY ALL THE BOARD MEMBERS, PRIOR TO SIGNATURE AND SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY IS REVIEWED, DISCUSSED AND ADOPTED ANNUALLY BY THE BOARD. EACH VOLUNTEER BOARD MEMBER IS REQUIRED TO SIGN THE POLICY. ALL BOARD MEMBERS DISCUSS AT EACH BOARD MEETING ANY ACTIVITY BY ANY BOARD MEMBER WITH THE ORGANIZATION AND DISCUSS THE POTENTIAL FOR CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS REVIEWED BY VOLUNTEER BOARD MEMBERS AND CONSIDERED IN TERMS OF PERSONS IN SIMILAR SITUATIONS. IT IS ALSO COMPARED TO EXISTING STAFF AND COST OF LIVING.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION IS REVIEWED BY EXECUTIVE DIRECTOR AND CONSIDERED IN TERMS OF PERSONS IN SIMILAR SITUATIONS. IT IS ALSO COMPARED TO EXISTING STAFF AND COST OF LIVING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE PROVIDED UPON REQUEST, ON OUR WEBSITE, AND ON GUIDESTAR.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return **LEGAL AID CENTER OF SOUTHERN NEVADA**

Identifying number
88-0072562

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	530,933

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	530,933
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
19	Land	12/31/99	51,450			51,450	0 -- Land	0	0
26	Furniture	2/01/00	11,110			11,110	10 MO S/L	11,110	0
	Sold/Scrapped:	6/30/24							
27	Furniture	3/16/00	2,459			2,459	10 MO S/L	2,459	0
	Sold/Scrapped:	6/30/24							
55	Office Furniture	11/08/01	13,646			13,646	10 MO S/L	13,646	0
59	Video Camera	5/24/02	765			765	5 MO S/L	765	0
96	3 File Cabinets	7/11/03	2,097			2,097	10 MO S/L	2,097	0
	Sold/Scrapped:	6/30/24							
130	Toyota Matrix 2005	8/19/05	15,728			15,728	5 MO S/L	15,728	0
141	Legal Files	10/13/05	1,047			1,047	7 MO S/L	1,047	0
	Sold/Scrapped:	6/30/24							
142	Drawers Lateral Files	10/13/05	1,411			1,411	7 MO S/L	1,411	0
	Sold/Scrapped:	6/30/24							
157	Furnituer for Shiltz	4/05/06	1,664			1,664	7 MO S/L	1,664	0
	Sold/Scrapped:	6/30/24							
161	Drawer Files & Chairs	10/24/06	2,682			2,682	7 MO S/L	2,682	0
	Sold/Scrapped:	6/30/24							
166	Office Furniture	3/01/06	3,437			3,437	7 MO S/L	3,437	0
	Sold/Scrapped:	6/30/24							
168	Office Furniture	10/11/06	839			839	7 MO S/L	839	0
	Sold/Scrapped:	6/30/24							
175	Appraisal Fees	12/31/06	4,500			4,500	0 -- Land	0	0
176	Escrow Deposit	10/31/06	50,000			50,000	0 -- Land	0	0
179	Lateral File	10/03/07	1,018			1,018	7 MO S/L	1,018	0
	Sold/Scrapped:	6/30/24							
180	Furniture	2/08/07	1,267			1,267	7 MO S/L	1,267	0
	Sold/Scrapped:	6/30/24							
181	Conference Table & Chairs	9/17/07	1,667			1,667	7 MO S/L	1,667	0
183	Furniture	9/03/07	2,151			2,151	7 MO S/L	2,151	0
	Sold/Scrapped:	6/30/24							
184	Lateral File	4/10/07	3,843			3,843	7 MO S/L	3,843	0
	Sold/Scrapped:	6/30/24							
211	Land	11/15/07	3,106,232			3,106,232	0 -- Land	0	0
231	4 drawer lateral file	10/20/08	1,314			1,314	7 MO S/L	1,314	0
	Sold/Scrapped:	6/30/24							
232	2CAP desks	10/20/08	2,603			2,603	7 MO S/L	2,603	0
	Sold/Scrapped:	6/30/24							
