EXTENDED TO NOVEMBER 15, 2022

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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

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

Open to Public

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change LEGAL AID SOCIETY OF CLEVELAND Name change 34-0866026 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 1223 WEST SIXTH STREET 216-861-5500 termin-ated 17,821,957. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CLEVELAND, OH 44113 H(a) Is this a group return Applica-F Name and address of principal officer: COLLEEN COTTER Yes X No for subordinates? pending 1223 WEST SIXTH STREET, CLEVELAND, OH 44113 H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) () ◀ (insert no.) 527 If "No," attach a list. See instructions J Website: ► WWW.LASCLEV.ORG **H(c)** Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1905 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 142 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 482 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 14,780,627. 13,182,101. Contributions and grants (Part VIII, line 1h) Revenue 3,356. 1,500. Program service revenue (Part VIII, line 2g) 200,769. 598,451. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -31.486.-92,638. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,354,740. 15,287,940. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 9,594,666. 11,033,324. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,014,641. 2,829,679. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,609,307. 13,863,003. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,745,433. 1,424,937. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 18,594,395. 18,351,616. Total assets (Part X, line 16) 4,052,056. 2,520,766. 21 Total liabilities (Part X, line 26) Net/ 14,299,560. 16,073,629. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign COLLEEN COTTER, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed ROBERT G. ZUNICH, CPA, 09/14/22 P00159260 Paid BARNES WENDLING CPAS INC. Firm's EIN **34-1463411** Preparer Firm's name Firm's address 5050 WATERFORD DRIVE Use Only Phone no. (440) 934-3850 SHEFFIELD VILLAGE, OH 44035 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O.
	BEILDOLL C.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ 3,818,816 · including grants of \$) (Revenue \$ 1,500 ·)
	LEGAL AID PROMOTES EDUCATION AND ECONOMIC STABILITY FOR PEOPLE WITH LOW INCOME. LEGAL AID'S STRATEGIES IN ACHIEVING THIS GOAL INCLUDE:
	IMPROVING CLIENTS' ECONOMIC SECURITY THROUGH JOBS, CONSUMER PROTECTION,
	AND ACCESS TO PUBLIC BENEFITS; AND INCREASING CLIENTS' ACCESS TO
	QUALITY EDUCATION. IN 2021, LEGAL AID: REMOVED EDUCATION BARRIERS FOR
	97% OF CLIENTS WHO HAD BARRIERS TO EDUCATION; INCREASED CLIENTS' ASSETS
	BY \$1.5 MILLION; DECREASED CLIENTS' DEBT BY \$5 MILLION; AND INCREASED
	CLIENTS' ANNUAL INCOME BY OVER \$942,000.
4b	(Code:) (Expenses \$ 3,468,148 • including grants of \$) (Revenue \$)
	LEGAL AID IMPROVES SAFETY AND HEALTH FOR PEOPLE WITH LOW INCOME. LEGAL
	AID STRATEGIES IN ACHIEVING THIS GOAL INCLUDE: SECURING SAFETY AGAINST
	DOMESTIC VIOLENCE AND FOR OTHER VICTIMS OF CRIME; INCREASING ACCESS TO
	HEALTH CARE; AND IMPROVING HEALTH AND SAFETY OF HOMES AND
	NEIGHBORHOODS. IN 2021, LEGAL AID: INCREASED SAFETY FOR 98% OF CLIENTS FOR WHOM SAFETY WAS AN ISSUE; AND SECURED ACCESS TO HEALTH INSURANCE
	FOR 84% OF CLIENTS FOR WHOM HEALTH INSURANCE WAS AN ISSUE.
	Total of the content
	1 211 005
4c	
	LEGAL AID SECURES DECENT, AFFORDABLE HOUSING FOR PEOPLE WITH LOW INCOME. LEGAL AID'S STRATEGIES IN ACHIEVING THIS GOAL INCLUDE
	INCREASING AVAILABILITY AND ACCESSIBILITY OF AFFORDABLE HOUSING,
	IMPROVING HOUSING STABILITY, AND IMPROVING HOUSING CONDITIONS. IN 2021,
	LEGAL AID: PREVENTED 44% OF FORECLOSURES; AND PREVENTED 93% OF
	EVICTIONS.
	Other program services (Describe on Schedule O.)
+u	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,631,851.
	Form 990 (2021)

Part IV Checklist of Required Schedules

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

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		22
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		140			
	filed for the calendar year ending with or within the year covered by this return		142		X	
	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b	_ ^	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu			3b		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		+
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
	If "Yes," enter the name of the foreign country			1.5.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions	or gifts			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	_
	$\label{eq:dispose} \mbox{Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it}$		•			
	to file Form 8282?		1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		-			١
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file			7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.			_		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a	-	-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	مد ا	I			
	Initiation fees and capital contributions included on Part VIII, line 12		†			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	Laas				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			100		
	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				
	Enter the amount of reserves on hand		+			
	Did the organization receive any payments for indoor tanning services during the tax year?		1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheol			14b		† <u></u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remul		n or	1		
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ent inco	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	n any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
2005	If "Yes," complete Form 6069. 12-09-21 6 914 758268 2454-001 2021.04021 LEGAL AID SOCI		OF 01 F175	Form		

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.

