# 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

Department of the Treasury Internal Revenue Service

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.

Inspection

| Α             | For the                  | e 2022 calendar year, or tax year beginning and en   | nding        |                                     |  |
|---------------|--------------------------|--|--------------|-------------------------------------|--|
| В             | Check if applicable      | C Name of organization   |              | D Employer identifie                | cation number                                  |
|               | Addre                    | LEGAL AID SOCIETY, INC.  |              |                                     |  |
|               | Name<br>chang            |  |              | 61-05376                            | 26   |
|               | Initial<br>return        |  | oom/suite    | E Telephone number                  |  |
|               | Final<br>return/         | 416 W. MUHAMMAD ALI BLVD.  | 0.0          | 502-584-                            | 1254   |
|               | termin<br>ated           | City or town, state or province, country, and ZIP or foreign postal code   |              | <b>G</b> Gross receipts \$          | 6,364,145.                                     |
|               | Ameno                    | LOUISVILLE, RI 40202   |              | H(a) Is this a group re             |  |
|               | Applic<br>tion<br>pendir | F Name and address of principal officer: UEFFERSON COULTER   |              | for subordinates                    | ? Yes X No                                     |
| _             |                          | SAME AS C ABOVE  |              | <b>H(b)</b> Are all subordinates in |  |
|               |                          | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or te: WWW.YOURLEGALAID.ORG  | 527          | ·                                   | list. See instructions                         |
|               | Websit                   | organization: X Corporation Trust Association Other  | I Vaan       | H(c) Group exemptio                 | n number  N State of legal domicile: <b>KY</b> |
|               | art I                    | Summary  |              | •                                   | -  |
| ٥             | 1                        | Briefly describe the organization's mission or most significant activities: TO PRC   |              |                                     |  |
| Governance    | 2                        | TO INDIGENT RESIDENTS OF 15 COUNTIES, INCLU  |              |                                     |  |
| į             | 2                        | Check this box if the organization discontinued its operations or disposed   |              | _                                   |  |
| Š             | 3                        |  |              | 3<br>4                              | 33<br>33                                       |
| ď             | 5 5                      | Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  |              |                                     | 90   |
| Activities &  | 6                        | Total number of volunteers (estimate if necessary)   |              |                                     | 83   |
| : <u>}</u>    | 7 a                      | Total unrelated business revenue from Part VIII, column (C), line 12   |              |                                     | 0.   |
| 4             | b                        | Net unrelated business taxable income from Form 990-T, Part I, line 11   |              |                                     | 0.   |
|               |                          | ,  |              | Prior Year                          | Current Year                                   |
| a             | 8                        | Contributions and grants (Part VIII, line 1h)  |              | 5,152,389.                          | 6,265,266.                                     |
| Revenue       | 9                        | Program service revenue (Part VIII, line 2g)   |              | 0.                                  | 0.   |
| 2/0           | 10                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |              | 2,833.                              | 7,069.   |
|               | 11                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |              | 2,605.                              | -29,599.                                       |
| _             |                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |              | 5,157,827.                          | 6,242,736.                                     |
|               |                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |              | 34,003.                             | 34,003.  |
|               |                          | Benefits paid to or for members (Part IX, column (A), line 4)  |              | 0.                                  | 0.   |
| ď             | 15                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |              | 4,482,638.                          | 4,804,156.                                     |
| Fynancae      | 2   16a                  | Professional fundraising fees (Part IX, column (A), line 11e)  |              | 0.                                  | 0.   |
| 2<br>2<br>11  | } _b                     | Total fundraising expenses (Part IX, column (D), line 25) 330,689  |              | 971,542.                            | 1,112,659.                                     |
| _             | ''                       | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |              | 5,488,183.                          | 5,950,818.                                     |
|               |                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  |              | -330,356.                           | 291,918.                                       |
| _             | <u>၂၅</u>                | neveriue less experises. Subtract illie 16 front line 12   | Bec          | ginning of Current Year             | End of Year                                    |
| ets c         | 20<br>20                 | Total assets (Part X, line 16)   | 100          | 4,177,764.                          | 6,742,190.                                     |
| Ass           | ਰੂ <b>-</b> 0<br>ਮੂੰ 21  | Total liabilities (Part X, line 26)  |              | 518,996.                            | 2,787,966.                                     |
| Net Assets or | 22                       | Net assets or fund balances. Subtract line 21 from line 20   |              | 3,658,768.                          | 3,954,224.                                     |
| P             | art II                   | Signature Block  | •            |                                     |  |
| Un            | der pena                 | lties of perjury, I declare that I have examined this return, including accompanying schedules an  | nd stateme   | nts, and to the best of my          | knowledge and belief, it is                    |
| tru           | e, correc                | t, and complete. Declaration of preparer (other than officer) is based on all information of which   | n preparer l | has any knowledge.                  |  |
|               |                          | O'control of the control of the cont |              | Date                                |  |
| Siç           |                          | Signature of officer   |              | Date                                |  |
| He            | re                       | JEFFERSON COULTER, EXECUTIVE DIRECTOR  Type or print name and title  |              |                                     |  |
| _             |                          |  | TD           | Date Check                          | PTIN   |
| Pai           | d                        | Print/Type preparer's name  CHRISTINE KEITH, CPA  Preparer's signature  With the second content of the second  | 01           | 11/15/2023 of self-employ           | 500063000                                      |
|               | parer                    | Firm's name MCM CPAS & ADVISORS LLP  | AIN          |                                     | 7-1235638                                      |
|               | e Only                   | Firm's address 462 S. 4TH ST., SUITE 2600  |              | THITIS LIN Z                        |  |
| -             |                          | LOUISVILLE, KY 40202   |              | Phone no. (5                        | 02)749-1900                                    |
| Ma            | y the IF                 | RS discuss this return with the preparer shown above? See instructions   |              |                                     | X Yes No                                       |
|               |                          |  |              |                                     |  |

Other program services (Describe on Schedule O.)

1,110,878. including grants of \$

4,768,630.

Form 990 (2022)

12,141.)

Total program service expenses

# Form 990 (2022) LEGAL AID SOCIETY, INC. Part IV Checklist of Required Schedules

|             |  |                   | Yes      | No           |
|-------------|--|-------------------|----------|--------------|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |                   |          |              |
|             | If "Yes," complete Schedule A  | 1                 | X        |              |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2                 | X        |              |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |                   |          |              |
|             | public office? If "Yes," complete Schedule C, Part I   | 3                 |          | 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   |                   |          |              |
|             | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5                 |          | X            |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | Ť                 |          |              |
|             | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6                 |          | x            |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |                   |          |              |
| '           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7                 |          | x            |
|             | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>   |                   |          |              |
| 8           | , ,  |                   |          | x            |
| •           | Schedule D, Part III   | 8                 |          |              |
| 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?  | _                 | 37       |              |
|             | If "Yes," complete Schedule D, Part IV   | 9                 | <u> </u> |              |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |                   | 7.7      |              |
|             | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10                | _X_      |              |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |                   |          |              |
|             | as applicable.   |                   |          |              |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |                   |          |              |
|             | Part VI  | 11a               | <u> </u> |              |
| b           | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |                   |          |              |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b               |          | X            |
| С           | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |                   |          |              |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c               |          | X            |
| d           | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |                   |          |              |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d               | X        |              |
| 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               | Х        |              |
| 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        |              |
| h           | 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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E            | 13                |          | X            |
| 14a         | Did the appropriation projection of the control of the Light of the Light of the Control   | 14a               |          | X            |
| 14a<br>b    | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | ı <del>-t</del> a |          | <del></del>  |
| D           |  |                   |          |              |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 446               |          | x            |
| 45          | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b               |          |              |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 45                |          | <sub>v</sub> |
| 40          | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15                |          | <u> </u>     |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |                   |          | <b>.</b>     |
|             | 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                |          | X            |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |                   |          |              |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18                | <u> </u> | <u> </u>     |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |                   |          | _            |
|             | complete Schedule G, Part III  | 19                |          | X            |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a               |          | X            |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b               |          | <u> </u>     |
| 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        |              |

Form 990 (2022) LEGAL AID SOCIETY,
Part IV Checklist of Required Schedules (continued)

|        | ·   |      | Yes | No             |
|--------|---|------|-----|----------------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |      |     |                |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   |     | X              |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |      |     |                |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |      |     |                |
|        | Schedule J  | 23   | Х   | <b>——</b>      |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |      |     |                |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |      |     | 37             |
|        | 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  |     |                |
| C      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 24c  |     |                |
| Ь      | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     |                |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |      |     |                |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 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  |     | X              |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |      |     |                |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |                |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | <u>X</u>       |
| 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   |      |     | 37             |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |     | X              |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |      |     |                |
| •      | instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If |      |     |                |
| а      | "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  |     | X              |
|        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>   |      |     |                |
|        | "Yes," complete Schedule L, Part IV   | 28c  |     | X              |
| 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   |     | <u>X</u>       |
| 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  |      |     | 37             |
|        | Schedule N, Part II   | 32   |     | <u> </u>       |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |      |     | v              |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | _X_            |
| 34     |   | 34   |     | х              |
| 35a    | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | X              |
|        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 000  |     |                |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     |                |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |      |     |                |
|        | If "Yes," complete Schedule R, Part V, line 2   | 36   |     | X              |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |     |                |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37   |     | X              |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |      |     |                |
| Pai    | Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance  | 38   | X   |                |
| rai    | Check if Schedule O contains a response or note to any line in this Part V  |      |     |                |
| -      | Oneon il Solieudie O contains a response di flote to any line in this Fart V  |      | Yes | N <sub>C</sub> |
| 19     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |      | 162 | No             |
|        | Enter the number reported in 55% 5 of 1 of 11 of 25 in 10t applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0                                   |      |     |                |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |      |     |                |
|        | (gambling) winnings to prize winners?   | 1c   | Х   |                |
| 232004 | ¥ 12-13-22  | Form | 990 | (2022)         |

| Form 990 |                      |           | CIETY,      |                  |             | 61-053/626 | Pa | age |
|----------|----------------------|-----------|-------------|------------------|-------------|------------|----|-----|
| Part V   | Statements Regarding | Other IRS | Filings and | d Tax Compliance | (continued) |            |    |     |
|          |                      |           |             |                  |             |            |    |     |

|        |  |                               |      | Yes | No |
|--------|--|-------------------------------|------|-----|----|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                               |      |     |    |
|        | filed for the calendar year ending with or within the year covered by this return  | 2a 9(                         | _    |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?                           | 2b   | Х   |    |
| За     | · · · · · · · · · · · · · · · · · · ·  |                               | 3a   |     | X  |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  |                               | 3b   |     |    |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |                               |      |     | ., |
| _      | financial account in a foreign country (such as a bank account, securities account, or other financial a   | ccount)?                      | 4a   |     | X  |
| b      | If "Yes," enter the name of the foreign country  | (FD A D)                      |      |     |    |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad  | , ,                           |      |     | v  |
| 5a     |  |                               | 5a   |     | X  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for a line For a Fig. 1.   |                               | 5b   |     |    |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                               | 5c   |     |    |
| oa     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions? |                               | 6a   |     | x  |
| h      | If "Yes," did the organization include with every solicitation an express statement that such contributions.   | one or gifte                  | - Ua |     |    |
| b      | were not tax deductible?   | · ·                           | 6b   |     |    |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |                               | 0.0  |     |    |
| ,<br>a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser  | vices provided to the payor?  | 7a   | Х   |    |
| b      |  | vioco providou to tilo payor. | 7b   | X   |    |
| c      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |                               | 1.2  |     |    |
| _      | to file Form 8282?   | •                             | 7c   |     | X  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                            |      |     |    |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co   | ontract?                      | 7e   |     | Х  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  | act?                          | 7f   |     | Х  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | rm 8899 as required?          | 7g   |     |    |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza   | tion file a Form 1098-C?      | 7h   |     |    |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | by the                        |      |     |    |
|        | sponsoring organization have excess business holdings at any time during the year?   |                               | 8    |     |    |
| 9      | Sponsoring organizations maintaining donor advised funds.  |                               |      |     |    |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   |                               | 9a   |     |    |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |                               | 9b   |     |    |
| 10     | Section 501(c)(7) organizations. Enter:  | 1 1                           |      |     |    |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                           | 4    |     |    |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                           | -    |     |    |
| 11     | Section 501(c)(12) organizations. Enter:   | المدا                         |      |     |    |
|        | Gross income from members or shareholders  | 11a                           | -    |     |    |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against  | 446                           |      |     |    |
| 120    | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  | 11b                           | 120  |     |    |
|        |  | 12b                           | 12a  |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 120                           |      |     |    |
|        | 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.  |                               | 104  |     |    |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |                               |      |     |    |
|        | organization is licensed to issue qualified health plans   | 13b                           |      |     |    |
| С      | Enter the amount of reserves on hand   | 13c                           |      |     |    |
| 14a    |  |                               | 14a  |     | Х  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   |                               | 14b  |     |    |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner  |                               |      |     |    |
|        | excess parachute payment(s) during the year?   |                               | 15   |     | Х  |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   |                               |      |     |    |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | income?                       | 16   |     | Х  |
|        | If "Yes," complete Form 4720, Schedule O.  |                               |      |     |    |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac  |                               |      |     |    |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |                               | 17   |     |    |
|        | If "Yes," complete Form 6069.  |                               |      |     |    |