233	2 desks for CAP	11/07/08	1,998			1,998	7 MO S/L	1,998	0
	Sold/Scrapped:	6/30/24							
240	Printer/Fax	3/09/09	3,305			3,305	5 MO S/L	3,305	0
	Sold/Scrapped:	6/30/24							
254	Desks for Forclosure Attorneys	1/29/09	2,278			2,278	7 MO S/L	2,278	0
	Sold/Scrapped:	6/30/24							
255	Right Rertum Desks for CAP Attorneys	2/12/09	1,180			1,180	7 MO S/L	1,180	0
	Sold/Scrapped:	6/30/24							
256	4 Drawer File Cabinet	3/02/09	1,155			1,155	7 MO S/L	1,155	0
	Sold/Scrapped:	6/30/24							
258	3 TV	5/19/09	1,217			1,217	5 MO S/L	1,217	0
259	Right Return Desk CAP Attorney	7/15/09	1,179			1,179	7 MO S/L	1,179	0
	Sold/Scrapped:	6/30/24							
260	4 Right Return Desks for 610	9/17/09	4,346			4,346	7 MO S/L	4,346	0
	Sold/Scrapped:	6/30/24							
261	6 Sec Desks for 610	9/18/09	3,480			3,480	7 MO S/L	3,480	0
	Sold/Scrapped:	6/30/24							
262	Sign for 610	9/29/09	1,400			1,400	7 MO S/L	1,400	0
	Sold/Scrapped:	6/30/24							
263	4 Bookcases	9/29/09	1,000			1,000	7 MO S/L	1,000	0
	Sold/Scrapped:	6/30/24							
265	27 Guest Chairs	9/29/09	2,942			2,942	7 MO S/L	2,942	0
	Sold/Scrapped:	6/30/24							
266	Desk for Anne	10/23/09	1,038			1,038	7 MO S/L	1,038	0
	Sold/Scrapped:	6/30/24							
287	Bookcases	1/10/10	679			679	7 MO S/L	679	0
288	8 Guest Chairs and 1 Bookcase	2/12/10	1,237			1,237	7 MO S/L	1,237	0
295	Adobe Systems	9/16/11	1,212			1,212	3 MO S/L	1,212	0
	Sold/Scrapped:	6/30/24							
302	Capitalized Interest	3/15/13	659,082			659,082	40 MO S/L	178,501	16,478

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
307	Amicus Attorney 2012 Premium Addition	8/31/12	50,553			50,553	3 MO S/L	50,553	0
310	Printers & equipment	9/18/12	2,290			2,290	5 MO S/L	2,290	0
	Sold/Scrapped: 6/30/24								
311	Building	3/15/13	7,082,932			7,082,932	40 MO S/L	1,918,294	177,073
313	File Storage for new building	12/31/12	919			919	7 MO S/L	919	0
317	Shoretel telephone system	6/14/13	111,330			111,330	7 MO S/L	111,330	0
318	Copier	6/17/13	7,804			7,804	5 MO S/L	7,804	0
323	Furniture for new building	3/15/13	200,796			200,796	10 MO S/L	200,796	0
324	Filing system for new building	3/15/13	48,683			48,683	10 MO S/L	48,683	0
325	Filtered water system and installation	3/15/13	1,600			1,600	7 MO S/L	1,600	0
326	Cat 6 wiring	3/15/13	46,467			46,467	10 MO S/L	46,467	0
327	COR 167	5/08/13	20,750			20,750	10 MO S/L	20,750	0
328	Furniture	5/13/13	10,827			10,827	10 MO S/L	10,827	0
329	Electrical outlets	6/04/13	1,173			1,173	7 MO S/L	1,173	0
330	Lobby table	6/04/13	1,350			1,350	7 MO S/L	1,350	0
331	Furniture	6/11/13	2,732			2,732	7 MO S/L	2,732	0
332	Side flair chair	7/15/13	11,267			11,267	10 MO S/L	11,267	0
333	Interior lobby signage	6/25/13	4,497			4,497	10 MO S/L	4,497	0
334	Round conference table	7/29/13	1,217			1,217	7 MO S/L	1,217	0
335	PB workspace	10/29/13	741			741	10 MO S/L	741	0
336	Building	3/15/13	1,969,991			1,969,991	40 MO S/L	533,539	49,250
337	Parking Garage CIP	1/20/14	3,560,000			3,560,000	39 MO S/L	905,214	91,282
338	Parking garage CIP on AP	1/20/14	162,162			162,162	39 MO S/L	41,234	4,158