	Creck if Schedule O contains a response or note to any line in this Part VI			21						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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?	2		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?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		X						
7a										
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-05								
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion of the internal requests information about politics not required by the internal revenue code.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b		114								
12a	The state of the s	12a	Х							
b		12b	X							
		120								
C	on Schedule O how this was done	12c	х							
12		13	X							
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X							
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	174								
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
2	The organization's CEO, Executive Director, or top management official	15a	Х							
a h	Other officers or key employees of the organization	15b	X							
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
ıoa	taxable entity during the year?	16a		X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
		16b								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ▶OH									
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) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	o orny,	, availe							
	X Own website X Another's website X 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, an	d finar	ncial							
	statements available to the public during the tax year.	al	Jul							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
_0	COLLEEN COTTER - 216-861-5500									
	1223 WEST SIXTH STREET, CLEVELAND, OH 44113									

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

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

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) COLLEEN COTTER	40.00			х				102 000	0.	12 512
(2) MELANIE SHAKARIAN	40.00	-		Δ	_		\vdash	192,800.	0.	43,543.
DIRECTOR OF DEVELOPMENT AN	40.00	1				Х		165,411.	0.	21,544.
(3) THOMAS MLAKAR	40.00	_			_	Λ	\vdash	103,411.	0.	21,344.
DEPUTY DIRECTOR FOR ADVOCA	40.00	ł				х		155,722.	0.	20,710.
(4) TONYA WHITSETT	40.00							,		<u> </u>
MANAGING ATTORNEY		1				Х		119,883.	0.	33,906.
(5) TANZALEA DANIELS	40.00									
DIRECTOR OF FINANCE AND AD		1		Х				108,826.	0.	32,453.
(6) ABIGAIL STAUDT	40.00									
MANAGING ATTORNEY						Х		107,100.	0.	33,067.
(7) ANNE SWEENEY	40.00									
MANAGING ATTORNEY						Х		121,065.	0.	15,629.
(8) HAZEL REMESCH	40.00									
MANAGING ATTORNEY						Х		107,918.	0.	13,867.
(9) RITA MAIMBOURG	2.00								_	
PRESIDENT		Х		Х				0.	0.	0.
(10) NATHAN GENOVESE	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) JON LEIKEN	2.00									•
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) BARBARA ROMAN	2.00									0
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(13) STEPHEN M. FAZIO	2.00	,,		,,					0	0
SECRETARY/TREASURER	2 00	Х		Х				0.	0.	0.
(14) HARLIN ADELMAN	2.00	٠,,							0	0
DIRECTOR	2 00	Х			_		_	0.	0.	0.
(15) CAROLYN BUTLER	2.00	X						0.	0.	0.
DIRECTOR	2.00	^			\vdash		\vdash	0.	0.	0.
(16) QUO VADIS I. COBB DIRECTOR	4.00	X						0.	0.	0.
(17) STEVEN M. DETTELBACH	2.00	^		\vdash			\vdash	0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
120007 10 00 01	<u> </u>	-22					_		0.	Earm 990 (2021)

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Part VII Section A. Officers, Directors, Tru (A)	(B)	Pios	/663		<u>u i ii</u> C)	gne	Si C	(D)	(E)			(F)	_
Name and title	Average	l		Pos	itior	1		Reportable	Reportable		Fst	imated	
	hours per	box	, unle	check ess pe	rson	is bot	h an	compensation	compensation	n		ount of	
	week	\vdash	cer ar	nd a d	irecto	or/trus	tee)	from	from related		C	other	
	(list any	rector						the	organizations			ensation	1
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		m the	
	organizations	Individual trustee or director	Institutional trustee		e e	mpen		1099-NEC)	1099-NEC)		_	nization related	
	below	dualt	utiona		mploy	est co	ъ	10001120)				nizations	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form						
(18) JOE GASTON	2.00												
DIRECTOR		Х						0.		0.		0	•
(19) GWENDOLYN GRAFFENREED	2.00												
DIRECTOR		Х			_			0.		0.		0	•
(20) ERICA HUGHES	2.00											0	
DIRECTOR	2 00	Х	_	\vdash	_	_		0.		0.		- 0	•
(21) HUGH MCKAY	2.00	,,										0	
DIRECTOR	2 00	Х	┝	┝	<u> </u>	┝		0.		0.		0	•
(22) JOE RODGERS	2.00							0.		_		0	
DIRECTOR	2.00	Х	-					0.		0.			•
(23) JAN ROLLER	2.00	X						0.		0.		0	
DIRECTOR (24) SONYA SHAKIR	2.00	^	-	\vdash		-		0.		٠.			•
DIRECTOR	2.00	X						0.		0.		0	
(25) ROBIN TURNER	2.00		├	\vdash	\vdash	┢		0.		٠.			<u>•</u>
DIRECTOR	2.00	X						0.		0.		0	
(26) TED TYWANG	2.00	25	\vdash	\vdash	\vdash	\vdash		0.		•			÷
DIRECTOR	2.00	x						0.		0.		0	
1b Subtotal			<u> </u>		<u> </u>			1,078,725.		0.	214	1,719	
c Total from continuation sheets to Part \								0.		0.		0	
d Total (add lines 1b and 1c)								1,078,725.		0.	214	1,719	-
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable	' e			_
compensation from the organization						,			•				8
<u> </u>												Yes No	5
3 Did the organization list any former office	, director, trust	ee, l	key	emp	loye	e, o	r hiç	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3	X	
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15	50,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J i	for such individual			4	X	_
5 Did any person listed on line 1a receive or	•				•			•					
rendered to the organization? If "Yes," cor	nplete Schedul	e J t	for s	uch	pers	son					5	X	_
Section B. Independent Contractors													_
1 Complete this table for your five highest c										pens	ation fr	om	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	ithir T		/ear.		(0)		_
(A) Name and busines	s address	NI	ONI	F				(B) Description of s	ervices	С	(C) ompen) sation	
		14/	J141				\dashv	2000p					_
							\dashv						_
							\dashv		+				_
													_
2 Total number of independent contractors	(including but r	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ		n = -			(U	~					90 (202	
			1111										