Form **990** (2022)

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 33 **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. 33 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

502-614-3100

416 MUHAMMAD ALI BLVD., SUITE 300, LOUISVILLE

JEFFERSON COULTER -

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Clistary   Nours for related organizations   Nours for related organizations   Nours for related organizations   Nours for related organizations   Nours for for the organization   Nours for for for the organization   Nours for for for for the organization   Nours for   | (A)  Name and title            | (B) Average hours per                                   | (do<br>box                     | not c                    | Posi<br>heck i<br>ss per | ition        | than o                       | one<br>n an | ( <b>D</b> ) Reportable compensation | <b>(E)</b> Reportable compensation | (F) Estimated amount of           |
|--|--------------------------------|---|--------------------------------|--------------------------|--------------------------|--------------|------------------------------|-------------|--------------------------------------|------------------------------------|-----------------------------------|
| X  |                                | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutio nal tru stee | Officer                  | Key employee | Highest compensated employee | Former      | organization<br>(W-2/1099-MISC/      | (W-2/1099-MISC/                    | from the organization and related |
| RELLY KRUCKI   |                                | 40.00   |                                |                          |                          |              |                              |             | 1 2 2 2 2 2 2                        | •                                  | 60 001                            |
| CFO  |                                | 40.00   |                                |                          | X                        |              |                              |             | 132,028.                             | 0.                                 | 62,921.                           |
| A  |                                | 40.00   | -                              |                          | 3,7                      |              |                              |             | 05 407                               | 0                                  | 40 746                            |
| X  |                                | 40.00   |                                |                          | X                        |              |                              |             | 85,49/.                              | 0.                                 | 40,746.                           |
| ANN ANDERSON   DO. 20   X  |                                | 40.00   | 1                              |                          | x                        |              |                              |             | 21 365.                              | 0.                                 | 10 182.                           |
| DOARD MEMBER   |                                | 0.20  |                                |                          | 25                       |              |                              |             | 21,303.                              | •                                  | 10,102.                           |
| S BART GREENWALD, ESQ.   D . 20  |                                | 0020  | х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| BOARD MEMBER   | -                              | 0.20  |                                |                          |                          |              |                              |             |                                      |                                    |                                   |
| CASSIE YATES CLAGETT, ESQ.   0.20  |                                |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| CT   CHRISTIE MOORE, ESQ   | (6) CASSIE YATES CLAGETT, ESQ. | 0.20  |                                |                          |                          |              |                              |             |                                      |                                    |                                   |
| BOARD MEMBER   | BOARD MEMBER                   |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| (8)   COREY SHAPIRO, ESQ   0.20  | (7) CHRISTIE MOORE, ESQ        | 0.20  |                                |                          |                          |              |                              |             |                                      |                                    |                                   |
| BOARD MEMBER   | BOARD MEMBER                   |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| SOURCE   S | (8) COREY SHAPIRO, ESQ         | 0.20  |                                |                          |                          |              |                              |             |                                      |                                    |                                   |
| BOARD MEMBER   | BOARD MEMBER                   |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| Colored Fregliasco, Esq.   Colored Fregliasco, | (9) CYNTHIA W. YOUNG, ESQ.     | 1.00  | 1                              |                          |                          |              |                              |             |                                      |                                    |                                   |
| BOARD MEMBER   |                                |   | X                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| Columbde   Columbde  |                                | 0.20  | ļ                              |                          |                          |              |                              |             |                                      | •                                  | •                                 |
| BOARD MEMBER   |                                |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| Column   |                                | 0.20  | .,                             |                          |                          |              |                              |             |                                      | 0                                  | 0                                 |
| BOARD MEMBER   |                                | 0 20  | X                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| DOARD MEMBER   |                                | 0.20  | v                              |                          |                          |              |                              |             | 0                                    | 0                                  | 0                                 |
| BOARD MEMBER   X   |                                | 0.20  | Δ                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | <u> </u>                          |
| DOARD MEMBER   D.20   X   D.20   | •                              | 0.20  | v                              |                          |                          |              |                              |             | 0                                    | 0                                  | 0                                 |
| BOARD MEMBER         X         0.         0.         0.           (15) JACQUELINE BAKER         0.20         0.         0.         0.         0.           BOARD MEMBER         X         0.20         0.         0.         0.         0.         0.           (17) JEREMIAH BYRNE         0.20         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.  |                                | 0.20  |                                |                          |                          |              |                              |             | •                                    | •                                  | <u> </u>                          |
| Column   C | , -                            |   | х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| BOARD MEMBER         X         0.         0.         0.           (16) JANICE HOSKINS         0.20         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.           (17) JEREMIAH BYRNE         0.20         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.  |                                | 0.20  |                                |                          |                          |              |                              |             |                                      |                                    |                                   |
| Column   | _                              |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 | 0.                                |
| BOARD MEMBER         X         0.         0.         0.           (17) JEREMIAH BYRNE         0.20         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.  | (16) JANICE HOSKINS            | 0.20  |                                |                          |                          |              |                              |             |                                      | -                                  |                                   |
| (17) JEREMIAH BYRNE         0.20         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.   | BOARD MEMBER                   |   | Х                              |                          |                          |              | L                            | L           | 0.                                   | 0.                                 | 0.                                |
|  | (17) JEREMIAH BYRNE            | 0.20  |                                |                          |                          |              |                              |             |                                      |                                    |                                   |
| 232007 12-13-22 Form <b>990</b> (2022)   | BOARD MEMBER                   |   | Х                              |                          |                          |              |                              |             | 0.                                   | 0.                                 |                                   |

232007 12-13-22 Form **990** (2022)

|   | D DOCTE  |                                |                            |         |               |                              |        |   | 01 0557                                       | 020 Fage 0   |
|---|--|--------------------------------|----------------------------|---------|---------------|------------------------------|--------|---|---|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                                |                            |         |               |                              |        |   |   |  |
| (A)   | (B)  |                                |                            |         | <b>C)</b>     |                              |        | (D)   | (E)   | (F)  |
| Name and title  | Average<br>hours per<br>week   | box                            | not c<br>, unles<br>cer an | ss per  | more<br>son i | than o                       | n an   | Reportable<br>compensation<br>from                  | Reportable compensation from related          | Estimated<br>amount of<br>other  |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee      | Officer | Key employee  | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (18) JUSTIN ELDAD   | 0.20   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | Х                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (19) LAUREL S. DOHENY, ESQ.<br>BOARD MEMBER   | 1.00   | X                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (20) LISA H. NICHOLON, ESQ.   | 1.00   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | х                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (21) MARIA A. FERNANDEZ, ESQ.   | 0.20   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | Х                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (22) MARTHA HASSELBACHER, ESQ.  | 0.20   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | X                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (23) MICHAEL BROOKS   | 0.20   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | Х                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (24) PATRICIA VAN HOUTEN, ESQ.  | 0.20   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | Х                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (25) ROBERT C. EWALD, ESQ.  | 0.20   |                                |                            |         |               |                              |        |   | _   | _  |
| BOARD MEMBER  |  | X                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| (26) RONALD TRIPLETT  | 0.20   |                                |                            |         |               |                              |        |   |   |  |
| BOARD MEMBER  |  | X                              |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| 1b Subtotal   |  |                                |                            |         |               |                              |        | 238,890.  | 0.  | 113,849.   |
| c Total from continuation sheets to Part  | /II, Section A   |                                |                            |         |               |                              |        | 0.  | 0.  | 0.   |
| d Total (add lines 1b and 1c)   |  |                                |                            |         |               |                              |        | 238,890.  | 0.  | 113,849.   |
| 2 Total number of individuals (including but  | not limited to th  | ose                            | liste                      | d ab    | ove           | ) wh                         | o re   | ceived more than \$100,                             | 000 of reportable                             | _  |
| a a company a delicar di company della company i continuadi con   |  |                                |                            |         |               |                              |        |   |   | 1  |

Tyes

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| <br>3 |   | X |
|-------|---|---|
|       |   |   |
| <br>4 | Х |   |
|       |   |   |
| <br>5 |   | X |
|       |   |   |

#### **Section B. Independent Contractors**

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

| (A) Name and business address NONE | (B) Description of services | (C)<br>Compensation |
|------------------------------------|-----------------------------|---------------------|
|                                    |                             |                     |
|                                    |                             |                     |
|                                    |                             |                     |
|                                    |                             |                     |
|                                    |                             |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

|  | ID SOCIET             | 'Υ,                            | I                     | NC      | : •          |                              |        |                     | 61-053          | 7626                         |
|--|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|-----------------|------------------------------|
| Part VII   Section A. Officers, Directors, | Trustees, Key Er      | nplo                           | yee                   | s, aı   | nd F         | lighe                        | est (  | Compensated Employe | es (continued)  |                              |
| (A)  | (B)                   |                                |                       |         | C)           |                              |        | (D)                 | (E)             | (F)                          |
| Name and title                             | Average               |                                |                       |         | ition        | 1                            |        | Reportable          | Reportable      | Estimated                    |
|  | hours                 | (c                             | heck                  |         |              |                              | ly)    | compensation        | compensation    | amount of                    |
|  | per                   |                                |                       |         |              |                              |        | from                | from related    | other                        |
|  | week                  | _                              |                       |         |              | ) yee                        |        | the                 | organizations   | compensation                 |
|  | (list any             | recto                          |                       |         |              | em plc                       |        | organization        | (W-2/1099-MISC) | from the                     |
|  | hours for             | ordi                           | 99                    |         |              | sated                        |        | (W-2/1099-MISC)     |                 | organization                 |
|  | related organizations | ustee.                         | l trust               |         | 99           | n pen s                      |        |                     |                 | and related<br>organizations |
|  | below                 | Individual trustee or director | Institutional trustee | L       | nploy        | stcor                        | -      |                     |                 | Organizations                |
|  | line)                 | Indivi                         | Institu               | Officer | Key employee | Highest compensated employee | Former |                     |                 |                              |
| (27) SAMUEL JONES, ESQ.                    | 0.20                  |                                |                       |         |              |                              |        |                     |                 |                              |
| BOARD MEMBER                               |                       | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.                           |
| (28) SHELLY ANN KAMEI, ESQ.                | 0.20                  |                                |                       |         |              |                              |        |                     |                 |                              |
| BOARD MEMBER                               |                       | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.                           |
| (29) SUSAN BREWER                          | 0.20                  |                                |                       |         |              |                              |        |                     |                 |                              |
| BOARD MEMBER                               |                       | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.                           |
| (30) T. MORGAN WARD, JR., ESQ.             | 0.20                  |                                |                       |         |              |                              |        |                     |                 |                              |
| BOARD MEMBER                               |                       | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.                           |
| (31) THERESA THOMAS                        | 0.20                  |                                |                       |         |              |                              |        |                     |                 |                              |
| BOARD MEMBER                               |                       | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.                           |
| (32) WILLIAM F. STEWART, ESQ.              | 0.20                  |                                |                       |         |              |                              |        |                     |                 |                              |
| BOARD MEMBER                               |                       | Х                              |                       |         |              |                              |        | 0.                  | 0.              | 0.                           |
| (33) KENDRICK R. RIGGS, ESQ.               | 2.00                  |                                |                       |         |              |                              |        |                     |                 |                              |
| CHAIR                                      |                       | Х                              |                       | Х       |              |                              |        | 0.                  | 0.              | 0.                           |
| (34) R. JAMES STRAUS, ESQ.                 | 1.00                  |                                |                       |         |              |                              |        |                     | _               | _                            |
| FIRST VICE-CHAIR                           |                       | Х                              |                       | Х       |              |                              |        | 0.                  | 0.              | 0.                           |
| (35) JO ANN ORR                            | 1.00                  |                                |                       |         |              |                              |        |                     | _               | _                            |
| SECOND VICE-CHAIR                          |                       | Х                              |                       | Х       |              |                              |        | 0.                  | 0.              | 0.                           |
| (36) ROBERT A. RILEY, ESQ.                 | 1.00                  |                                |                       |         |              |                              |        |                     |                 |                              |
| SECRETARY                                  |                       | Х                              |                       | Х       |              |                              |        | 0.                  | 0.              | 0.                           |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       | •                              |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       | 1                              |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       | 1                              |                       |         |              |                              |        |                     |                 |                              |
|  |                       |                                |                       |         |              |                              |        |                     |                 |                              |
|  |                       | 1                              |                       |         |              |                              |        |                     |                 |                              |
|  | •                     | •                              |                       | •       | •            | •                            | •      |                     |                 |                              |
| Total to Part VII, Section A, line 1c      |                       |                                |                       |         |              |                              |        |                     |                 |                              |
| ,  |                       |                                |                       |         |              |                              |        |                     |                 |                              |

