** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

		of the Treasury	Do not enter social security numbers on this form as	Open to Public								
		enue Service	Go to www.irs.gov/Form990 for instructions and the		information.	Inspection						
			ar year, or tax year beginning and en	laing	D	- Norway						
	heck if oplicab	ole: Name of	forganization		D Employer identific	cation number						
	Addre	ess LEGA	L AID OF EAST TENNESSEE									
	Name	Δ	usiness as		58-913280	03						
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number							
	Final return	"	W MARTIN LUTHER KING BLV 40	02	423-756-4							
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,190,152.						
	Application F Name and address of principal officer: DEBRA HOUSE H(a) Is this a group return for subordinates?											
	Appli tion pend	? Yes X No										
		007 W	SUMMIT HILL DR. SW, KNOXVILLE, TN	<u>379</u>	H(b) Are all subordinates in							
		empt status:		527	i i	list. See instructions						
			LAET.ORG		H(c) Group exemption							
		f organization:	X Corporation	L Year	of formation: 1965 N	I State of legal domicile: $\mathbf{T}\mathbf{N}$						
Pa	rt I			DEDD:		COIDIGEI THE						
ø	1		be the organization's mission or most significant activities: LEGAL									
Governance			ER CIVIL LEGAL SERVICES FOR THE IND									
ern	2		if the organization discontinued its operations or disposed		1 1							
Š	3				3	12 12						
	4		lependent voting members of the governing body (Part VI, line 1b)									
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)			77						
ivit	6		of volunteers (estimate if necessary)			139						
Act			d business revenue from Part VIII, column (C), line 12			0.						
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.						
	_				Prior Year	Current Year						
ne.	8		and grants (Part VIII, line 1h)		5,924,083.	6,176,285.						
Revenue	9	•	ce revenue (Part VIII, line 2g)		15 070	2,025.						
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		15,078.	8,273.						
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,381.	3,569.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,929,780.	6,190,152.						
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	•	to or for members (Part IX, column (A), line 4)		4,995,921.	4,760,195.						
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 112,337	·····	0.	0.						
Ξxp			• • • • • • • • • • • • • • • • • • • •	' •	992 757	929 765						
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		882,757.	828,765.						
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,878,678. 51,102.	5,588,960. 601,192.						
_ ഗ	19	Revenue less	expenses. Subtract line 18 from line 12									
ts o		T-1-1 / /5	2-4 V. Fr. 40		ginning of Current Year	End of Year						
Assets or 1 Balances	20	Total assets (F			2,694,684. 1,549,530.	2,305,920.						
et A Ind I			(Part X, line 26)			761,994.						
Z⊒ Do	22 r+ II	Net assets or t	fund balances. Subtract line 21 from line 20		1,145,154.	1,543,926.						

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

Sign		Signature of officer							
Here		DEBRA HOUS	SE, EXE	CUTIVE	DIRECTOR				
		Type or print name ar	nd title						
	Prin	t/Type preparer's name			Preparer's signature		Date	Check	PTIN
Paid	FRA	ANCES E. LE	EAHY		FRANCES E.	LEAHY	06/29	/22 self-employed	P00713593
Preparer	Firm	n's name 🕨 KRAI	TCPAS	PLLC			·	Firm's EIN ▶ 62	-0713250
Use Only	Firm	n's address 555	GREAT	CIRCLE	ROAD			·	
		NASI	WILLE,	TN 372	228			Phone no.615-	242-7351
May the II	RS di	scuss this return with	n the prepare	er shown abov	ve? See instructions	1			X Yes No

Page 2

Га	Objective to the Country of the Coun	X
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	-
	LEGAL AID OF EAST TENNESSEE PROVIDES LEGAL REPRESENTATION, LEGAL	Ь
	EDUCATION, AND OTHER CIVIL LEGAL SERVICES FOR THE LOW-INCOME	
	POPULATION IN OUR COMMUNITY THROUGH ADVOCACY OF ALL TYPES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	•
4a	4 010 660	5,594.)
	LEGAL AID OF EAST TENNESSEE (LAET) PROVIDES LEGAL HELP TO LOW-I	
	RESIDENTS OF EAST TENNESSEE FREE OF CHARGE TO OUR CLIENTS WITH .	
	MISSION TO STRENGTHEN COMMUNITIES AND CHANGE LIVES THROUGH HIGH	
	LEGAL SERVICES. DURING 2021, LAET CLOSED OVER 5,700 CASES HELPI	
	THAN 11,600 PEOPLE INCLUDING 4,117 CHILDREN, 2,054 SENIORS, 333	NG MORE
	VETERANS, AND 1,084 SURVIVORS OF FAMILY VIOLENCE. LAET'S SERVICE	ес нур у
	GREAT ECONOMIC IMPACT AS WELL. OUR SERVICES GENERATED \$67,000,0	
	ECONOMIC IMPACT TO OUR LOCAL EAST TENNESSEE ECONOMY LAST YEAR A	
	LAET ALSO SUPPORTS A ROBUST VOLUNTEER ATTORNEY PROGRAM. DURING	
	139 VOLUNTEER LAWYERS WORKED ON 427 PRO BONO CASES FOR ELIGIBLE	LAET
	CLIENTS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code:) (Expenses #) (Nevenue #)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 4,912,668.	
	-11	- 000 (