Form 990 LEGAL AII	SOCIE	ΓY	OI	? (CLE	ΞVΙ	∃LZ	AND	34-086	6026
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from the	from related	other
	week (list any	JO:				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****130)	organization
	related	tee or	ıstee			en sate		(** = *********************************		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	cer	empl	hest c	Former			
	line)	Ipul	Inst	Officer	Key	Hig	윤			
(27) NEIL VAKHARIA	2.00									
DIRECTOR		Х						0.	0.	0.
(28) DOUG WANG	2.00									•
DIRECTOR		Х		_				0.	0.	0.
(29) RHONDA WILSON	2.00									0
DIRECTOR	2 00	Х						0.	0.	0.
(30) MICHAEL UNGAR	2.00	٠,,							0	0
PAST PRESIDENT	2.00	Х	_	_	_	<u> </u>	_	0.	0.	0.
(31) DAN C. URBAN	2.00	Х						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		l								
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		1								
		1								
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 999,412 1 a Federated campaigns 1a **b** Membership dues 1b 366,985. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 5,194,748. f All other contributions, gifts, grants, and similar amounts not included above 8,219,482 1f g Noncash contributions included in lines 1a-1f 1g |\$ 14,780,627 h Total. Add lines 1a-1f **Business Code** 2 a PUBLICATION INCOME 900099 Program Service Revenue 1,500. 1,500. f All other program service revenue g Total. Add lines 2a-2f 1,500. Investment income (including dividends, interest, and other similar amounts) 316,108 316,108. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 3,924 6 a Gross rents 21,494. **b** Less: rental expenses ... 6b -17,570. c Rental income or (loss) -17,570. -17,570 d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 2,719,798 assets other than inventory **b** Less: cost or other basis Other Revenue 2,437,455 7b and sales expenses c Gain or (loss) 282,343. 282,343. 282,343. d Net gain or (loss) 8 a Gross income from fundraising events (not 366,985. of including \$ contributions reported on line 1c). See Part IV, line 18 0 **b** Less: direct expenses 75,068. -75,068, c Net income or (loss) from fundraising events -75,068 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code Miscellaneous** 11 a d All other revenue e Total. Add lines 11a-11d ... 1,500 Total revenue. See instructions 15,287,940. 505,813. 12

132009 12-09-21

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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•			
Do I	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	1 070 705		046 210	020 515
	trustees, and key employees	1,078,725.		846,210.	232,515
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	7 224 500	7 060 200		17/ 200
7	Other salaries and wages	7,234,598.	7,060,209.		174,389
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 000 271	1 056 700	144 700	06 777
9	Other employee benefits	2,088,271.		144,702.	86,777
10	Payroll taxes	631,730.	543,015.	58,450.	30,265
11	Fees for services (nonemployees):				
а	Management	104 261	104 261		
b	Legal	104,261.	104,261. 22,532.	1 601	847
C	Accounting	25,000.	44,334.	1,621.	047
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	69,798.		69,798.	
f	Investment management fees	03,730.		03,130.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	254,676.	211,989.	27,608.	15,079
13	Office expenses	254,070.	211,909.	27,000.	13,019
14	Information technology				
15	Royalties	309,658.	278,345.	21,062.	10,251
16	Occupancy	31,497.	27,300.	1,961.	2,236
17	Travel	31,437.	27,500.	1,701.	2,250
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	68,178.	53,384.	10,118.	4,676
19	Conferences, conventions, and meetings	77,041.	48,603.	13,319.	15,119
20	Interest Payments to affiliates	, , , O ± 1 •	±0,000•	10,010	10,119
21 22	Payments to affiliates Depreciation, depletion, and amortization	301,760.	259,886.	26,124.	15,750
23		92,406.	83,562.	5,749.	3,095
24	Other expenses. Itemize expenses not covered	32/2000	00,0021	37.131	3,033
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONSULTANTS AND CONTRAC	605,594.	354,829.	152,632.	98,133
a b	EQUIPMENT RENTAL AND RE	318,384.	293,009.	17,818.	7,557
C	PRINTING AND DESIGN	144,545.	66,631.	4,157.	73,757
d	TECHNOLOGY AND TELECOMM	109,362.	98,837.	7,231.	3,294
	All other expenses	317,519.	268,667.	25,700.	23,152
25	Total functional expenses. Add lines 1 through 24e	13,863,003.	11,631,851.	1,434,260.	796,892
26	Joint costs. Complete this line only if the organization	, 300, 000	, 30-, 00-0	_,,,	120,002
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110WING SUP 98-2 (ASC 956-720)				Form 990 (2021