Form 990 (2022) LEGAL A
Part VIII Statement of Revenue

|  |      | Check if Schedule O contains a response of                    | or note to any lin | e in this Part VIII |                   |                  |                                    |
|--|------|---|--------------------|---------------------|-------------------|------------------|------------------------------------|
|  |      | <u> </u>  | ,                  | (A)                 | (B)               | (C)              | (D)                                |
|  |      |   |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|  |      |   |                    |                     | function revenue  | business revenue | sections 512 - 514                 |
| (0, (0   | 1.   | Federated campaigns 1a  | 66,748.            |                     |                   |                  |                                    |
| ants   | lè   |   | 00,740.            |                     |                   |                  |                                    |
| Sign of  |      |   | 145,176.           |                     |                   |                  |                                    |
| ts,<br>An  | C    |   | 143,170.           |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts | C    | Related organizations 1d                                      | 606 907            |                     |                   |                  |                                    |
| ns,<br>Sim   | e    |   | 606,807.           |                     |                   |                  |                                    |
| er G   | f    | All other contributions, gifts, grants, and                   | 446 535            |                     |                   |                  |                                    |
| je<br>H  |      |   | 446,535.           |                     |                   |                  |                                    |
| d  | ç    | Noncash contributions included in lines 1a-1f 1g \$           |                    | 6 065 066           |                   |                  |                                    |
| <u>5 p</u>   | r    | Total. Add lines 1a-1f  |                    | 6,265,266.          |                   |                  |                                    |
|  |      |   | Business Code      |                     |                   |                  |                                    |
| e  | 2 a  |   |                    |                     |                   |                  | _                                  |
| e <u>č</u>   | k    | ·   |                    |                     |                   |                  |                                    |
| S  | c    | :   |                    |                     |                   |                  |                                    |
| am   | c    | I   |                    |                     |                   |                  |                                    |
| Program Service<br>Revenue                             | e    | ·   |                    |                     |                   |                  |                                    |
| P  | f    | All other program service revenue                             |                    |                     |                   |                  |                                    |
|  | ç    | Total. Add lines 2a-2f  |                    |                     |                   |                  |                                    |
|  | 3    | Investment income (including dividends, interes               |                    |                     |                   |                  |                                    |
|  |      | other similar amounts)  |                    | 8,446.              |                   |                  | 8,446.                             |
|  | 4    | Income from investment of tax-exempt bond pr                  |                    |                     |                   |                  |                                    |
|  | 5    | Royalties   |                    |                     |                   |                  |                                    |
|  |      | (i) Real  | (ii) Personal      |                     |                   |                  |                                    |
|  | 6 a  | Gross rents 6a 15,074.  |                    |                     |                   |                  |                                    |
|  |      | Less: rental expenses 6b 0.                                   |                    |                     |                   |                  |                                    |
|  |      | Rental income or (loss) 6c 15,074.                            |                    |                     |                   |                  |                                    |
|  |      | Net rental income or (loss)                                   |                    | 15,074.             |                   |                  | 15,074.                            |
|  |      | Gross amount from sales of (i) Securities                     | (ii) Other         |                     |                   |                  |                                    |
|  |      | assets other than inventory <b>7a</b>                         | 8,485.             |                     |                   |                  |                                    |
|  | ŀ    | Less: cost or other basis                                     | 0,1001             |                     |                   |                  |                                    |
| O  | •    | and sales expenses 7b 9,862.                                  | 0.                 |                     |                   |                  |                                    |
| nu.  | ,    | Gain or (loss) 76 -9,862.                                     | 8,485.             |                     |                   |                  |                                    |
| eve  |      | . ,   |                    | -1,377.             |                   |                  | -1,377.                            |
| her Revenue  |      | Net gain or (loss)  Gross income from fundraising events (not |                    | 1,5116              |                   |                  | 1,3174                             |
| Othe   | 0 6  | including \$ 145,176 of                                       |                    |                     |                   |                  |                                    |
| O  |      |   |                    |                     |                   |                  |                                    |
|  |      | contributions reported on line 1c). See                       | 35,731.            |                     |                   |                  |                                    |
|  | L    |   | 111,547.           |                     |                   |                  |                                    |
|  |      |   | <u> </u>           | -75,816.            |                   |                  | -75,816.                           |
|  |      | Net income or (loss) from fundraising events                  |                    | 73,010.             |                   |                  | 73,010.                            |
|  | 9 2  | Gross income from gaming activities. See                      |                    |                     |                   |                  |                                    |
|  |      | Part IV, line 19 9a   |                    |                     |                   |                  |                                    |
|  |      | Less: direct expenses   |                    |                     |                   |                  |                                    |
|  |      | Net income or (loss) from gaming activities                   |                    |                     |                   |                  |                                    |
|  | 10 a | Gross sales of inventory, less returns                        |                    |                     |                   |                  |                                    |
|  |      | and allowances 10a  |                    |                     |                   |                  |                                    |
|  |      | Less: cost of goods sold10b                                   |                    |                     |                   |                  |                                    |
|  |      | Net income or (loss) from sales of inventory                  |                    |                     |                   |                  |                                    |
| <u>0</u>   |      | MT GODT T AND OTTO  | Business Code      | 24 442              | 24 442            |                  |                                    |
| eon<br>Je  | 11 a | MISCELLANEOUS   | 900099             | 31,143.             | 31,143.           |                  |                                    |
| lan  | b    |   |                    |                     |                   |                  |                                    |
| Miscellaneous<br>Revenue                               | C    |   |                    |                     |                   |                  |                                    |
| Mis  | c    | All other revenue   |                    | 24 4 4 4            |                   |                  |                                    |
|  | e    | Total. Add lines 11a-11d                                      |                    | 31,143.             |                   |                  |                                    |
|  | 12   | Total revenue. See instructions                               | <u></u>            | 6,242,736.          | 31,143.           | 0.               | -53,673.                           |

|    | on 501(c)(3) and 501(c)(4) organizations must comp   | lete all columns. All othe |   |                                 |                                       |
|----|--|----------------------------|---|---------------------------------|---------------------------------------|
|    | Check if Schedule O contains a respons   |                            | this Part IX                              | (C)                             |                                       |
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | <b>(B)</b><br>Program service<br>expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations  |                            |   |                                 |                                       |
|    | and domestic governments. See Part IV, line 21   | 34,003.                    | 34,003.                                   |                                 |                                       |
| 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,   | 250 520                    | 22 054                                    | 050 540                         | F0 000                                |
|    | trustees, and key employees  | 352,739.                   | 33,974.                                   | 259,542.                        | 59,223.                               |
| 6  | Compensation not included above to disqualified  |                            |   |                                 |                                       |
|    | persons (as defined under section 4958(f)(1)) and  |                            |   |                                 |                                       |
|    | persons described in section 4958(c)(3)(B)   | 2 014 601                  | 0 500 506                                 | 225 260                         | 145 525                               |
| 7  | Other salaries and wages   | 3,014,691.                 | 2,533,586.                                | 335,368.                        | 145,737.                              |
| 8  | Pension plan accruals and contributions (include   | 700 565                    | FF6 880                                   | 111 216                         | 40 400                                |
|    | section 401(k) and 403(b) employer contributions)  | 708,567.                   | 556,778.                                  | 111,316.                        | 40,473.<br>15,260.                    |
| 9  | Other employee benefits  | 487,956.                   | 461,921.                                  | 10,775.                         |                                       |
| 10 | Payroll taxes  | 240,203.                   | 188,747.                                  | 37,736.                         | 13,720.                               |
| 11 | Fees for services (nonemployees):  |                            |   |                                 |                                       |
| а  | Management   |                            |   |                                 |                                       |
|    | Legal  | 00.405                     |   |                                 |                                       |
|    | Accounting   | 28,105.                    | 23,832.                                   | 3,092.                          | 1,181.                                |
| d  | Lobbying   |                            |   |                                 |                                       |
| е  | Professional fundraising services. See Part IV, line 17  |                            |   |                                 |                                       |
| f  | Investment management fees   |                            |   |                                 |                                       |
| g  | ` '  | 004 450                    | 224 472                                   |                                 |                                       |
|    | column (A), amount, list line 11g expenses on Sch O.)  | 231,478.                   | 231,478.                                  |                                 |                                       |
| 12 | Advertising and promotion  | 29,445.                    | 454 404                                   |                                 | 29,445.                               |
| 13 | Office expenses  | 184,531.                   | 154,101.                                  | 22,020.                         | 8,410.                                |
| 14 | Information technology   |                            |   |                                 |                                       |
| 15 | Royalties  | 205 454                    | 005 000                                   | 25 222                          | 40 685                                |
| 16 | Occupancy  | 325,471.                   | 275,993.                                  | 35,803.                         | 13,675.                               |
| 17 | Travel   | 13,119.                    | 11,612.                                   | 1,507.                          |                                       |
| 18 | Payments of travel or entertainment expenses   |                            |   |                                 |                                       |
|    | for any federal, state, or local public officials  | 60.400                     |   |                                 |                                       |
| 19 | Conferences, conventions, and meetings   | 63,402.                    | 63,402.                                   |                                 |                                       |
| 20 | Interest   |                            |   |                                 |                                       |
| 21 | Payments to affiliates   | 05 004                     |   | 05 004                          |                                       |
| 22 | Depreciation, depletion, and amortization  | 25,004.                    | 00.00                                     | 25,004.                         | 4 254                                 |
| 23 | Insurance  | 32,699.                    | 27,728.                                   | 3,597.                          | 1,374.                                |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), |                            |   |                                 |                                       |
|    | amount, list line 24e expenses on Schedule 0.)   | CT 40T                     | CT 40T                                    |                                 |                                       |
| a  | LITIGATION OF KENTHUCKY LEGA   | 67,487.                    | 67,487.                                   |                                 |                                       |
| b  | OFFICE OF KENTUCKY LEGA  | 41,560.                    | 41,560.                                   | 2 060                           | 1 160                                 |
| С. | DUES AND FEES  | 27,829.                    | 23,598.                                   | 3,062.                          | 1,169.<br>1,022.                      |
| d  | LIBRARY  | 24,332.                    | 20,633.                                   | 2,677.                          | 1,022                                 |
|    | All other expenses   | 18,197.                    | 18,197.                                   | 051 400                         | 220 600                               |
| 25 | Total functional expenses. Add lines 1 through 24e   | 5,950,818.                 | 4,768,630.                                | 851,499.                        | 330,689.                              |
| 26 | <b>Joint costs.</b> Complete this line only if the organization  |                            |   |                                 |                                       |
|    | reported in column (B) joint costs from a combined   |                            |   |                                 |                                       |
|    | educational campaign and fundraising solicitation.   |                            |   |                                 |                                       |
|    | Check here if following SOP 98-2 (ASC 958-720)   |                            |   |                                 | 000                                   |