339	Donated Art Collection	1/01/14	35,050			35,050	0 -- Memo	0	0
340	Donor Wall	4/03/14	14,481			14,481	15 MO S/L	9,413	965
341	Garage directional signage	4/21/14	2,741			2,741	10 MO S/L	2,650	91
342	Photo-cell addition to stairwells	3/31/14	2,359			2,359	10 MO S/L	2,300	59
343	Macho Shade channel install	4/03/14	2,012			2,012	10 MO S/L	1,962	50
344	Building improvements	7/10/14	3,900			3,900	15 MO S/L	2,470	260
345	Classroom Wall design	7/22/14	1,900			1,900	10 MO S/L	1,789	111
346	Additional mirrors - Garage	8/08/14	966			966	10 MO S/L	910	56
347	Angle iron gutter for garage	9/21/14	1,662			1,662	10 MO S/L	1,537	125
351	UTM Total Protect	12/31/14	1,924			1,924	3 MO S/L	1,924	0
352	Copier	3/07/14	94,523			94,523	5 MO S/L	94,523	0
353	Furniture & Fixture	6/18/14	2,225			2,225	7 MO S/L	2,225	0
354	Furniture & Fixture	12/23/14	962			962	7 MO S/L	962	0
355	Parking Garage	1/20/14	37,058			37,058	39 MO S/L	9,423	950
356	Software	4/10/14	1,527			1,527	3 MO S/L	1,527	0
357	Parking Garage	1/01/15	31,585			31,585	39 MO S/L	7,289	810
358	Desks	1/16/15	4,095			4,095	7 MO S/L	4,095	0
360	Desks	5/21/15	6,885			6,885	7 MO S/L	6,885	0
361	Sophos SG310 UIM	11/01/17	2,193			2,193	5 MO S/L	2,193	0
362	15" Apple Macbook Pro	11/07/17	1,858			1,858	5 MO S/L	1,858	0
363	Access Control Locks	4/19/17	3,666			3,666	10 MO S/L	2,444	367
364	Endowment wall signage	9/08/17	12,366			12,366	10 MO S/L	7,832	1,236
365	Boyd wall signage	9/08/17	9,192			9,192	10 MO S/L	5,822	919
366	Plaques - wall	9/08/17	4,130			4,130	10 MO S/L	2,616	413
368	Garage gate	5/18/18	28,883			28,883	10 MO S/L	16,126	2,889
369	New blower motor	5/30/18	2,035			2,035	10 MO S/L	1,136	204
370	Two fan motors and compressor	6/29/18	4,390			4,390	10 MO S/L	2,415	439
371	CAP Building - General Construction	5/01/19	345,450			345,450	39 MO S/L	41,336	8,858
372	CAP Office Construction - DIRT	5/01/19	507,472			507,472	10 MO S/L	236,820	50,747
373	CAP Alarm	5/01/19	3,300			3,300	10 MO S/L	1,540	330
374	Alarm	11/07/19	14,457			14,457	10 MO S/L	6,024	1,446
375	Endowment Wall Signage	11/07/19	20,800			20,800	10 MO S/L	8,667	2,080
376	CAP Copier	5/01/19	28,340			28,340	5 MO S/L	26,451	1,889
377	CAP Mitel Telephone System	5/01/19	34,245			34,245	5 MO S/L	31,962	2,283
378	Postage Machine	7/01/19	6,915			6,915	5 MO S/L	6,223	692
	Sold/Scrapped: 6/30/24								
379	CAP Furniture & Fixtures	5/01/19	186,006			186,006	7 MO S/L	124,004	26,572
380	CAP Lutron Shades	5/01/19	5,315			5,315	7 MO S/L	3,543	760
381	CAP Ice Maker	5/01/19	2,482			2,482	7 MO S/L	1,655	354
382	VSRC Office Furniture	12/31/19	16,983			16,983	7 MO S/L	9,704	2,427
383	VSRC Tables and Chairs	12/31/19	7,111			7,111	7 MO S/L	4,063	1,016
384	Land - 801 E. Charleston Blvd.	7/31/20	441,975			441,975	0 -- Land	0	0
385	Building - 801 E. Charleston Blvd.	7/31/20	662,962			662,962	0 -- Memo	0	0
386	VSRC -Wiring, surveillance and access con	1/03/20	20,677			20,677	10 MO S/L	8,271	2,067
387	VSRC Alarm	1/16/20	2,200			2,200	10 MO S/L	862	220
388	Water heater	11/30/20	2,350			2,350	10 MO S/L	725	235