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	Check if Schedule O contains a response or not	e to anv	line in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			1,467,403.	1	2,122,602	
2				618,904.	2	309,506	
3				1,882,497.	3	1,820,092	
4					4		
5							
	controlled entity or family member of any of thes	e perso	ons		5		
6							
	under section 4958(f)(1)), and persons described		6				
7	Notes and loans receivable, net			7			
8					8		
9				165,197.	9	154,646	
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	7,535,760.				
b			3,285,089.	4,410,235.	10c	4,250,671	
11	Investments - publicly traded securities			9,772,923.	11	9,902,310	
12	Investments - other securities. See Part IV, line 1			12			
13	Investments - program-related. See Part IV, line			13			
14	Intangible assets			14			
15	Other assets. See Part IV, line 11				15	34,568	
16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)		16	18,594,395	
17	Accounts payable and accrued expenses			539,429.	17	757,899	
18	Grants payable			18			
19		ferred revenue					
20				20.00	20	20 212	
21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D	30,237.	21	30,348	
22							
				0.750.040	22	1 010 010	
			· · · · · · · · · · · · · · · · · · ·	2,759,949.	$\overline{}$	1,218,918	
					24		
25							
		17-24).	. Complete Part X	E21 22E		513,601	
00						2,520,766	
26				4,032,030.	26	2,320,700	
		ck here					
07	• • • • • • • • • • • • • • • • • • • •			11 770 006	07	13 053 135	
					_	13,953,135	
28				2,317,304.	28	2,120,474	
	-	oo, cne	ck nere				
20		ŀ		20			
			Г		-		
					-		
				14.299.560.		16,073,629	
33	Total liabilities and net assets/fund balances			18,351,616.	33	18,594,395	
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes 6 Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described in the section 4958(f)(1), and persons described	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or sale or use 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal secured notes and loans payable to unrelated third professional controlled entity or family member of any of these personal secured notes and loans payable to unrelated third professional secured notes and loans payable to unrelated third professional secured notes and loans payable to unrelated third professional secured notes and loans payable to unrelated third professional secured notes and loans payable to unrelated third professional secured notes and loans payable to unrelated third professional secured notes and	Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - base sets Investments - base sets Investments - program-related. See Part IV, line 11 Intangible assets Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Total liabilities. Add lines 17 through 25 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital s	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 3 , 285 , 089 4 , 410 , 235 . 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 19 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Tax-exempt bond liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities for included on lines 17-24). Complete Part X of Schedule D 27, 29, 564. Organizations that follow FASB ASC 958, check here 29 Capital stock or trust principal, or current funds 20 Paich or capital surplus, or land, building, or equipment fund 31 Retained earnings, enclowment, accumulated income, or other funds 32 Total n	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958()(3)(8) 6 Notes and loans receivable, net 7 Notes and loans receivable, ent 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7 , 535 , 760 ⋅ bt. sci. accommutated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Notes 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 2 Secured mortgages and notes payable to unrelated third parties 2 Corganizations that flosion FASB ASC 958, check here 2 Corganizations that flosion FASB ASC 958, check here 3 Capital sasets with donor restrictions 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Retained earnings, endowment, accumulated income, or other funds 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Retained earnings, endowment, accumulated income, or other funds 4 Capital transitions and complete lines 29 through 33. 2 Total relabilities assets or without data parties, and complete lines 27, 28, 32, and 33. 2 Total relabilities assets or fund balances 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Retained earnings, endowment,	

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Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,28					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,86 ,42	-				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		37	4,7	30.			
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		-2	5,5	98.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,						
	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.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit						
	Act and OMB Circular A-133?			За	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х				

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

Open to Public Inspection

Name of the organization

LEGAL AID SOCIETY OF CLEVELAND

Employer identification number 34-0866026

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1	Ĭ.	A church, convention of ch	•		•	•		
2	$\overline{\Box}$	A school described in secti				•()(-7676-7-	
	H					/b//4// A//:	::1	
3	H	A hospital or a cooperative					•	
4		A medical research organiz	ation operated in col	njunction with a nospita	i described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	Ш	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	inction with a land-grant	college
		or university or a non-land-g				-	_	-
		university:	,gg				,,	,
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sun	nort from (contributio	ons membershin fees a	nd aross receints from
		activities related to its exen	-	•				-
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ilred by the organization	arter June 30, 1975.
		See section 509(a)(2). (Cor	•				20()(4)	
11	H	An organization organized a		•	•			
12	ш	An organization organized a	•	•	•		•	
		more publicly supported or						Check the box on
		lines 12a through 12d that	* *			-	•	
а		■ Type I. A supporting organization	ınization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	-					
d		Type III non-functionally		•				ization(s)
		that is not functionally int					• • • • • • • • • • • • • • • • • • • •	* *
		requirement (see instructi	-		•		•	
۵		Check this box if the orga	,	•	•			
·		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111	
	Ento	er the number of supported of		rially liftegrated support	ing organiz	Lation.		
'		ride the following information		nd organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	1.00			

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.)