Form **990** (2022)

| Pai                         | t X                  | Balance Sheet  |           |                                       |                                 |          |                           |
|-----------------------------|----------------------|--|-----------|---------------------------------------|---------------------------------|----------|---------------------------|
|                             |                      | Check if Schedule O contains a response or no  | te to an  | y line in this Part X                 |                                 |          |                           |
|                             |                      |  |           |                                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1                    | Cash - non-interest-bearing  |           |                                       | 1,061,396.                      | 1        | 946,709.                  |
|                             | 2                    |  |           |                                       | 1,947,985.                      | 2        | 1,736,839.                |
|                             | 3                    |  |           |                                       | 919,431.                        | 3        | 1,607,256.                |
|                             | 4                    | Accounts receivable, net   |           |                                       |                                 | 4        |                           |
|                             | 5                    | Loans and other receivables from any current o   |           |                                       |                                 |          |                           |
|                             |                      | trustee, key employee, creator or founder, subs  | tantial c | ontributor, or 35%                    |                                 |          |                           |
|                             |                      | controlled entity or family member of any of the   | se perso  | ons                                   |                                 | 5        |                           |
|                             | 6                    | Loans and other receivables from other disqual   | ified per | sons (as defined                      |                                 |          |                           |
|                             |                      | under section 4958(f)(1)), and persons describe  | d in sec  | tion 4958(c)(3)(B)                    |                                 | 6        |                           |
| ţ                           | 7                    | Notes and loans receivable, net  |           |                                       |                                 | 7        |                           |
| Assets                      | 8                    | Inventories for sale or use  |           |                                       |                                 | 8        |                           |
| Ä                           | 9                    | Prepaid expenses and deferred charges  |           |                                       | 94,775.                         | 9        | 34,744.                   |
|                             | 10a                  | Land, buildings, and equipment: cost or other  |           |                                       |                                 |          |                           |
|                             |                      | basis. Complete Part VI of Schedule D  | 10a       | 240,350.                              |                                 |          |                           |
|                             | b                    | Less: accumulated depreciation   |           | 185,506.                              | 79,848.                         | 10c      | 54,844.                   |
|                             | 11                   | Investments - publicly traded securities   |           |                                       | 40.004                          | 11       | 24 252                    |
|                             | 12                   | Investments - other securities. See Part IV, line  |           | 40,301.                               | 12                              | 31,058.  |                           |
|                             | 13                   | Investments - program-related. See Part IV, line   |           | 13                                    |                                 |          |                           |
|                             | 14                   | Intangible assets Other assets. See Part IV, line 11   |           |                                       | 24 222                          | 14       | 0 000 540                 |
|                             | 15                   |  |           |                                       | 34,028.                         | 15       | 2,330,740.                |
|                             | 16                   | Total assets. Add lines 1 through 15 (must equ   |           |                                       | 4,177,764.                      | 16       | 6,742,190.                |
|                             | 17                   | Accounts payable and accrued expenses  Grants payable  Deferred revenue                              |           |                                       | 500,810.                        | 17       | 449,781.                  |
|                             | 18                   |  |           |                                       | 1 256                           | 18       | 1 256                     |
|                             | 19                   |  |           |                                       | 1,256.                          | 19       | 1,256.                    |
|                             | 20                   | Tax-exempt bond liabilities  |           |                                       | 6,683.                          | 20       | 7,943.                    |
|                             | 21                   | Escrow or custodial account liability. Complete  |           |                                       | 0,003.                          | 21       | 1,343.                    |
| ies                         | 22                   | Loans and other payables to any current or form  |           |                                       |                                 |          |                           |
| Liabilities                 |                      | trustee, key employee, creator or founder, substantial contributor, or 35%                           |           |                                       |                                 | 00       |                           |
| Ë                           | 00                   | controlled entity or family member of any of the   |           |                                       |                                 | 22       |                           |
| _                           | 23<br>24             | Secured mortgages and notes payable to unrela  |           | · · · · · · · · · · · · · · · · · · · |                                 | 23<br>24 |                           |
|                             | 2 <del>4</del><br>25 | Unsecured notes and loans payable to unrelate<br>Other liabilities (including federal income tax, pa | -         |                                       |                                 | 24       |                           |
|                             | 23                   | parties, and other liabilities not included on line  |           |                                       |                                 |          |                           |
|                             |                      |  | -         | ·                                     | 10,247.                         | 25       | 2,328,986.                |
|                             | 26                   |  |           |                                       | 518,996.                        | 26       | 2,787,966.                |
|                             | 20                   | Organizations that follow FASB ASC 958, che  |           |                                       | 320,3301                        | 20       | 2770775000                |
| es                          |                      | and complete lines 27, 28, 32, and 33.   | JOK HOL   |                                       |                                 |          |                           |
| anc                         | 27                   | Net assets without donor restrictions  |           |                                       | 3,242,507.                      | 27       | 3,193,413.                |
| Bala                        | 28                   | Net assets with donor restrictions   |           |                                       | 416,261.                        | 28       | 760,811.                  |
| Ē                           |                      | Organizations that do not follow FASB ASC 9  |           |                                       | ·                               |          | ·                         |
| Ξ                           |                      | and complete lines 29 through 33.  | ,         |                                       |                                 |          |                           |
| ō                           | 29                   | Capital stock or trust principal, or current funds   |           |                                       |                                 | 29       |                           |
| sets                        | 30                   | Paid-in or capital surplus, or land, building, or e  |           |                                       |                                 | 30       |                           |
| Ass                         | 31                   | Retained earnings, endowment, accumulated in   |           |                                       |                                 | 31       |                           |
| Net Assets or Fund Balances | 32                   | Total net assets or fund balances  |           |                                       | 3,658,768.                      | 32       | 3,954,224.                |
|                             | 33                   | Total liabilities and net assets/fund balances   |           |                                       | 4,177,764.                      | 33       | 6,742,190.                |
|                             |                      |  |           |                                       | · ·                             |          | Farm 990 (0000)           |

232012 12-13-22

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

LEGAL AID SOCIETY, INC. 61-0537626 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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  | tion A. Public Support  |                      |                      |                       |                     |                   |                 |  |  |
|------|---|----------------------|----------------------|-----------------------|---------------------|-------------------|-----------------|--|--|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2018             | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022          | (f) Total       |  |  |
|      | Gifts, grants, contributions, and   | ` ,                  | ` ,                  | ` ,                   | ` ,                 | , ,               |                 |  |  |
|      | membership fees received. (Do not   |                      |                      |                       |                     |                   |                 |  |  |
|      | include any "unusual grants.")  | 3958119.             | 4284047.             | 5317885.              | 5152389.            | 6265266.          | 24977706.       |  |  |
| 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   |                      |                      |                       |                     |                   |                 |  |  |
| 4    | Total. Add lines 1 through 3  | 3958119.             | 4284047.             | 5317885.              | 5152389.            | 6265266.          | 24977706.       |  |  |
| 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)  |                      |                      |                       |                     |                   |                 |  |  |
| 6    | Public support. Subtract line 5 from line 4.  |                      |                      |                       |                     |                   | 24977706.       |  |  |
|      | Section B. Total Support  |                      |                      |                       |                     |                   |                 |  |  |
| Cale | ndar year (or fiscal year beginning in)   | (a) 2018             | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022          | (f) Total       |  |  |
| 7    | Amounts from line 4   | 3958119.             | 4284047.             | 5317885.              | 5152389.            | 6265266.          | 24977706.       |  |  |
| 8    | Gross income from interest,   |                      |                      |                       |                     |                   |                 |  |  |
|      | dividends, payments received on   |                      |                      |                       |                     |                   |                 |  |  |
|      | securities loans, rents, royalties,   |                      |                      |                       |                     |                   |                 |  |  |
|      | and income from similar sources   | 26,500.              | 27,412.              | 25,185.               | 24,112.             | 23,520.           | 126,729.        |  |  |
| 9    | Net income from unrelated business  |                      |                      |                       |                     |                   |                 |  |  |
|      | activities, whether or not the  |                      |                      |                       |                     |                   |                 |  |  |
|      | business is regularly carried on  |                      |                      |                       |                     |                   |                 |  |  |
| 10   | Other income. Do not include gain   |                      |                      |                       |                     |                   |                 |  |  |
|      | or loss from the sale of capital  |                      |                      |                       |                     |                   |                 |  |  |
|      | assets (Explain in Part VI.)  | 4,452.               | 14,257.              | 30,330.               | 655.                | 31,143.           |                 |  |  |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                      |                      |                       |                     |                   | 25185272.       |  |  |
| 12   | Gross receipts from related activities,   | etc. (see instructio | ns)                  |                       |                     | 12                | 125,201.        |  |  |
| 13   | First 5 years. If the Form 990 is for the   | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 50 | 01(c)(3)          |                 |  |  |
|      | organization, check this box and stop   |                      |                      |                       |                     |                   |                 |  |  |
|      | tion C. Computation of Publi  |                      |                      |                       |                     |                   |                 |  |  |
|      | Public support percentage for 2022 (I   |                      |                      |                       |                     | 14                | 99.18 %         |  |  |
|      | Public support percentage from 2021   |                      |                      |                       |                     | 15                | 99.24 %         |  |  |
| 16a  | 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and |                      |                      |                       |                     |                   |                 |  |  |
|      | stop here. The organization qualifies as a publicly supported organization  |                      |                      |                       |                     |                   |                 |  |  |
| b    | b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box  |                      |                      |                       |                     |                   |                 |  |  |
|      | and stop here. The organization qual  |                      |                      |                       |                     |                   |                 |  |  |
| 17a  | 10% -facts-and-circumstances test   | -                    |                      |                       |                     |                   |                 |  |  |
|      | and if the organization meets the fact  |                      |                      |                       |                     | VI how the organi | zation          |  |  |
|      | meets the facts-and-circumstances te  | •                    | •                    |                       |                     |                   |                 |  |  |
| b    | 10% -facts-and-circumstances test   | ū                    |                      |                       |                     | •                 | 10% or          |  |  |
|      | more, and if the organization meets the   |                      |                      |                       | -                   |                   |                 |  |  |
|      | organization meets the facts-and-circu  |                      |                      | •                     |                     |                   |                 |  |  |
| 18   | Private foundation. If the organization   | n did not check a b  | oox on line 13, 16a  | ı, 16b, 1/a, or 17b   | , cneck this box ar |                   | (Form 990) 2022 |  |  |

#### 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.)

| Sed | ction A. Public Support  | siow, picase comp  | oicte i art ii.j          |                       |                     |                     |           |
|-----|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
|     | ndar year (or fiscal year beginning in)  | (a) 2018           | <b>(b)</b> 2019           | (c) 2020              | (d) 2021            | (e) 2022            | (f) Total |
|     | Gifts, grants, contributions, and membership fees received. (Do not  |                    |                           |                       |                     |                     |           |
|     | include any "unusual grants.")   |                    |                           |                       |                     |                     |           |
| 2   | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>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-<br>ization's benefit and either paid to<br>or expended on its behalf  |                    |                           |                       |                     |                     |           |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                           |                       |                     |                     |           |
| 6   | Total. Add lines 1 through 5   |                    |                           |                       |                     |                     |           |
|     | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                    |                           |                       |                     |                     |           |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                         |                    |                           |                       |                     |                     |           |
| c   | Add lines 7a and 7b  |                    |                           |                       |                     |                     |           |
| 8   | Public support. (Subtract line 7c from line 6.)  |                    |                           |                       |                     |                     |           |
|     | ndar year (or fiscal year beginning in)  | (a) 2018           | <b>(b)</b> 2019           | (c) 2020              | (d) 2021            | (e) 2022            | (f) Total |
|     | Amounts from line 6  | (a) 2010           | (6) 2019                  | (6) 2020              | (4) 2021            | (6) 2022            | (i) iotai |
|     | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                    |                           |                       |                     |                     |           |
| b   | Unrelated business taxable income  |                    |                           |                       |                     |                     |           |
|     | (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                           |                       |                     |                     |           |
| c   | Add lines 10a and 10b  |                    |                           |                       |                     |                     |           |
|     | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                    |                           |                       |                     |                     |           |
| 12  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                           |                       |                     |                     |           |
| 13  | Total support. (Add lines 9, 10c, 11, and 12.)   |                    |                           |                       |                     |                     |           |
| 14  | First 5 years. If the Form 990 is for the  | J                  |                           | ,                     | •                   | ( ) ( )             | · —       |
|     | check this box and stop here   |                    |                           |                       |                     |                     |           |
|     | ction C. Computation of Publi  |                    |                           |                       |                     | <del> </del>        |           |
|     | Public support percentage for 2022 (li   | , ,,,              | •                         | column (f))           |                     | 15                  | %         |
|     | Public support percentage from 2021  |                    |                           |                       |                     | 16                  | %         |
|     | ction D. Computation of Inves  |                    |                           | . 10 1 (0)            |                     | 14-1                |           |
|     | Investment income percentage for 20  |                    |                           |                       |                     | 17                  | %         |
|     | Investment income percentage from 2  |                    |                           |                       |                     | 18                  | %<br>7 in |
| 198 | 33 1/3% support tests - 2022. If the   |                    |                           |                       |                     |                     |           |
| b   | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the  | organization did r | not check a box or        | line 14 or line 19a   | a, and line 16 is m | ore than 33 1/3%, a | and       |
|     | line 18 is not more than 33 1/3%, che  | ck this box and st | <b>top here.</b> The orga | anization qualifies a | as a publicly supp  | orted organization  |           |
| 20  | Private foundation. If the organization  | n did not check a  | hox on line 14 19         | a or 19h check th     | nis hox and see in  | structions          |           |

Т..