389	FLSHC HP Printer	2/15/20	2,745			2,745	5 MO S/L	2,150	549
390	Thinkpad	6/25/20	2,212			2,212	5 MO S/L	1,549	442

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
391	APC (battery backup system) for network	10/15/20	5,447			5,447	5 MO S/L	3,541	1,089
392	VSRC Mitel Telephone System	1/03/20	22,207			22,207	5 MO S/L	17,766	4,441
393	Mitel Voice Switch	3/27/20	6,413			6,413	5 MO S/L	4,809	1,283
394	VSRC Copier	1/10/20	7,863			7,863	5 MO S/L	6,290	1,573
395	Copier - Reception	2/06/20	7,563			7,563	5 MO S/L	5,924	1,513
396	Copier - Admin	8/06/20	7,563			7,563	5 MO S/L	5,168	1,513
397	SHC Acrylic Partitions	11/19/20	1,546			1,546	7 MO S/L	681	221
398	801 E Charleston Architecture	12/31/20	23,400			23,400	0 -- Memo	0	0
399	CAP - Security Screens	5/11/21	13,695			13,695	10 MO S/L	3,652	1,369
400	VSRC - Hydroxyl Generator	4/01/21	2,037			2,037	5 MO S/L	1,121	407
401	CAP - Hydroxyl Generator	4/01/21	2,037			2,037	5 MO S/L	1,121	407
402	Admin - Hydroxyl Generator	4/01/21	2,037			2,037	5 MO S/L	1,121	407
403	CAP - Copier	10/04/21	7,300			7,300	5 MO S/L	3,285	1,460
404	CAP - Desks and bookcases for upstairs offi	11/04/21	14,294			14,294	7 MO S/L	4,424	2,042
405	Architect fees	12/31/21	900			900	0 -- Land	0	0
406	New Servers	1/01/22	17,516			17,516	5 MO S/L	7,007	3,503
425	CAP Guest Chairs	3/28/22	4,191			4,191	7 MO S/L	1,048	598
426	Surface Laptop	2/27/22	1,600			1,600	5 MO S/L	587	320
427	Wasp Barcode System	7/29/22	6,995			6,995	5 MO S/L	3,503	1,399
428	New Servers - Zones HV01 & HV02	7/15/22	29,456			29,456	7 MO S/L	4,791	4,208
429	New server - Itsavvy HV03	9/27/22	13,611			13,611	7 MO S/L	2,430	1,945
430	Ductless Mini Split System	2/02/22	7,529			7,529	10 MO S/L	1,442	753
432	Case Management Software	12/31/22	184,064			184,064	0 -- Memo	0	0
433	Conceptual Design for 801 E. Charleston	12/31/22	121,900			121,900	0 -- Memo	0	0
434	Replace A/C unit #13	8/04/23	9,179			9,179	10 MO S/L	382	918
435	A/C #2 - new OEM blower motor, pulley, et	12/27/23	2,988			2,988	10 MO S/L	0	299
436	Classroom AV Equipment	9/25/23	81,033			81,033	7 MO S/L	2,894	11,576
437	Copier - CAP at VSRC	4/17/23	7,670			7,670	5 MO S/L	1,023	1,534
438	CAP at VSRC - Desks, bookcases, and chaii	4/12/23	17,578			17,578	7 MO S/L	1,883	2,511
439	2023 Toyota Corolla Cross LE	10/19/23	32,139			32,139	5 MO S/L	1,071	6,428
440	Card Access Upgrade	10/17/23	65,961			65,961	10 MO S/L	1,099	6,596
441	TPO Overlay Roof System	12/29/23	99,195			99,195	15 MO S/L	0	6,613
442	Classroom A/C - replace TXV	5/26/23	3,844			3,844	10 MO S/L	224	385
443	A/C unit #6 - Compressor, Drier, & Contrac	7/25/23	5,007			5,007	10 MO S/L	209	500
444	City of LV 801 E. Charleston	12/31/23	6,365			6,365	0 -- Memo	0	0
445	LGA Archeitecture - 801 E. Charleston	12/31/23	157,702			157,702	0 -- Memo	0	0
446	Case Management Software	12/31/23	246,776			246,776	0 -- Memo	0	0
447	Verkada project- cameras, access	12/23/24	474,771			474,771	10 MO S/L	0	0
448	Security Screens	4/29/24	5,715			5,715	10 MO S/L	0	381
449	Security Screens	9/05/24	15,190			15,190	10 MO S/L	0	506