Sec	ction A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	,		, ,	` '		.,		
	membership fees received. (Do not								
	include any "unusual grants.")	8173601.	10143269.	12446120.	13182101.	14780627.	58725718.		
2	Tax revenues levied for the organ-								
	ization'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	04 5 0 6 0 4	1011000	10116100	4 0 4 0 0 4 0 4	4 4 5 0 0 6 0 5	50505540		
4	Total. Add lines 1 through 3	8173601.	10143269.	12446120.	13182101.	14780627.	58725718.		
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)								
	Public support. Subtract line 5 from line 4.						58725718.		
	ction B. Total Support		1	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019 12446120.	(d) 2020	(e) 2021 14780627.	(f) Total		
	Amounts from line 4	81/3601.	10143269.	12446120.	13182101.	14/8062/.	58/25/18.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	44 550	F0 602	104 502	000 004	600 200	1104045		
	and income from similar sources	44,550.	79,603.	194,593.	203,824.	602,375.	1124945.		
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	4 400	7 700	11 607	42 247		67 075		
	assets (Explain in Part VI.)	4,499.	7,702.	11,627.	43,247.		67,075. 59917738.		
	Total support. Add lines 7 through 10						47,486.		
12	,	,	,			12	47,400.		
13	First 5 years. If the Form 990 is for the						. □		
Sec	organization, check this box and stop ction C. Computation of Publi								
	Public support percentage for 2021 (I			column (f))		14	98.01 %		
	Public support percentage from 2020					15	98.62 %		
	33 1/3% support test - 2021. If the o						,,,		
	stop here. The organization qualifies	•		•		•			
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization quali	-							
17a	10% -facts-and-circumstances test								
	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 te						`		
b	10% -facts-and-circumstances test	-		*	-				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu						>		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶		

Schedule A (Form 990) 2021

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.)

Sec	qualify under the tests listed beating A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(6) 2010	(d) 2020	(6) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(D) 2016	(c) 2019	(u) 2020	(e) 2021	(f) Total
٠	membership fees received. (Do not						
	include any "unusual grants.")						
0						<u> </u>	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support				1		1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
80	check this box and stop here ction C. Computation of Publ		roontogo				P
	•			. (6)		T .= T	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						
_	more than 33 1/3%, check this box at						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nıs box and see in	structions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2021

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion 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		100	140
	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? 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	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
	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? 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.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	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)? 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).	1		
Sect	ion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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 those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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? 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.	2b		
		ZIJ		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or clost a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2021 LEGAL AID SOCIETY OF C	LEVELA	ND	34-0866026 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	Sections A through E	•
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

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

Schedule A (Form 990) 2021

5

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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.)

SCHEDULE D (Form 990)

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 SOCIETY OF CLEVELAND

Employer identification number 34-0866026

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	or Accounts. Complete if the			
	organization answered Tes off off 550,1 art 17, iii	(a) Donor advise	d funds	(b) Funds and other accounts			
1	Total number at end of year	. ,		. ,			
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		eld in donor advised	d funds			
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?			Yes No			
Pai	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area			
	Protection of natural habitat		Preservation of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired			e			
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the o	organization during the tax			
	year ▶						
4	Number of states where property subject to conservation ea		 				
5	Does the organization have a written policy regarding the per						
_	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conse	rvation easements during the year			
-	Annual of constant in the state of the state	dita a a facilitation a construction	£	and the state of t			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	torcing conservation	on easements during the year			
0	▶ \$ Does each conservation easement reported on line 2(d) above	va actiofy the requiremen	to of coation 170/b	\(A\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
8							
9	and section 170(h)(4)(B)(ii)?						
9			· ·				
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organizations	s ili aliciai Statemen	its that describes the			
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	•					
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	d balance sheet works			
	of art, historical treasures, or other similar assets held for pul	•					
	service, provide in Part XIII the text of the footnote to its final	*	•	•			
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	, ,		,			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$			
				. .			
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A			•			
а	Revenue included on Form 990, Part VIII, line 1			> \$			
	Assets included in Form 990, Part X						

132051 10-28-21

Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Otl	ner Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	cempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simi	lar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets n	ot included		_	
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance				1c		30	,237.
d	Additions during the year				1d			111.
е	Distributions during the year				1e			
f	Ending balance				1f			,348.
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial account lia	bility?	X	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							X
Pai	rt V Endowment Funds. Complete it	f the organization an			-			
		(a) Current year	(b) Prior year	(c) Two years back	1		` '	
1a		473,240.	404,716.	,	+	240,108.	1	.56,386.
b	Contributions	29,908.	4,191.	· · · · · · · · · · · · · · · · · · ·	+	37,962.		50,250.
С	Net investment earnings, gains, and losses	168,140.	64,333.	58,646		5,263.		33,472.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	671,288.	473,240.	,	. 2	283,333.	2	240,108.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	5.6000	_%					
b	Permanent endowment ► 43.9000	%						
С	Term endowment ▶ 50.5000 g							
	The percentages on lines 2a, 2b, and 2c sho	=						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	I.S.	/ NI-
	by:							es No
	(i) Unrelated organizations						30.(.)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
Do:	Describe in Part XIII the intended uses of the rt VI Land. Buildings, and Equipm		wment funds.					
Fai	rt VI Land, Buildings, and Equipm Complete if the organization answered		Dort IV line 11e G	Coo Form 000 Port	V line 10			
	•		· · · · · · · · · · · · · · · · · · ·			. 1	(N D)	
	Description of property	(a) Cost or o basis (investr	` '	, ,	Accumulate epreciation		(d) Book	value
		<u> </u>	,	(other) d	ергесіаціогі		1	,000.
	Land				,834,0	76	4,009	
	Buildings			5,528.	35,5		±,003	0.
	Leasehold improvements			4,911.	415,4		199	,426.
				0,500.	±1J,4	00.		,500.
	Other						4,250	
rota	i. Add illies Ta trirough Te. (Column (a) must e	yuai roiiii 990, Part	∧, columin (B), line l	<i>uu.)</i>		_		, 0 / I •