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 |
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| ı uı | 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?  | а        |     |    |
| b    | A family member of a person described on line 11a above?  | b        |     |    |
| С    | 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.  | С        |     |    |
| Sec  | tion B. Type I Supporting Organizations   |          |     |    |
|      |   |          | Yes | No |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |          |     |    |
|      | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |          |     |    |
|      | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)   |          |     |    |
|      | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |          |     |    |
|      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | J        |     |    |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported   |          |     |    |
|      | organization(s) that operated, supervised, or controlled the supporting organization? 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.  | <u>:</u> |     |    |
| Sec  | tion C. Type II Supporting Organizations  |          |     |    |
|      |   |          | Yes | No |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |          |     |    |
|      | or trustees of each of the organization's supported organization(s)? 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).  | J        |     |    |
| Sec  | tion D. All Type III Supporting Organizations   |          |     |    |
|      |   |          | Yes | No |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |          |     |    |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |          |     |    |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |          |     |    |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  |          |     |    |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |          |     |    |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |          |     |    |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).   | <u>:</u> |     |    |
| 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.  | ;        |     |    |
| Sec  | tion E. Type III Functionally Integrated Supporting Organizations   |          |     |    |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |          |     |    |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  |          |     |    |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.   |          |     |    |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc  | tion     | s)  |    |
| 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.  | 3        |     |    |
| b    | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |          |     |    |
|      | one or more of the organization's supported organization(s) would have been engaged in? 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.  | )        |     |    |
| 3    | Parent of Supported Organizations. Answer lines 3a and 3b below.  |          |     |    |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |          |     |    |
|      | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3        |     |    |
| b    |   |          |     |    |
|      | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard   | a I      |     |    |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supportir   | ng Organ      | izations                            | J                              |  |  |  |  |  |
|--|---|---------------|-------------------------------------|--------------------------------|--|--|--|--|--|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifyir                              | ng trust on   | Nov. 20, 1970 ( explain in <b>I</b> | Part VI). See instructions.    |  |  |  |  |  |
|  | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |               |                                     |                                |  |  |  |  |  |
| Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) |   |               |                                     |                                |  |  |  |  |  |
| _1   | Net short-term capital gain   | 1             |                                     |                                |  |  |  |  |  |
| 2  | Recoveries of prior-year distributions  | 2             |                                     |                                |  |  |  |  |  |
| 3  | Other gross income (see instructions)   | 3             |                                     |                                |  |  |  |  |  |
| _4   | Add lines 1 through 3.  | 4             |                                     |                                |  |  |  |  |  |
| _5   | Depreciation and depletion  | 5             |                                     |                                |  |  |  |  |  |
| 6  | Portion of operating expenses paid or incurred for production or  |               |                                     |                                |  |  |  |  |  |
|  | collection of gross income or for management, conservation, or  |               |                                     |                                |  |  |  |  |  |
|  | maintenance of property held for production of income (see instructions)                                    | 6             |                                     |                                |  |  |  |  |  |
| 7  | Other expenses (see instructions)   | 7             |                                     |                                |  |  |  |  |  |
| 8  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8             |                                     |                                |  |  |  |  |  |
| Sect   | ion B - Minimum Asset Amount  |               | (A) Prior Year                      | (B) Current Year<br>(optional) |  |  |  |  |  |
| 1  | Aggregate fair market value of all non-exempt-use assets (see   |               |                                     |                                |  |  |  |  |  |
|  | instructions for short tax year or assets held for part of year):   |               |                                     |                                |  |  |  |  |  |
| a  | Average monthly value of securities   | 1a            |                                     |                                |  |  |  |  |  |
| b  | Average monthly cash balances   | 1b            |                                     |                                |  |  |  |  |  |
| c  | Fair market value of other non-exempt-use assets  | 1c            |                                     |                                |  |  |  |  |  |
| d  | Total (add lines 1a, 1b, and 1c)  | 1d            |                                     |                                |  |  |  |  |  |
| 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             |                                     |                                |  |  |  |  |  |
| 4  | Enter greater of line 2 or line 3.  | 4             |                                     |                                |  |  |  |  |  |
| 5  | Income tax imposed in prior year  | 5             |                                     |                                |  |  |  |  |  |
| 6  | Distributable Amount. Subtract line 5 from line 4, unless subject to  |               |                                     |                                |  |  |  |  |  |
|  | emergency temporary reduction (see instructions).   | 6             |                                     |                                |  |  |  |  |  |
| 7  | Check here if the current year is the organization's first as a non-functional                              | Ily integrate | ed Type III supporting orga         | nization (see                  |  |  |  |  |  |

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

**b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

#### Schedule B

Department of the Treasury

(Form 990)

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

**2022** 

Schedule B (Form 990) (2022)

Internal Revenue Service

Name of the organization

LEGAL AID SOCIETY

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

**Employer identification number** 

61-0537626

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

### LEGAL AID SOCIETY, INC.

61-0537626

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional                       | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 1          | LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT  601 W. JEFFERSON STREET  LOUISVILLE, KY 40202         | \$383,425.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 2          | LEGAL SERVICES CORPORATION  3333 K STREET NW  WASHINGTON, DC 20007                                  | \$ <u>1,626,434</u> .      | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 3          | COMMONWEALTH OF KENTUCKY JUSTICE & PUBLIC SAFETY CABINET  125 HOLMES STREET  FRANKFORT, KY 40601    | \$598,175.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 4          | KENTUCKY DEPARTMENT OF TREASURY  US HIGHWAY 127, SUITE 100  FRANKFORT, KY 40601                     | \$540,333.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 5          | KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES  730 SCHENKEL LANE PO BOX 2150  FRANKFORT, KY 40602 | \$ <u>130,764</u> .        | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6          | KENTUKCY IOLTA FUND OF THE KENTUCKY BAR FOUNDATION  514 W MAIN ST  FRANKFORT, KY 40601              | \$151,128 <b>.</b>         | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|            | 5.22  | 1                          | Schedule B (Form 990) (2022)   |

Schedule B (Form 990) (2022) Pag

Name of organization

Employer identification number

| DDOME MID DOCTUIT, INC | LEGAL | $\mathtt{AID}$ | SOCIETY, | INC |
|------------------------|-------|----------------|----------|-----|
|------------------------|-------|----------------|----------|-----|

61-0537626

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional   | l space is needed.         |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          | KENTUCKY EQUAL JUSTICE WORKS  222 S 1ST STREET, SUITE 305  LOUISVILLE, KY 40202 | \$314,739.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          | GOODWILL INDUSTRIES OF KENTUCKY, INC.  1325 S 4TH STREET  LOUISVILLE, KY 40208  | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 9          | JAMES GRAHAM BROWN FOUNDATION  4350 BROWNSBORO RD #200  LOUISVILLE, KY 40207    | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Oncash Occash If for noncash contributions.           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Occupate Part II for noncash contributions.           |

Name of organization

Employer identification number

### LEGAL AID SOCIETY, INC.

61-0537626

| Part I  (a)  No. from Part I  (a)  Description of noncash property given  (b)  FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d)  No. from Part I  (a)  No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d)  No. from Description of noncash property given  (e)  FMV (or estimate) (See instructions.)  (a)  No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)                            |                    |
|---|--------------------|
| (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  Day (c) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) No. (from Description of noncash property given (See instructions.)  | (d)<br>te received |
| No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  Date of the property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) No. from Description of noncash property given  (e) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.) |                    |
| (a) No. from Part I  (a) Description of noncash property given Part I  (a) Description of noncash property given See instructions.)  (b) See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) No. from Part I  Description of noncash property given See instructions.)  (a) See instructions.)   | (d)<br>te received |
| No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  Part I  (a) See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)   |                    |
| (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  \$  (a)  (b) FMV (or estimate) (See instructions.)  | (d)<br>te received |
| No. from Description of noncash property given See instructions.)  Date of the part I See instructions.   |                    |
| (a)   | (d)<br>te received |
| (a)   , ,   |                    |
| No. (b) (C) FMV (or estimate)   | (d)<br>te received |
|   |                    |
| (a) No. from Part I  (b)  (c) FMV (or estimate) (See instructions.)   | (d)<br>te received |
|   |                    |

Page 4

Name of organization **Employer identification number** 61-0537626 LEGAL AID SOCIETY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

#### 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.

2022
Open to Public Inspection

Name of the organization

LEGAL AID SOCIETY, INC.

Employer identification number 61-0537626

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line   |                         | r Si  | milar Funds o       | r Ac    | coun          | ts. Complete if the             |  |
|-----|--|-------------------------|-------|---------------------|---------|---------------|---------------------------------|--|
|     | organization anomorou neo orni om oco, natriv, iiii  | (a) Donor adv           | vised | funds               | (1      | <b>b)</b> Fun | ds 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 v   | vriting that the assets | held  | d in donor advised  | d fund  | s             |                                 |  |
|     | are the organization's property, subject to the organization's   | -                       |       |                     |         |               | Yes No                          |  |
| 6   | Did the organization inform all grantees, donors, and donor ad   |                         |       |                     |         |               |                                 |  |
|     | for charitable purposes and not for the benefit of the donor or  |                         |       |                     |         |               |                                 |  |
|     | impermissible private benefit?   |                         |       |                     |         |               |                                 |  |
| Par | t II Conservation Easements. Complete if the org   | ganization answered "   | Yes   | " on Form 990, Pa   | art IV, | line 7.       |                                 |  |
| 1   | Purpose(s) of conservation easements held by the organization  | on (check all that appl | y).   |                     |         |               |                                 |  |
|     | Preservation of land for public use (for example, recreat  | tion or education)      |       | Preservation of a   | a histo | rically       | important land area             |  |
|     | Protection of natural habitat  |                         |       | Preservation of a   | certif  | fied his      | storic structure                |  |
|     | Preservation of open space   |                         |       |                     |         |               |                                 |  |
| 2   | Complete lines 2a through 2d if the organization held a qualif   | ied conservation cont   | ribu  | tion in the form of | a cor   | servat        |                                 |  |
|     | day of the tax year.   |                         |       |                     |         |               | Held at the End of the Tax Year |  |
| а   | Total number of conservation easements   |                         |       |                     |         | 2a            |                                 |  |
| b   |  |                         |       |                     |         | 2b            |                                 |  |
| С   | Number of conservation easements on a certified historic stru  |                         |       |                     |         | 2c            |                                 |  |
| d   | Number of conservation easements included in (c) acquired a  |                         |       |                     |         |               |                                 |  |
|     | historic structure listed in the National Register   |                         |       |                     |         | 2d            |                                 |  |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, o  | or te | rminated by the o   | organiz | zation        | during the tax                  |  |
|     | year   |                         |       |                     |         |               |                                 |  |
| 4   | Number of states where property subject to conservation eas  | _                       |       |                     |         |               |                                 |  |
| 5   | Does the organization have a written policy regarding the per  |                         |       |                     |         |               |                                 |  |
|     | violations, and enforcement of the conservation easements it   |                         |       |                     |         |               | Yes No                          |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, l   | handling of violations, | , and | l enforcing conse   | rvatioi | n ease        | ments during the year           |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | ling of violations, and | enfo  | orcina conservatio  | on eas  | ement         | ts during the vear              |  |
|     |  | ,                       |       | J                   |         |               | ,                               |  |
| 8   | Does each conservation easement reported on line 2(d) above  | e satisfy the requireme | ents  | of section 170(h)   | (4)(B)( | i)            |                                 |  |
|     | and section 170(h)(4)(B)(ii)?  |                         |       |                     |         |               | Yes No                          |  |
| 9   | In Part XIII, describe how the organization reports conservation   | on easements in its re  | venu  | ue and expense st   | tateme  | ent and       | d                               |  |
|     | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the                            |                         |       |                     |         |               |                                 |  |
| Da  | organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. |                         |       |                     |         |               |                                 |  |
| Pai |  |                         | rea   | sures, or Oth       | er Si   | ımııaı        | r Assets.                       |  |
|     | Complete if the organization answered "Yes" on Form  |                         |       |                     |         |               |                                 |  |
| 1a  | If the organization elected, as permitted under FASB ASC 956   | •                       |       |                     |         |               |                                 |  |
|     | of art, historical treasures, or other similar assets held for pub   | •                       |       |                     |         | ce of p       | DUBLIC                          |  |
|     | service, provide in Part XIII the text of the footnote to its finan  |                         |       |                     |         |               |                                 |  |
| b   | If the organization elected, as permitted under FASB ASC 956   | •                       |       |                     |         |               |                                 |  |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education   | , or  | research in furthe  | rance   | of pub        | olic service,                   |  |
|     | 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 treat  |                         |       |                     | gain, p | rovide        | •                               |  |
| _   | the following amounts required to be reported under FASB AS  |                         |       |                     |         |               | ¢                               |  |
| a   | Revenue included on Form 990, Part VIII, line 1  |                         |       |                     |         |               | Φ                               |  |
| D   | Assets included in Form 990, Part X  |                         |       |                     |         |               | φ                               |  |