450	Copier- Downstairs copy room	2/21/24	18,460			18,460	5 MO S/L	0	3,077
451	Postage meter	2/28/24	10,491			10,491	5 MO S/L	0	1,749
452	Water Coolers	6/11/24	8,083			8,083	7 MO S/L	0	674
453	Ice Machine	6/05/24	5,338			5,338	7 MO S/L	0	445
454	2024 Toyota Corolla Hybrid LE-7382	9/16/24	25,419			25,419	5 MO S/L	0	1,271
455	2024 Toyota Corolla Hybrid LE-7313	9/19/24	25,662			25,662	5 MO S/L	0	1,283
456	2024 Toyota Corolla Hybrid LE-7716	9/24/24	25,508			25,508	5 MO S/L	0	1,275
457	2024 Toyota Corolla Hybrid LE- 7354	9/24/24	26,183			26,183	5 MO S/L	0	1,309
458	North Wind Resource Consulting-801 E. Cl	12/31/24	9,867			9,867	0 -- Memo	0	0
459	NV Energy-801 E. Charleston Blvd	12/31/24	6,000			6,000	0 -- Memo	0	0
460	United Site Services-801 E. Charleston Blvc	12/31/24	17,867			17,867	0 -- Memo	0	0
461	Case Management Software	12/31/24	305,888			305,888	0 -- Memo	0	0
462	LGA Architecture-801 E. Charleston Blvd	12/31/24	1,890,995			1,890,995	0 -- Memo	0	0
463	City of Las Vegas-801 E. Charleston Blvd	12/31/24	4,472			4,472	0 -- Memo	0	0
Total Other Depreciation			<u>24,022,814</u>			<u>24,022,814</u>		<u>5,000,543</u>	<u>530,933</u>
Total ACRS and Other Depreciation			<u>24,022,814</u>			<u>24,022,814</u>		<u>5,000,543</u>	<u>530,933</u>
Grand Totals			24,022,814			24,022,814		5,000,543	530,933
Less: Dispositions and Transfers			74,660			74,660		73,968	692
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>23,948,154</u>			<u>23,948,154</u>		<u>4,926,575</u>	<u>530,241</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
440	Card Access Upgrade	10/17/23	65,961		0	0	0	65,961
Grand Total			<u>65,961</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>65,961</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
19	Land	12/31/99	51,450	0	0
55	Office Furniture	11/08/01	13,646	0	0
59	Video Camera	5/24/02	765	0	0
130	Toyota Matrix 2005	8/19/05	15,728	0	0
175	Appraisal Fees	12/31/06	4,500	0	0
176	Escrow Deposit	10/31/06	50,000	0	0
181	Conference Table & Chairs	9/17/07	1,667	0	0
211	Land	11/15/07	3,106,232	0	0
258	3 TV	5/19/09	1,217	0	0
287	Bookcases	1/10/10	679	0	0
288	8 Guest Chairs and 1 Bookcase	2/12/10	1,237	0	0
302	Capitalized Interest	3/15/13	659,082	16,477	0
307	Amicus Attorney 2012 Premium Addition	8/31/12	50,553	0	0
311	Building	3/15/13	7,082,932	177,074	0
313	File Storage for new building	12/31/12	919	0	0
317	Shoretel telephone system	6/14/13	111,330	0	0
318	Copier	6/17/13	7,804	0	0
323	Furniture for new building	3/15/13	200,796	0	0
324	Filing system for new building	3/15/13	48,683	0	0
325	Filtered water system and installation	3/15/13	1,600	0	0
326	Cat 6 wiring	3/15/13	46,467	0	0
327	COR 167	5/08/13	20,750	0	0
328	Furniture	5/13/13	10,827	0	0
329	Electrical outlets	6/04/13	1,173	0	0
330	Lobby table	6/04/13	1,350	0	0
331	Furniture	6/11/13	2,732	0	0
332	Side flair chair	7/15/13	11,267	0	0
333	Interior lobby signage	6/25/13	4,497	0	0
334	Round conference table	7/29/13	1,217	0	0
335	PB workspace	10/29/13	741	0	0
336	Building	3/15/13	1,969,991	49,250	0