Schedule D (Form 990) 2021

Dowt VIII Invoctments Other Conviting	OCIETY OF CL		-0866026 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 000 Bort IV line	a 11b. Soo Form 000. Bort V. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) BOOK Value	(c) Wethod of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	d-of-vear market value
	(b) Dook value	(e) Methed of Valuation: edge of one	a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11d See Form 990 Part X line 15	
	Description	7 114. 200 1 31111 200, 1 41171, 1110 10.	(b) Book value
(1)			(D) DON TOIGH
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, 10.)		
Complete if the organization answered "Yes" of the complete if the organization and the complete if the complete if the organization and the complete if the organization and the complete if the complete if the complete if the complete if the organization and the complete if the complete	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	5
/-\ Danasia tiana at tiala tita	o o 000, r arc rv, iii t	5 . 1.5 51 111. 555 1 5111 555, 1 att A, iii e 26	(b) Book value
			(5) 2531 74140
(1) Federal income taxes			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED VACATION	513,601.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	513,601.

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... X

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 LEGAL AID SOCIETY OF CLEVE	LAND		34-	0866026 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents Witl			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	۱.			
1	Total revenue, gains, and other support per audited financial statements			1	16,500,788
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		374,730.		
b	Donated services and use of facilities	. 2b	836,952.		
С	Recoveries of prior year grants		06 560		
d	Other (Describe in Part XIII.)	2d	96,562.		
е	Add lines 2a through 2d			2e	1,308,244
3	Subtract line 2e from line 1			3	15,192,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		60 700		
а	Investment expenses not included on Form 990, Part VIII, line 7b		69,798.		
b	Other (Describe in Part XIII.)	. 4b	25,598.		0.5.006
С	Add lines 4a and 4b			4c	95,396
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,287,940
Pa	T XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				14,726,719
1	Total expenses and losses per audited financial statements			1	14,720,719
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	836,952.		
a	Donated services and use of facilities		030,932.	-	
b	Prior year adjustments			-	
C	Other losses		96,562.	-	
d	Other (Describe in Part XIII.)		<u> </u>		933,514
e	Add lines 2a through 2d			2e	13,793,205
3	Subtract line 2e from line 1			3	13,793,203
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	60 700		
a	Investment expenses not included on Form 990, Part VIII, line 7b		69,798.	-	
b	Other (Describe in Part XIII.)				69,798.
	Add lines 4a and 4b			4c	13,863,003
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	13,003,003
		+ IV / Iiman - 11	and Ohi Dark V. line	4. David	V line O. Deut VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4, Pari	t A, III le 2, Part AI,
D 3 1	NM THE TANK OR				
PAI	RT IV, LINE 2B:				
ES	CROW BALANCES REPRESENTS DEPOSITS IN THE L	AWYER	TRUST ACCO	UNT	S.
ם אם	RT V, LINE 4:				
LAI	(I V, DING 4.				
TH	E COMMUNITY ADVOCACY PROGRAM ENDOWMENT:				
THI	E COMMUNITY ADVOCACY PROGRAM ENDOWMENT IS	A PERI	MANENTLY RE	STR	ICTED
<u>E</u> NI	DOWMENT FUND TO BE USED BY THE LEGAL AID S	OCIET	Y OF CLEVEL	AND	FOR THE
PUI	RPOSE OF A PARTNERSHIP BETWEEN PHYSICIANS	AND L	EGAL AID AT	TOR	NEYS TO
	MOVE LEGAL BARRIERS TO HEALTH AND IMPROVE				

THE LEADERSHIP FUND FOR INSTITUTIONAL DEVELOPMENT, SUPPORTED BY THE ALLEN

LOW-INCOME COMMUNITY THROUGH DIRECT LEGAL SERVICES, EDUCATION AND

Schedule D (Form 990) 2021

ADVOCACY.

Part XIII Supplemental Information (continued)

MADORSKY MEMORIAL FUND, IS A PERMANENTLY RESTRICTED ENDOWMENT. THIS FUND
WAS ESTABLISHED TO SUPPORT STRATEGIC PLANNING AND IMPLEMENTATION,
TRAINING, AND STAFF LEADERSHIP DEVELOPMENT.

THE MARC KRANTZ FUND TO BENEFIT LEGAL SERVICES FOR THE POOR:

THE MARC KRANTZ FUND TO BENEFIT LEGAL SERVICES FOR THE POOR WILL PROVIDE

SUPPORT FOR THE SALARIES FOR LEGAL AID ATTORNEYS FOCUSED ON CIVIL LEGAL

ISSUES OF SAFETY, HEALTH, SHELTER, AND ECONOMIC SECURITY.

THE ALAN GRESSEL MEMORIAL FUND:

THE ALAN GRESSEL MEMORIAL FUND IS FOR THE INSTITUTIONAL DEVELOPMENT OF THE LEGAL AID SOCIETY OF CLEVELAND.