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

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply):  a   | Par | t III Organizations Maintaining C                 | ollections of Ar       | t, Historical Tre        | asures, or Oth        | er Simila     | r Assets       | (continued)         |
|--|-----|---|------------------------|--------------------------|-----------------------|---------------|----------------|---------------------|
| a Public exhibition   d  | 3   | Using the organization's acquisition, accession   | on, and other record   | s, check any of the f    | ollowing that make    | significant ı | use of its     |                     |
| b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table:  C Beginning balance  C Beginning b |     | collection items (check all that apply):          |                        |                          |                       |               |                |                     |
| ## Provide a description for future generations ## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  ## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  ## Part IV   | а   | Public exhibition                                 | d                      | I Loan or exc            | hange program         |               |                |                     |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization and solicitors.  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  In It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21.  In It is the organization and the arrangement in Part XIII and complete the following table:    Amount  | b   | Scholarly research                                | е                      | Other                    |                       |               |                |                     |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves  | С   | Preservation for future generations               |                        |                          |                       |               |                |                     |
| to be sold for raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    September    | 4   | Provide a description of the organization's co    | llections and explair  | n how they further th    | e organization's ex   | empt purpo    | se in Part 2   | XIII.               |
| Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tall Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/Ps.   Yes   X No  | 5   | During the year, did the organization solicit or  | r receive donations of | of art, historical treas | sures, or other simil | ar assets     |                |                     |
| reported an amount on Form 990, Part X, line 21, for escribing the very substitutions of the arrangement in Part XIII and complete the following table:    Amount   1c   |     | to be sold to raise funds rather than to be ma    | intained as part of th | ne organization's col    | lection?              |               |                | Yes No              |
| reported an amount on Form 990, Part X, line 21, for escribing the very substitutions of the arrangement in Part XIII and complete the following table:    Amount   1c   | Par | t IV Escrow and Custodial Arrang                  | gements. Comple        | ete if the organizatio   | n answered "Yes" o    | n Form 990    | ), Part IV, Ii | ine 9, or           |
| on Form 990, Part X?  □ Beginning balance □ Beginning balance □ Beginning the year □ Beginning the year □ Beginning balance □ Beginning the year □ Beginning balance □ Bestitutions during the year □ Bestitutions or Bestitutions (d) Book value □ Bestitutions or Besti  |     |   |                        |                          |                       |               |                |                     |
| Bigning balance  | 1a  | Is the organization an agent, trustee, custodia   | an or other intermed   | iary for contributions   | s or other assets no  | t included    |                |                     |
| Beginning balance   Amount   Ic  |     | on Form 990, Part X?                              |                        |                          |                       |               |                | Yes X No            |
| C   Beginning balance   1d   C   6,683.  | b   |   |                        |                          |                       |               |                |                     |
| d Additions during the year   23,953.     e Distributions during the year   1   22,693.     f Ending balance   17,943.     a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   X Yes   No b   1 Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   X     Part V   Endowment Funds. Complete if the organization answered Yes* on Form 990, Part IV, line 10.     Part V   Endowment Funds. Complete if the organization answered Yes* on Form 990, Part IV, line 10.     Part V   Endowment Funds. Complete if the organization answered Yes* on Form 990, Part IV, line 11a.     Part V   Endowment Funds. Complete if the organization answered Yes* on Form 990, Part IV, line 11a.     Part V   Endowment Funds. Complete if the organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.     Part V   Endowment Funds and one of the organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.     Part V   Land, Buildings, and Equipment.   Part V   Land, Buildings, and Equipment.  |     |   |                        |                          |                       |               |                | Amount              |
| d   23,953.     e   Distributions during the year   file   22,693.     f   Ending balance   file     | С   | Beginning balance                                 |                        |                          |                       | 1c            |                | 6,683.              |
| Ending balance   1e   22,693 to   1f   7,943 to   1f   7,945 to   1f   7,943 to   1f   7,945   | d   |   |                        |                          |                       |               |                | 23,953.             |
| ## 7,943.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?   X   Yes   No   No  |     |   |                        |                          |                       |               |                | 22,693.             |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V   | _   |   |                        |                          |                       |               |                | 7,943.              |
| Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII   X   | 2a  |   |                        |                          |                       | oility?       | X              | Yes No              |
| (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (   |     | -   |                        |                          |                       | •             |                | X                   |
| (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (   | Par | t V Endowment Funds. Complete it                  | f the organization an  | swered "Yes" on Fo       | rm 990, Part IV, line | e 10.         |                |                     |
| b Contributions 5,000. 10,000. 10,000. 18,716. 25,000. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 2,000. 2,000. 2,000. 2,000. 2,000. 2,000. 2,000. 87. 87. f Administrative expenses g End of year balance 117,390. 123,079. 110,139. 96,375. 74,465. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 26.4570 % Fermanent endowment 73.4580 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation   |     | ·   |                        |                          |                       |               | ears back      | (e) Four years back |
| b Contributions 5,000. 10,000. 10,000. 18,716. 25,000. c Net investment earnings, gains, and losses d Grants or scholarships   | 1a  | Beginning of year balance                         | 123,079.               | 110,139.                 | 96,375                |               | 74,465.        | 52,274.             |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 2,000, 2,000, 2,000, 2,000, 2,000, 2,000, 2,007, 87.  f Administrative expenses g End of year balance 117,390, 123,079, 110,139, 96,375, 74,465.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 26.4570 %  b Permanent endowment 73.4580 %  c Term endowment 73.4580 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) Unrelated organizations  (iv) Oschedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)   | _   |   | 5,000.                 | 10,000.                  | 10,000                |               | 18,716.        | 25,000.             |
| d Grants or scholarships e Other expenditures for facilities and programs 2,000. 2,000. 2,000. 2,000. 2,007. 87.  f Administrative expenses g End of year balance 117,390. 123,079. 110,139. 96,375. 74,465.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 26.4570 % b Permanent endowment 3.4580 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related org | С   |   | -8,689.                | 4,940.                   | 5,764                 |               | 5,281.         | -2,722.             |
| e Other expenditures for facilities and programs 2,000. 2,000. 2,000. 2,000. 2,000. 87.  f Administrative expenses g End of year balance 1117,390. 123,079. 110,139. 96,375. 74,465.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 26.4570 % b Permanent endowment 73.4580 % C Term endowment 0.0850 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X 3a(ii) X  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) depreciation (d) Book value depreciation   | d   |   |                        |                          |                       |               |                |                     |
| and programs 2,000. 2,000. 2,000. 2,000. 2,087. 87.  f Administrative expenses g End of year balance  117,390. 123,079. 110,139. 96,375. 74,465.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 26.4570 % b Permanent endowment 73.4580 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other)  |     |   |                        |                          |                       |               |                |                     |
| f Administrative expenses g End of year balance  117,390.  123,079.  110,139.  96,375.  74,465.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  26.4570 % b Permanent endowment  |     |   | 2,000.                 | 2,000.                   | 2,000                 | .             | 2,087.         | 87.                 |
| g End of year balance  | f   | . •   |                        |                          |                       |               |                |                     |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 26.4570 %  b Permanent endowment 73.4580 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other depreciation  (d) Book value basis (investment)   |     |   | 117,390.               | 123,079.                 | 110,139               |               | 96,375.        | 74,465.             |
| a Board designated or quasi-endowment 26.4570 %  b Permanent endowment 73.4580   |     |   | ent vear end balance   | e (line 1a. column (a)   | ) held as:            | •             |                |                     |
| b Permanent endowment  c Term endowment  .0850  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (d) Book value  | а   |   |                        |                          | ,                     |               |                |                     |
| c Term endowment   | _   |   |                        |                          |                       |               |                |                     |
| The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) Unit and it is a sequired on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other depreciation  (d) Book value  | С   |   |                        |                          |                       |               |                |                     |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) Unrelated organizations  (iv) Un |     |   | uld equal 100%.        |                          |                       |               |                |                     |
| organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  | За  |   | •                      | ation that are held ar   | nd administered for   | the           |                |                     |
| (ii) Unrelated organizations  (iii) Related organizations  (iii) X  (3b)  (3c)  (4c) Accumulated depreciation  (b) Cost or other basis (other) depreciation  |     | ·   | 3                      |                          |                       |               |                | Yes No              |
| (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  |     | •   |                        |                          |                       |               |                | 3a(i) X             |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  |     |   |                        |                          |                       |               |                | 3a(ii) X            |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation   | b   | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Schedule R?        |                       |               |                |                     |
| Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  |     |   |                        |                          |                       |               |                |                     |
| Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value   | Par |   |                        |                          |                       |               |                |                     |
| basis (investment) basis (other) depreciation  |     | Complete if the organization answered             | d "Yes" on Form 990    | ), Part IV, line 11a. S  | ee Form 990, Part 2   | K, line 10.   |                |                     |
| 1a Land  |     | Description of property                           | 1 ' '                  |                          | ' '                   |               | <b>I</b>       | (d) Book value      |
|  |     | Land  | <u> </u>               |                          |                       |               |                |                     |
| b Buildings  | _   |   |                        |                          |                       |               |                |                     |
| c Leasehold improvements 83,674. 72,361. 11,313.   |     |   |                        | 8                        | 3,674.                | 72.3          | 61.            | 11.313.             |
| d Equipment 97,312. 80,386. 16,926.  |     |   |                        |                          |                       |               |                |                     |
| e Other 59,364. 32,759. 26,605.  |     |   |                        |                          |                       |               |                |                     |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 54,844.  |     |   |                        |                          |                       |               |                |                     |

| Scriedule D (Form 990) 2022 HEGAL ALD D                              | OCIDII, INC.                          | 01 0557020 Page <b>0</b>                                  |
|--|---------------------------------------|---|
| Part VII Investments - Other Securities.                             |                                       | *   |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line            | 11b. See Form 990, Part X, line 12.                       |
| (a) Description of security or category (including name of security) | (b) Book value                        | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives  |                                       |   |
| (2) Closely held equity interests                                    |                                       |   |
| (3) Other  |                                       |   |
| (A)  |                                       |   |
| (B)  |                                       |   |
| (C)  |                                       |   |
| (D)  |                                       |   |
| (E)  |                                       |   |
| (F)  |                                       |   |
| (G)  |                                       |   |
| (H)  |                                       |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                                       |   |
| Part VIII Investments - Program Related.                             |                                       |   |
| Complete if the organization answered "Yes"                          | · · · · · · · · · · · · · · · · · · · |   |
| (a) Description of investment  | (b) Book value                        | (c) Method of valuation: Cost or end-of-year market value |
| <u>(1)</u>   |                                       |   |
| (2)  |                                       |   |
| (3)  |                                       |   |
| (4)  |                                       |   |
| (5)  |                                       |   |
| (6)  |                                       |   |
| (7)  |                                       |   |
| (8)  |                                       |   |
| (9)  |                                       |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                                       |   |
|  |                                       |   |