337	Parking Garage CIP	1/20/14	3,560,000	91,282	0
338	Parking garage CIP on AP	1/20/14	162,162	4,158	0
339	Donated Art Collection	1/01/14	35,050	0	0
340	Donor Wall	4/03/14	14,481	965	0
341	Garage directional signage	4/21/14	2,741	0	0
342	Photo-cell addition to stairwells	3/31/14	2,359	0	0
343	Macho Shade channel install	4/03/14	2,012	0	0
344	Building improvements	7/10/14	3,900	260	0
345	Classroom Wall design	7/22/14	1,900	0	0
346	Additional mirrors - Garage	8/08/14	966	0	0
347	Angle iron gutter for garage	9/21/14	1,662	0	0
351	UTM Total Protect	12/31/14	1,924	0	0
352	Copier	3/07/14	94,523	0	0
353	Furniture & Fixture	6/18/14	2,225	0	0
354	Furniture & Fixture	12/23/14	962	0	0
355	Parking Garage	1/20/14	37,058	950	0
356	Software	4/10/14	1,527	0	0
357	Parking Garage	1/01/15	31,585	809	0
358	Desks	1/16/15	4,095	0	0
360	Desks	5/21/15	6,885	0	0
361	Sophos SG310 UIM	11/01/17	2,193	0	0
362	15" Apple Macbook Pro	11/07/17	1,858	0	0
363	Access Control Locks	4/19/17	3,666	366	0
364	Endowment wall signage	9/08/17	12,366	1,237	0
365	Boyd wall signage	9/08/17	9,192	919	0
366	Plaques - wall	9/08/17	4,130	413	0
368	Garage gate	5/18/18	28,883	2,888	0
369	New blower motor	5/30/18	2,035	203	0
370	Two fan motors and compressor	6/29/18	4,390	439	0
371	CAP Building - General Construction	5/01/19	345,450	8,857	0
372	CAP Office Construction - DIRTT	5/01/19	507,472	50,748	0
373	CAP Alarm	5/01/19	3,300	330	0
374	Alarm	11/07/19	14,457	1,445	0
375	Endowment Wall Signage	11/07/19	20,800	2,080	0
376	CAP Copier	5/01/19	28,340	0	0
377	CAP Mitel Telephone System	5/01/19	34,245	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
379	CAP Furniture & Fixtures	5/01/19	186,006	26,572	0
380	CAP Lutron Shades	5/01/19	5,315	759	0
381	CAP Ice Maker	5/01/19	2,482	355	0
382	VSRC Office Furniture	12/31/19	16,983	2,426	0
383	VSRC Tables and Chairs	12/31/19	7,111	1,016	0
384	Land - 801 E. Charleston Blvd.	7/31/20	441,975	0	0
385	Building - 801 E. Charleston Blvd.	7/31/20	662,962	0	0
386	VSRC -Wiring, surveillance and access control	1/03/20	20,677	2,068	0
387	VSRC Alarm	1/16/20	2,200	220	0
388	Water heater	11/30/20	2,350	235	0
389	FLSHC HP Printer	2/15/20	2,745	46	0
390	Thinkpad	6/25/20	2,212	221	0
391	APC (battery backup system) for network	10/15/20	5,447	817	0
392	VSRC Mitel Telephone System	1/03/20	22,207	0	0
393	Mitel Voice Switch	3/27/20	6,413	321	0
394	VSRC Copier	1/10/20	7,863	0	0
395	Copier - Reception	2/06/20	7,563	126	0
396	Copier - Admin	8/06/20	7,563	882	0
397	SHC Acrylic Partitions	11/19/20	1,546	221	0
398	801 E Charleston Architecture	12/31/20	23,400	0	0
399	CAP - Security Screens	5/11/21	13,695	1,370	0
400	VSRC - Hydroxyl Generator	4/01/21	2,037	407	0
401	CAP - Hydroxyl Generator	4/01/21	2,037	407	0
402	Admin - Hydroxyl Generator	4/01/21	2,037	407	0
403	CAP - Copier	10/04/21	7,300	1,460	0
404	CAP - Desks and bookcases for upstairs office	11/04/21	14,294	2,043	0
405	Architect fees	12/31/21	900	0	0
406	New Servers	1/01/22	17,516	3,503	0
425	CAP Guest Chairs	3/28/22	4,191	599	0