THE BOARD OF DIRECTORS HAS A DESIGNATED FUND FOR GENERAL OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. THE ORGANIZATION EVALUATES AT EACH STATEMENT

OF FINANCIAL POSITION DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO

DETERMINE THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND

INTEREST. THE ORGANIZATION'S POLICY IS TO RECORD INTEREST AND PENALTIES ON

UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2021

AND 2020, THE ORGANIZATION HAS NO ACCRUED TAXES, INTEREST, OR PENALTIES

RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THERE

ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR

DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LEGAL AID SOCIETY OF CLEVELAND Part XIII Supplemental Information (continued)	34-0866026 Page 5
RENT EXPENSE - REAL ESTATE TAXES, UTILITIES, AND	
MAINTENANCE	21,494.
FUNDRAISING EXPENSES	75,068.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	96,562.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR UNCOLLECTIBLE PLEDGES AND ADJUSTMENT IN	
PRESENT VALUE DISCOUNT	25,598.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSE - REAL ESTATE TAXES, UTILITIES, AND	
MAINTENANCE	21,494.
FUNDRAISING EXPENSES	75,068.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	96,562.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

LEGAL AID SOCIETY OF CLEVELAND

Employer identification number

	ID SOCIETY OF CLEV	ĽLА	עע		34-0866	026						
Part I Fundraising Activities. required to complete this part	 Complete if the organization answet. 	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not						
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No									
「otal			•									
3 List all states in which the organizatio or licensing.	ın is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration						

132081 10-21-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

34-0866026 Page 2 Schedule G (Form 990) 2021 LEGAL AID SOCIETY OF CLEVELAND Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or rainaraioning or other contains attorne and give		,		3
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	JAM FOR		
			MEETING	JUSTICE	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			, ,,,	()1 /	,	
i Ne	4	Gross receipts	172,680.	111,800.	82,505.	366,985.
Ä	٠	aross receipts	= 1 = 7 0 0 0 0		0=7000	
	2	Less: Contributions	172,680.	111,800.	82,505.	366,985.
	_	Less. Contributions	2727000	22270000	02/0000	300,7000
	2	Gross income (line 1 minus line 2)				
-	3	Gloss income (iiile i militus iiile 2)				
	4	Cash prizes				
	'	Odon prizos				
	5	Noncash prizes				
Se		Nondain phi203				
Direct Expenses	6	Rent/facility costs				
×pe	0	Tientraemity costs				
#	7	Food and beverages	1,540.	29,672.	5,994.	37,206.
)irec	′	Food and beverages	1/3101	2570720	3/3310	3772000
	8	Entertainment				
	9	Other direct expenses	30,255.	5,566.	2,041.	37,862.
	_	Direct expense summary. Add lines 4 through				75,068.
		Net income summary. Subtract line 10 from li				-75,068.
Pa	rt I			1 990 Part IV line 19 or		737333
		\$15,000 on Form 990-EZ, line 6a.		1000,1 41111, 1110 10, 01	roportou moro triari	
-		,	() 5:	(b) Pull tabs/instant	() () ((d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
œ	1	Gross revenue				
w	2	Cash prizes				
ıse						
per	3	Noncash prizes				
Direct Expenses						
rec	4	Rent/facility costs				
\sqsubseteq						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	└── Yes └── No
b	If "	Yes," explain:				

Schedule G (Form 990) 2021 132082 10-21-21

Sch	nedule G (Form 990) 2021 LEGAL AID SOCIETY OF CLEVELAND 34-	0866026	5 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16			
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

SCHEDULE J (Form 990)

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

LEGAL AID SOCIETY OF CLEVELAND

Employer identification number 34-0866026

OMB No. 1545-0047

	·		Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			37
а	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

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.

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) COLLEEN COTTER (i)	192,595.	0.	205.	25,201.	18,342.	236,343.	0.
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(2) MELANIE SHAKARIAN (i)	161,006.	0.	4,405.	20,931.	613.	186,955.	0.
DIRECTOR OF DEVELOPMENT AN (ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS MLAKAR (i)		0.	4,405.	20,118.	592.	176,432.	0.
DEPUTY DIRECTOR FOR ADVOCA (ii)	0.	0.	0.	0.	0.	0.	0.
(4) TONYA WHITSETT (i)	119,669.	0.	214.	15,756.	18,150.	153,789.	0.
MANAGING ATTORNEY (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(i) (ii)							
(i)	1						
(ii)							

SCHEDULE O (Form 990)

Internal Revenue Service

Department of the Treasury

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 the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEGAL AID SOCIETY OF CLEVELAND

Employer identification number 34-0866026

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE LEGAL AID SOCIETY OF CLEVELAND SECURES JUSTICE AND RESOLVES FUNDAMENTAL PROBLEMS FOR THOSE WHO ARE LOW INCOME AND VULNERABLE BY PROVIDING HIGH QUALITY LEGAL SERVICES AND WORKING FOR SYSTEMIC SOLUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING. BOARD MEMBERS ARE ASKED TO REVIEW AND PROVIDE INPUT. THE BOARD OF DIRECTOR'S FINANCIAL OVERSIGHT AND AUDIT COMMITTEE DISCUSSES THE DRAFT DURING A REGULAR MEETING AND PROVIDES INPUT PRIOR TO FILING. THE BOARD RECEIVES A COPY OF THE FINAL FORM 990 ONCE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS DISCUSSES THE ISSUE OF CONFLICTS ANNUALLY. THE BOARD DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY AND EACH BOARD MEMBER IS REQUIRED TO SIGN THE POLICY EACH YEAR, INDICATING WHETHER THEY HAVE ANY CONFLICTS, ANTICIPATE ANY CONFLICTS, OR KNOW OF ANY CONFLICTS AMONG OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