#### | Part IX | Other Assets.

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) BENEFICIAL INTEREST IN FUNDS HELD IN TRUST                     | 37,532.        |
| (2) OTHER RECEIVABLE   | 34.            |
| (3) RIGHT-OF-USE ASSETS  | 2,293,174.     |
| (4)  |                |
| (5)  |                |
| <u>(6)</u>   |                |
|  |                |
| (8)  |                |
| <u>(9)</u>   |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 2,330,740.     |

#### Other Liabilities. Part X

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

| 1. (a) Description of liability                                    | (b) Book value        |
|--|-----------------------|
| (1) Federal income taxes   |                       |
| (2) FLEXIBLE BENEFIT PLAN  | 11,730.<br>2,317,256. |
| (3) LEASE LIABILITY  | 2,317,256.            |
| (4)  |                       |
| (5)  |                       |
| (6)  |                       |
| (7)  |                       |
| (8)  |                       |
| (9)  |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 2,328,986.            |

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

| raitA        | Reconciliation of Revenue per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line                                   |             | Revenue per Re | turn.    |                     |
|--------------|---|-------------|----------------|----------|---------------------|
| <b>1</b> Tot |   |             |                | 1        | 6,816,586.          |
|              | ounts included on line 1 but not on Form 990, Part VIII, line 12:   |             |                |          | , ,                 |
|              | unrealized gains (losses) on investments  | 2a          |                |          |                     |
|              | nated services and use of facilities  |             | 570,312.       |          |                     |
|              | coveries of prior year grants   |             | •              |          |                     |
|              | er (Describe in Part XIII.)   |             | 3,538.         |          |                     |
|              | d lines <b>2a</b> through <b>2d</b>   |             |                | 2e       | 573,850.            |
|              | otract line <b>2e</b> from line <b>1</b>  |             |                | 3        | 6,242,736.          |
|              | ounts included on Form 990, Part VIII, line 12, but not on line 1:  |             |                |          |                     |
| <b>a</b> Inv | estment expenses not included on Form 990, Part VIII, line 7b   | 4a          |                |          |                     |
|              | er (Describe in Part XIII.)   |             |                |          |                     |
|              | l lines 4a and 4b   |             |                | 4c       | 0.                  |
| <b>5</b> Tot | al revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)  |             |                | 5        | 6,242,736.          |
| Part X       | Reconciliation of Expenses per Audited Financial Stat   | ements With | Expenses per F | Returr   | ٦.                  |
|              | Complete if the organization answered "Yes" on Form 990, Part IV, line  |             |                |          |                     |
| <b>1</b> Tot | al expenses and losses per audited financial statements   |             |                | 1        | 6,521,130.          |
| <b>2</b> Am  | ounts included on line 1 but not on Form 990, Part IX, line 25:   |             |                |          |                     |
| <b>a</b> Do  | nated services and use of facilities  | 2a          | 570,312.       |          |                     |
| <b>b</b> Pri | or year adjustments   | 2b          |                |          |                     |
|              | er losses   |             |                |          |                     |
|              | er (Describe in Part XIII.)   |             |                |          |                     |
|              | d lines 2a through 2d   |             |                | 2e       | 570,312.            |
|              | otract line 2e from line 1  |             |                | 3        | 5,950,818.          |
|              | ounts included on Form 990, Part IX, line 25, but not on line 1:  | 1 1         |                |          |                     |
|              | estment expenses not included on Form 990, Part VIII, line 7b   |             |                | -        |                     |
|              | er (Describe in Part XIII.)   | 4b          |                |          | 0                   |
|              | d lines 4a and 4b   |             |                | 4c       | 5,950,818.          |
| 5 Tot        | al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.,<br>III Supplemental Information.  | )           |                | 5        | 5,950,616.          |
|              | ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; nd 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any |             |                | ; Part X | (, line 2; Part XI, |
| PART         | IV, LINE 2B:  |             |                |          |                     |
| THE C        | RGANIZATION HOLDS FUNDS FOR THEIR CLI   | ENTS FOR    | VARIOUS PA     | YME      | NTS TO BE           |
| MADE         | ON BEHALF OF CLIENTS IN AN ESCROW ACC   | TRUC        |                |          |                     |
|              |   |             |                |          |                     |
| PART         | V, LINE 4:  |             |                |          |                     |
| THE E        | OARD DESIGNATED FUND WAS SETUP TO SUP   | PORT THE    | DIVERSITY      | INT      | ERN HIRED           |
| EACH         | SUMMER BY THE SOCIETY.  |             |                |          |                     |
|              |   |             |                |          |                     |
| THE E        | LDRED FUND WAS ESTABLISHED TO SUPPORT   | THE RECO    | OGNIZING AN    | NUAI     | LLY OF A            |
| LEGAI        | AID ATTORNEY WHO DEMONSTRATES EXTRAO  | RDINARY S   | SERVICE IN     | ADVO     | OCATING             |
| FOR I        | OW INCOME CLIENTS AND IN ACHIEVING SY   | STEMIC CH   | ANGES FOR      | THE      |                     |
|              | VEMENT OF THE LIVES OF POOR PEOPLE.   |             |                |          |                     |

#### **SCHEDULE G** (Form 990)

#### **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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| Name of the organization   |   |   |  |   |         |   | ntification number                                |  |
|--|---|---|--|---|---------|---|---|--|
| LEGAL AID SOCIETY, INC.  |   |   |  |   |         | 61-0537626  |   |  |
| Fundraising Activities. required to complete this par  | Complete if the organization answett.   | red "Y  | es" or   | n Form 990, Part IV, I  | ine 1   | 7. Form 990-EZ  | filers are not                                    |  |
| <ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul> | eed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | tion of<br>tion of<br>fundra<br>(includ       | non-g<br>gover<br>aising<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |         | Yes   |   |  |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | (iii)<br>fundi<br>have c<br>or cor<br>contrib | ustody<br>itrol of                             | (iv) Gross receipts from activity   | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid to (or retained by) organization |  |
|  |   | Yes   | No   |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
| Total  |   |   |  |   |         |   |   |  |
| List all states in which the organization or licensing.  | n is registered or licensed to solicit o  | ontrib  | utions   | or has been notified  | it is e | exempt from re  | gistration  |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
|  |   |   |  |   |         |   |   |  |
| LHA For Paperwork Reduction Act Noti   | ice, see the Instructions for Form 9  | 90 or   | 990-E  | <b>Z</b> .  |         | Schedule  | G (Form 990) 2022                                 |  |

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

|                         |  |  |  | (b) Event #2<br>100TH<br>ANNIVERSARY                 | (c) Other events NONE | (d) Total events<br>(add col. (a) through        |
|-------------------------|--|--|--|--|-----------------------|--|
| - 1                     |  |  | (event type)   | (event type)   | (total number)        | col. <b>(c)</b> )                                |
| nue                     |  |  | 71 /   | , ,,,  | ,                     |  |
| Revenue                 | 1  | Gross receipts   | 166,008.   | 14,899.  |                       | 180,907.   |
|                         | 2  | Less: Contributions  | 137,775.   | 7,401.   |                       | 145,176.   |
|                         | 3  | Gross income (line 1 minus line 2)   | 28,233.  | 7,498.   |                       | 35,731.  |
|                         | 4  | Cash prizes  |  |  |                       |  |
| S                       | 5  | Noncash prizes   |  |  |                       |  |
| sueds                   | 6  | Rent/facility costs  | 19,238.  |  |                       | 19,238.  |
| Direct Expenses         | 7  | Food and beverages   | 41,081.  |  |                       | 41,081.  |
|                         | 8  | Entertainment  | 5,750.   |  |                       | 5,750.   |
|                         | 9  | Other direct expenses  | 36,478.  | 9,000.   |                       | 45,478.  |
|                         | 10   | Direct expense summary. Add lines 4 through  | 9 in column (d)  |  |                       | 111,547.   |
| Pa                      |  | Net income summary. Subtract line 10 from li   | •  |  |                       | -75,816.   |
| rai                     |  | <b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.  | answered "Yes" on Form   | 1990, Part IV, line 19, or r                         | reported more than    |  |
|                         |  | \$15,000 off Form 550 EZ, line oa.   |  |  |                       |  |
|                         |  |  |  | (b) Pull tabs/instant                                |                       | (d) Total gaming (add                            |
| nue                     |  |  | (a) Bingo  | <b>(b)</b> Pull tabs/instant bingo/progressive bingo | (c) Other gaming      | (d) Total gaming (add col. (a) through col. (c)) |
| Sevenue                 |  |  | (a) Bingo  |  | (c) Other gaming      |  |
| Revenue                 | 1  | Gross revenue  | (a) Bingo  |  | (c) Other gaming      |  |
| Revenue                 | 1  |  | (a) Bingo  |  | (c) Other gaming      |  |
|                         | 1  | Gross revenue  | (a) Bingo  |  | (c) Other gaming      |  |
|                         |  |  | (a) Bingo  |  | (c) Other gaming      |  |
| Direct Expenses Revenue | 3  | Cash prizes  | (a) Bingo  |  | (c) Other gaming      |  |
|                         | 3  | Cash prizes  Noncash prizes  | (a) Bingo  |  | (c) Other gaming      |  |
|                         | 3  | Cash prizes  Noncash prizes  Rent/facility costs   | (a) Bingo  |  | (c) Other gaming      |  |
|                         | 3<br>4<br>5  | Cash prizes  Noncash prizes  Rent/facility costs   |  | bingo/progressive bingo                              |                       |  |
|                         | 3<br>4<br>5  | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  | Yes%  No   | bingo/progressive bingo                              |                       |  |
|                         | 3<br>4<br>5<br>6<br>7  | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  | Yes% No 15 in column (d)   | bingo/progressive bingo  Yes%  No                    |                       |  |
|                         | 3<br>4<br>5<br>6<br>7  | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor   | Yes% No 15 in column (d)   | bingo/progressive bingo  Yes%  No                    |                       |  |
| Direct Expenses         | 3<br>4<br>5<br>6<br>7<br>8   | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  | Yes % No  5 in column (d)  | bingo/progressive bingo  Yes%  No                    | Yes%  No              |  |
| 6 Direct Expenses       | 3 4 5 6 7 8 End  | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  | Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities:                                      | bingo/progressive bingo  Yes%  No                    | Yes%                  | col. (a) through col. (c))                       |
| a birect Expenses       | 3 4 5 6 7 8 Entite to the state of the state | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu  | Yes% No  1.5 in column (d)  from line 1, column (d)  cts gaming activities:ctivities in each of these            | yes% No  | Yes%                  | col. (a) through col. (c))                       |
| a birect Expenses       | 3 4 5 6 7 8 Entite to the state of the state | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducts organization licensed to conduct gaming acts  | Yes% No  1.5 in column (d)  from line 1, column (d)  cts gaming activities:ctivities in each of these            | yes% No  | Yes%                  | col. (a) through col. (c))                       |
| d b G Direct Expenses   | 3 4 5 6 7 8 Entitle If "   | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming act No," explain:   | Yes %  No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these s        | Yes% No  | Yes%  No              | Col. (a) through col. (c))  Yes No               |
| 9 a b                   | 3 4 5 6 7 8 Entitle If "   | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming action," explain:  ere any of the organization's gaming licenses re | Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these services. | yes%  No  states?                                    | Yes%  No              | Yes No   |
| 9 a b                   | 3 4 5 6 7 8 Entitle If "   | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming act No," explain:   | Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these services. | yes%  No  states?                                    | Yes%  No              | Yes No   |