426	Surface Laptop	2/27/22	1,600	320	0
427	Wasp Barcode System	7/29/22	6,995	1,399	0
428	New Servers - Zones HV01 & HV02	7/15/22	29,456	4,208	0
429	New server - Itsavvy HV03	9/27/22	13,611	1,944	0
430	Ductless Mini Split System	2/02/22	7,529	753	0
432	Case Management Software	12/31/22	184,064	0	0
433	Conceptual Design for 801 E. Charleston	12/31/22	121,900	0	0
434	Replace A/C unit #13	8/04/23	9,179	918	0
435	A/C #2 - new OEM blower motor, pulley, etc.	12/27/23	2,988	299	0
436	Classroom AV Equipment	9/25/23	81,033	11,576	0
437	Copier - CAP at VSRC	4/17/23	7,670	1,534	0
438	CAP at VSRC - Desks, bookcases, and chairs	4/12/23	17,578	2,512	0
439	2023 Toyota Corolla Cross LE	10/19/23	32,139	6,428	0
440	Card Access Upgrade	10/17/23	65,961	6,596	0
441	TPO Overlay Roof System	12/29/23	99,195	6,613	0
442	Classroom A/C - replace TXV	5/26/23	3,844	384	0
443	A/C unit #6 - Compressor, Drier, & Contractor	7/25/23	5,007	501	0
444	City of LV 801 E. Charleston	12/31/23	6,365	0	0
445	LGA Archeitecture - 801 E. Charleston	12/31/23	157,702	0	0
446	Case Management Software	12/31/23	246,776	0	0
447	Verkada project- cameras, access	12/23/24	474,771	47,477	0
448	Security Screens	4/29/24	5,715	572	0
449	Security Screens	9/05/24	15,190	1,519	0
450	Copier- Downstairs copy room	2/21/24	18,460	3,692	0
451	Postage meter	2/28/24	10,491	2,098	0
452	Water Coolers	6/11/24	8,083	1,154	0
453	Ice Machine	6/05/24	5,338	762	0
454	2024 Toyota Corolla Hybrid LE-7382	9/16/24	25,419	5,084	0
455	2024 Toyota Corolla Hybrid LE-7313	9/19/24	25,662	5,133	0
456	2024 Toyota Corolla Hybrid LE-7716	9/24/24	25,508	5,102	0
457	2024 Toyota Corolla Hybrid LE- 7354	9/24/24	26,183	5,237	0
458	North Wind Resource Consulting-801 E. Charles	12/31/24	9,867	0	0
459	NV Energy-801 E. Charleston Blvd	12/31/24	6,000	0	0
460	United Site Services-801 E. Charleston Blvd	12/31/24	17,867	0	0
461	Case Management Software	12/31/24	305,888	0	0
462	LGA Architecture-801 E. Charleston Blvd	12/31/24	1,890,995	0	0
463	City of Las Vegas-801 E. Charleston Blvd	12/31/24	4,472	0	0
	Total Other Depreciation		23,948,154	581,446	0

Future Depreciation Report **FYE: 12/31/25**

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>23,948,154</u>	<u>581,446</u>	<u>0</u>
	Grand Totals		<u>23,948,154</u>	<u>581,446</u>	<u>0</u>

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Name **LEGAL AID CENTER OF SOUTHERN NEVADA** Taxpayer Identification Number **88-0072562**

		2023	2024	Differences
R e v e n u e	1. Contributions, gifts, grants	18,055,825	20,958,106	2,902,281
	2. Membership dues and assessments			
	3. Government contributions and grants	12,834,338	12,658,956	-175,382
	4. Program service revenue	3,937,201	4,986,047	1,048,846
	5. Investment income	822,878	971,405	148,527
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-75,615	19,291	94,906
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	35,574,627	39,593,805	4,019,178
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	477,927	500,438	22,511
	16. Salaries, other compensation, and employee benefits	19,802,052	21,708,697	1,906,645