SALARIES ARE BASED ON GRADES AND A COMPENSATION SYSTEM ESTABLISHED IN 2021 2018. UNDER THE DIRECTION AND OVERSIGHT OF THE BOARD OF DIRECTORS'

PERSONNEL COMMITTEE, THE LEGAL AID SOCIETY OF CLEVELAND RETAINED THE

SERVICES OF A CONSULTANT TO PERFORM AN ANALYSIS OF THE EXISTING SALARY

POLICY AND COMPENSATION PROGRAM DEVELOPED IN 2007 BY EMPLOYERS' RESOURCE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

LEGAL AID SOCIETY OF CLEVELAND

Employer identification number 34-0866026

COUNCIL (ERC). THE CONSULTANT WORKED WITH AN INTERNAL COMMITTEE TO REVIEW JOB DESCRIPTIONS AND PERFORM A POSITION SCORING ANALYSIS FOR EACH POSITION. THE INTERNAL COMMITTEE ALSO RECOMMENDED UPDATING THE SALARY POLICY TO PROVIDE CLARIFYING LANGUAGE BUT DID NOT RECOMMEND STRUCTURAL CHANGES TO THE POLICY. USING DATA SYNTHESIZED FROM A MARKET ANALYSIS (FROM OTHER LEGAL SERVICES ORGANIZATIONS, LOCAL GOVERNMENT OFFICES AND COURTS, OTHER LOCAL NON-PROFIT ORGANIZATIONS, LAW SCHOOLS, AND PROFESSIONAL SALARY SURVEYS FROM ECONOMIC RESEARCH INSTITUTE AND NATIONAL ASSOCIATION FOR LAW PLACEMENT) THE CONSULTANT AND LEADERSHIP TEAM PLACED EACH POSITION IN A GRADE AND ASSIGNED SALARY RANGES FOR EACH GRADE. THE NEW SALARY RANGES AND SALARY POLICY WERE APPROVED AT THE NOVEMBER 29, 2019 BOARD OF DIRECTORS MEETING. THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE ALSO REQUESTED THAT THE CONSULTANT PERFORM A MARKET ANALYSIS FOR THE EXECUTIVE DIRECTOR POSITION UTILIZING THE SAME SOURCES. THE EXECUTIVE COMMITTEE PERFORMED A SALARY REVIEW OF THE ED AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS AND RECOMMENDED SALARY ADJUSTMENTS TO THE BOARD OF DIRECTORS DURING THE EXECUTIVE SESSION OF THE END OF YEAR BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 18:

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO ANYONE.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO ANYONE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PLEDGES

-25,598.

Schedule O (Form 990) 2021		Page 2
Name of the organization LEGAL	AID SOCIETY OF CLEVELAND	Employer identification number 34-0866026
FORM 990, PART XII,	LINE 2C	
THE PROCESS HAS NOT	CHANGED FROM PRIOR YEARS.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

LEGAL AID SOCIETY OF CLEVELAND

Employer identification number 34-0866026

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea		(f) Direct controlling entity	
1223 WEST SIXTH, LLC - 26-0335106 1223 WEST SIXTH STREET							
CLEVELAND, OH 44113	RENTAL OF REAL PROPERTY	оніо	-125	,207. 4,2	26,685.N/A		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more related ta	c-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controllinentity	ig con	(g) 512(b)(13) strolled ntity?
				501(c)(3))		Yes	No

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a partner strip during the tax year.														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Disproportionate allocations? Code V-UBI amount in bo		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Citity:	
		country)		ŕ				Yes	No
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Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interes	st, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	ty			1a		X
b Gift, grant, or capita	al contribution to related organization(s)				1b		X
c Gift, grant, or capita	al contribution from related organization(s)				1c		X
d Loans or loan guara	antees to or for related organization(s)				1d		X
e Loans or loan guara	antees by related organization(s)				1e		X
f Dividends from rela	ted organization(s)				1f		X
g Sale of assets to re	ated organization(s)				1g		X
h Purchase of assets	from related organization(s)				1h		X
i Exchange of assets	with related organization(s)				1i		X
j Lease of facilities, e	quipment, or other assets to related organization(s)				1j		X
k Lease of facilities, e	quipment, or other assets from related organization(s)				1k	X	
I Performance of ser	vices or membership or fundraising solicitations for related org	ganization(s)			11		X
	vices or membership or fundraising solicitations by related org				1m		X
n Sharing of facilities,	equipment, mailing lists, or other assets with related organiza	ition(s)			1n		X
	ployees with related organization(s)				10		X
p Reimbursement pai	d to related organization(s) for expenses				1p		X
q Reimbursement pai	d by related organization(s) for expenses				1q		X
r Other transfer of ca	sh or property to related organization(s)				1r		X
	sh or property from related organization(s)				1s		X
	of the above is "Yes," see the instructions for information on						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
₁₎ 1223 WEST S	SIXTH, LLC	K	216,000.	CASH - FMV			
2)							
3)							
4)							
5)							
6)							
32163 11-17-21		45		Schedule I	R (Forn	n 990)	2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	or- Code V-UBI amount in box 2 as? of Schedule K-	General of managing partner? Yes NO	(k) Percentage ownership