Schedule G (Form 990) 2022

232082 10-27-22

| Sch | edule G (Form 990) 2022 LEGAL AID SOCIETY, INC. 6  | <u>1-0!</u> | <u> 5376</u> | 26     | Page 3   |
|-----|--|-------------|--------------|--------|----------|
| 11  | Does the organization conduct gaming activities with nonmembers?   |             | Y            | 'es    | No       |
|     | 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?   |             |              | es     | No       |
| 12  | Indicate the percentage of gaming activity conducted in:   |             | ш.           | CJ     | 110      |
|     |  | 1           | ا ۔مد        |        | 0/       |
|     | The organization's facility  |             | 13a          |        | <u>%</u> |
|     | An outside facility  | L           | 13b          |        | <u>%</u> |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |             |              |        |          |
|     |  |             |              |        |          |
|     | Name   |             |              |        |          |
|     |  |             |              |        |          |
|     | Address  |             |              |        |          |
|     |  |             |              |        |          |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               |             | Y            | 'es    | ☐ No     |
|     | 3 3 3  |             |              |        |          |
| h   | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount                                | nt          |              |        |          |
| b   |  |             |              |        |          |
|     | of gaming revenue retained by the third party \$   |             |              |        |          |
| С   | If "Yes," enter name and address of the third party:   |             |              |        |          |
|     |  |             |              |        |          |
|     | Name   |             |              |        |          |
|     |  |             |              |        |          |
|     | Address  |             |              |        |          |
|     |  |             |              |        |          |
| 16  | Gaming manager information:  |             |              |        |          |
|     |  |             |              |        |          |
|     | Name   |             |              |        |          |
|     |  |             |              |        |          |
|     | Coming manager companyation  |             |              |        |          |
|     | Gaming manager compensation \$   |             |              |        |          |
|     |  |             |              |        |          |
|     | Description of services provided   |             |              |        |          |
|     |  |             |              |        |          |
|     |  |             |              |        |          |
|     |  |             |              |        |          |
|     | Director/officer Employee Independent contractor   |             |              |        |          |
|     |  |             |              |        |          |
| 17  | Mandatory distributions:   |             |              |        |          |
|     | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |             |              |        |          |
| u   |  |             |              | 'es    | No       |
|     | retain the state gaming license?   |             |              | CS     | 140      |
| D   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ie          |              |        |          |
| Da  | organization's own exempt activities during the tax year \$  |             |              |        |          |
| Pa  | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an            | d Part      | III, line    | s 9, 9 | b, 10b,  |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |             |              |        |          |
|     |  |             |              |        |          |
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| Schedule G | G (Form 990)       | LEGAL AID SOCIET                    | Y, INC. | 61-0537626 Page 4 |
|------------|--------------------|-------------------------------------|---------|-------------------|
| Part IV    | Supplemental Infor | LEGAL AID SOCIET mation (continued) | -       | <u> </u>          |
|            |                    | (continued)                         |         |                   |
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

| Name of the organization LEGAL AID   | SOCIETY.                     | INC.                               |                          |                                  |   |                                       | Employer identification number $61-0537626$   |
|--|------------------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| Part I General Information on Grants a   |                              |                                    |                          |                                  |   |                                       |   |
| Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's processing the control of the control | stance?<br>ocedures for moni | toring the use of grant            | funds in the United      | l States.                        |   |                                       | X Yes No  |
| Part II Grants and Other Assistance to I recipient that received more than \$  |                              |                                    |                          |                                  | anization answered "\                                 | es" on Form 990, Part                 | : IV, line 21, for any  |
| 1 (a) Name and address of organization or government   | ( <b>b)</b> EIN              | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
| LEGAL AID OF THE BLUEGRASS<br>104 EAST 7TH ST.   |                              |                                    |                          |                                  |   |                                       | TO CREATE A COORDINATED,<br>STATEWIDE HOTLINE FOR<br>INDIVIDUALS TO SEEK                |
| COVINGTON, KY 41011  | 61-0668572                   | 501(C)(3)                          | 12,000.                  | 0.                               |   |                                       | CUSTODY & VISITATION  |
| KENTUCKY LEGAL AID<br>1700 DESTINY LANE  |                              |                                    |                          |                                  |   |                                       | TO CREATE A COORDINATED,<br>STATEWIDE HOTLINE FOR<br>INDIVIDUALS TO SEEK                |
| BOWLING GREEN, KY 42104  | 61-0916523                   | 501(C)(3)                          | 10,464.                  | 0.                               |   |                                       | CUSTODY & VISITATION  |
| APPALACHIAN RESEARCH AND DEFENSE<br>FUND OF KENTUCKY, INC 120 NORTH<br>FRONT AVENUE - PRESTONBURG, KY<br>41653   | 61-0848948                   | 501(C)(3)                          | 10,605.                  | 0.                               |   |                                       | TO CREATE A COORDINATED, STATEWIDE HOTLINE FOR INDIVIDUALS TO SEEK CUSTODY & VISITATION |
|  |                              |                                    |                          |                                  |   |                                       |   |
|  |                              |                                    |                          |                                  |   |                                       |   |
|  |                              |                                    |                          |                                  |   |                                       |   |
| 2 Enter total number of section 501(c)(3) a  | nd government or             | L<br>ganizations listed in th      | l<br>le line 1 table     |                                  |   | 1                                     | 3   |

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

3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

| (a) Type of grant or assistance                               | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
|   |                          |                          |                                       |  |                                       |
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|   |                          |                          |                                       |  |                                       |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin     | e 2; Part III, column    | (b); and any other ad                 | Iditional information.                                       |                                       |
| PART I, LINE 2:   |                          |                          |                                       |  |                                       |
| IT IS THE RESPONSIBILITY OF LEGAL 2                           | AID SOCIE                | TY TO ENSU               | JRE ALL SUB                           | GRANTEES ARE   |                                       |
| IN COMPLIANCE WITH FEDERAL GUIDELIN                           | NES. IN C                | RDER TO EN               | NSURE THIS,                           | THE CFO  |                                       |
| WILL REQUEST THE FOLLOWING ITEMS F                            | ROM ALL S                | UBGRANTEES               | 5:                                    |  |                                       |
| - YEARLY AUDITED FINANCIAL STATEM                             | ENTS                     |                          |                                       |  |                                       |
| - MONITORING REPORTS FOR ANY AUDI                             | rs, on-si                | GHT REVIEW               | S OR OTHER                            | MEANS  |                                       |
| INDICATING DEFICIENCIES WITH COMPL                            | IANCE                    |                          |                                       |  |                                       |
| - UPDATES TO LEGAL AID SOCIETY FOR                            |                          | NGE IN PER               | RSONNEL WOR                           | KING ON THE  |                                       |
| APPLICABLE GRANTS   |                          |                          |                                       |  |                                       |

| Part IV   Supplemental Information                                      |
|---|
| - TIMESHEET BACKUP FOR ALL INVOICES SENT TO LEGAL AID SOCIETY           |
| THE CFO WILL HAVE ANNUAL DISCUSSIONS WITH THE EXECUTIVE DIRECTOR TO     |
| DETERMINE IF THERE IS ANY ADDITIONAL RISK OF NONCOMPLIANCE WITH ANY     |
| SUBGRANTEE AND PROCEDURES WILL BE ADJUSTED ACCORDINGLY. IF NECESSARY, A |
| SITE VISIT WILL BE DONE BY THE CFO TO REVIEW ADDITIONAL BACKUP          |
| DOCUMENTATION NEEDED.   |
|   |
| PART II, LINE 1, COLUMN (H):  |
| NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF THE BLUEGRASS          |
| (H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A COORDINATED, STATEWIDE  |
| HOTLINE FOR INDIVIDUALS TO SEEK CUSTODY & VISITATION ADVICE.            |
|   |
| NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY LEGAL AID                  |
| (H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A COORDINATED, STATEWIDE  |
| HOTLINE FOR INDIVIDUALS TO SEEK CUSTODY & VISITATION ADVICE.            |
|   |
| NAME OF ORGANIZATION OR GOVERNMENT:                                     |
| APPALACHIAN RESEARCH AND DEFENSE FUND OF KENTUCKY, INC.                 |
| (H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A COORDINATED, STATEWIDE  |
| HOTLINE FOR INDIVIDUALS TO SEEK CUSTODY & VISITATION ADVICE.            |
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#### 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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

LEGAL AID SOCIETY, INC.

Employer identification number 61-0537626

| Pa | art I Questions Regarding Compensation   |    |     |    |
|----|--|----|-----|----|
|    |  |    | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |    |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |    |
|    | 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)                                       |    |     |    |
|    |  |    |     | l  |
| 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  |     |    |
|    |  |    |     | l  |
| 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.   |    |     |    |
|    | Compensation committee Written employment contract   |    |     |    |
|    | Independent compensation consultant  X Compensation survey or study  |    |     |    |
|    | Form 990 of other organizations  X Approval by the board or compensation committee                                     |    |     |    |
|    |  |    |     | l  |
| 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  |
| b  | 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 |     | X  |
|    | 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:   |    |     |    |
|    |  | 5a |     | X  |
| b  | , ,  | 5b |     | Х  |
|    | If "Yes" on line 5a or 5b, describe in Part III.   |    |     | l  |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     | l  |
|    | contingent on the net earnings of:   |    |     | 37 |
|    | The organization?  | 6a |     | X  |
| b  | Any related organization?  | 6b |     | Х  |
|    | 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       |    |     | 37 |
|    | 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        |    |     |    |
|    | 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  |     | i  |

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

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

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

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

| (A) Name and Title    |             | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B)                             |
|-----------------------|-------------|--|-------------------------------------|---|-----------------------------------|-------------------------|---------------------------------|---|
|                       |             | (i) Base<br>compensation   | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                 | reported as deferred<br>on prior Form 990 |
| (1) JEFFERSON COULTER | (i)         | 131,878.   | 150.                                | 0.  | 0.                                | 62,921.                 | 194,949.                        | 0.  |
| EXECUTIVE DIRECTOR    | (ii)        | 0.   | 0.                                  | 0.  | 0.                                | 0.                      | 0.                              | 0.  |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
| -                     | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)<br>(ii) |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
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|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
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|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |
|                       | (i)         |  |                                     |   |                                   |                         |                                 |   |
|                       | (ii)        |  |                                     |   |                                   |                         |                                 |   |

| Part III   Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

LEGAL AID SOCIETY, INC.

Employer identification number 61-0537626

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BULLITT, GRAYSON, HARDIN, HENRY, JEFFERSON, LARUE, MARION, MEADE, NELSON, OLDHAM, SHELBY, SPENCER, TRIMBLE AND WASHINGTON COUNTIES OF THE COMMONWEALTH OF KENTUCKY. PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990, THE LEGAL AID SOCIETY ALSO PROVIDES A VARIETY OF DIRECT PROGRAM LEGAL SERVICES RELATED TO THE ORGANIZATION'S MISSION THROUGH THE FOLLOWING UNITS: COMMUNITY DEVELOPMENT; HEALTH & VULNERABLE POPULATIONS; VETERANS; INTAKE AND BRIEF SERVICES; VOLUNTEER LAWYER PROGRAM AND POPULATIONS WITH SPECIAL DISABILITIES. IN 2022, 1,520 CLIENTS WERE PROVIDED DIRECT SERVICES THROUGH THESE PROGRAMS. REVENUE \$ 12,141. EXPENSES \$ 1,110,878. INCLUDING GRANTS OF \$ FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION UPDATED THEIR BYLAWS TO REDUCE THE MINIMAL NUMBER OF DIRECTORS TO 21. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE FILING. THE FINANCE COMMITTEE IS PROVIDED A COPY OF THE FORM 990 BEFORE IT IS FILED AND THE FULL BOARD IS PROVIDED A COPY FOR REVIEW.

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

THE POLICY IS SENT ANNUALLY TO ALL BOARD MEMBERS FOR REVIEW AND SIGNATURE.

ANY DISCLOSURES SUGGESTING A POTENTIAL CONFLICT ARE PRESENTED TO THE BOARD

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

Schedule O (Form 990) 2022

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** 61-0537626 LEGAL AID SOCIETY, INC. CHAIR FOR REVIEW BY THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: AFTER A REVIEW OF AVAILABLE COMPENSATION INFORMATION FOR COMPARABLE POSITIONS, THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR DETERMINES AND APPROVES THE COMPENSATION FOR KEY EMPLOYEES. THE EXECUTIVE DIRECTOR REVIEWS AVAILABLE COMPENSATION INFORMATION FOR COMPARABLE POSITIONS FOR KEY EMPLOYEES. THE PROCESS AND DECISIONS ARE DOCUMENTED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 3,538. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE FINANCE AND AUDIT COMMITTEE ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THEIR INDEPENDENT ACCOUNTANT.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print LEGAL AID SOCIETY, INC. 61-0537626 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 416 W. MUHAMMAD ALI BLVD., 300 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LOUISVILLE, KY 40202 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JEFFERSON COULTER • The books are in the care of ▶ 416 MUHAMMAD ALI BLVD., SUITE 300 - LOUISVILLE, KY 40202 Telephone No. ► 502-614-3100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2022)