	17. Professional fundraising fees			
	18. Other professional fees	275,439	417,510	142,071
	19. Occupancy, rent, utilities, and maintenance	727,208	850,088	122,880
	20. Depreciation and Depletion	612,157	636,159	24,002
	21. Other expenses	1,394,329	1,329,473	-64,856
	22. Total expenses. Add lines 13 through 21	23,289,112	25,442,365	2,153,253
	23. Excess or (Deficit). Subtract line 22 from line 12	12,285,515	14,151,440	1,865,925
O t h e r I n f o r m a t i o n	24. Total exempt revenue	35,574,627	39,593,805	4,019,178
	25. Total unrelated revenue			
	26. Total excludable revenue	4,684,464	5,976,743	1,292,279
	27. Total assets	90,054,801	104,174,984	14,120,183
	28. Total liabilities	10,501,867	9,459,566	-1,042,301
	29. Retained earnings	79,552,934	94,715,418	15,162,484
	30. Number of voting members of governing body	16	13	
	31. Number of independent voting members of governing body	14	10	
	32. Number of employees	236	246	
	33. Number of volunteers	560	710	

Form 990	Tax Return History	2024
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Name LEGAL AID CENTER OF SOUTHERN NEVADA	Employer Identification Number 88-0072562
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	16,929,887	17,647,562	15,351,113	30,890,163	33,617,062	
Membership dues						
Program service revenue	3,309,086	4,280,513	3,577,072	3,937,201	4,986,047	
Capital gain or loss	-78,674		60,772	-75,615	19,291	
Investment income	323,622	658,914	479,616	822,878	971,405	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	2,691	1,847,900				
Total revenue	20,486,612	24,434,889	19,468,573	35,574,627	39,593,805	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	405,994	410,436	438,747	477,927	500,438	
Other compensation	14,055,059	14,846,377	16,833,910	19,802,052	21,708,697	
Professional fees	202,490	259,979	154,060	275,439	417,510	
Occupancy costs	676,484	767,825	719,732	727,208	850,088	
Depreciation and depletion	517,730	512,103		612,157	636,159	
Other expenses	745,533	857,692	1,586,684	1,394,329	1,329,473	
Total expenses	16,603,290	17,654,412	19,733,133	23,289,112	25,442,365	
Excess or (Deficit)	3,883,322	6,780,477	-264,560	12,285,515	14,151,440	
Total exempt revenue	20,486,612	24,434,889	19,468,573	35,574,627	39,593,805	
Total unrelated revenue						
Total excludable revenue	3,556,725	6,787,327	4,117,460	4,684,464	5,976,743	
Total Assets	60,274,886	66,332,477	63,638,482	90,054,801	104,174,984	
Total Liabilities	2,883,242	1,020,742	1,234,359	10,501,867	9,459,566	
Net Fund Balances	57,391,644	65,311,735	62,404,123	79,552,934	94,715,418	

Form 990T	Tax Return History	2024
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Name LEGAL AID CENTER OF SOUTHERN NEVADA	Employer Identification Number 88-0072562
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	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction			1,000		1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments			15,531			
Other payments						
Balance due /-Overpayment			-15,531			