Form 990 (2021) LEGAL AID OF EAST TENNESSEE
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	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	_		
Ū	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,	└		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		_V
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	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 (2021) LEGAL AID OF EAST TENNESSEE

Part IV Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
22		22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	·	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			37
٠.	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			Х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35.5	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	33a		
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X QQO	(000 1)
132004	4 12-09-21	⊢orm	33U ((2021)

Form 990 (2021) LEGAL AID OF EAST TENNESSEE

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ıs				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 2000			7.		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		Α
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		ot?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а		11a	4			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b	.1			
С	Enter the amount of reserves on hand	130				
14a	Did the consideration which are some of facility to be a facility of the design of the facility of the facilit		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
-	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 investmen	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
				17		
	If "Yes," complete Form 6069.					
132005	12-09-21			Form	990	(2021)

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

Sec	tion A. Governing Body and Management						
	and the second s					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			110
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			- [2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers diseases twisters as key ampleyees to a management company or other parent?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[5		X
6	Did the organization have members or stockholders?			[6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			[7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?			[7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by the	following:				
а	The governing body?			[8a	Х	
b	Each committee with authority to act on behalf of the governing body?]	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				ſ		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,				
					10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y betor	e filing the form	?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 1	40	v	
12a	. ,, go to mio to minimum			}	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			}	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			40-	x	
40	on Schedule O how this was done			}	12c 13	X	
13	Did the organization have a written whistleblower policy?			Γ	14	X	
14 15	Did the organization have a written document retention and destruction policy?			}	14		
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	п Бу пто	rependent				
2	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			···	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			···			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy	, and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boom MELISSA BRUMFIELD - (423) 303-2266	oks and	records -				
	270 N OCOEE STREET, CLEVELAND, TN 37311						

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

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

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

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

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

Check this box if neither the organization no	1	Jiga	ıııza			ipen	sale			(F)
(A)	(B)			Pos	C) ition	ı		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than c		Reportable compensation	Reportable	Estimated amount of
	hours per week					s both r/trust		from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	•	and related
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(1) DEBRA HOUSE	40.00							174 606		
EXECUTIVE DIRECTOR	1.0.00			Х				171,686.	0.	20,103.
(2) RUSSELL FOWLER	40.00									
DIRECTOR OF LITIGATION AND ADVOCACY/	<u> </u>				Х			157,665.	0.	12,207.
(3) DEBORAH YEOMANS-BARTON	40.00									
DEPUTY DIRECTOR/MANAGING ATTORNEY/HR						X		137,318.	0.	7,400.
(4) JEFF ARMSTRONG	40.00									
MANAGING ATTORNEY	1.0.00					Х		131,621.	0.	18,908.
(5) DAVID NAGLE	40.00							110 505		40 64 =
ATTORNEY	40.00					Х		113,606.	0.	18,615.
(6) LEE ANN SWARM	40.00							111 000	•	0 560
ATTORNEY	40.00					Х		111,878.	0.	9,562.
(7) CATHY ALLSHOUSE	40.00							104 040	•	10 000
DEPUTY DIR LITIGATION/ATTORNEY	40.00					Х		104,248.	0.	10,979.
(8) MELISSA BRUMFIELD	40.00			7.7				102 261	0	10 500
DIR OF FINANCE	1 00			Х				103,361.	0.	10,509.
(9) G. KEITH ALLEY, ESQ. PRESIDENT	1.00	Х		х				0.	0.	0
	1.00	Λ		^				0.	0.	0.
(10) JOHN H CAMERON, JR, ESQ. PRESIDENT ELECT	1.00	Х		х				0.	0.	0.
(11) AARON J CHAPMAN, ESQ.	1.00	Λ		Δ				0.	0.	0.
SECRETARY	1.00	Х		Х				0.	0.	0.
(12) JOANIE SOMPAYRAC, JD, MACC, CPA	1.00	Λ		^				0.	0.	0.
TREASURER	1.00	Х		Х				0.	0.	0.
(13) STEPHEN BARHAM, ESQ	1.00							0.	0.	0 •
DIRECTOR	1.00	Х						0.	0.	0.
(14) AMANDA B DUNN, ESQ.	1.00							•		
DIRECTOR		х						0.	0.	0.
(15) JUANITA LOUNDMONCLAY, PH.D	1.00									
DIRECTOR		х						0.	0.	0.
(16) CHRISTINA MAGRANS-TILLERY, ESQ	1.00									
DIRECTOR		х						0.	0.	0.
(17) KATHERINE PRIESTER, ESQ.	1.00								-	
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021

Part VII Section A. Officers, Directors, Trus (A)	(B)	,	555,		<u></u> C)	9.100		(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	,	Es	timate	ed
	hours per	box	, unle: icer ar	ss per	rson i	s both	n an	compensation	compensatio		ar	nount	
	week (list any		T an	lu a u	II ecto	Tritus	(66)	from the	from related organization		Com	other pensa	
	hours for	direct				- - - -		organization	(W-2/1099-MIS		ı	om th	
	related	stee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion
	organizations below	nal tru:	onal t		ployee	comp		1099-NEC)			l	d relat	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	IONS
(18) LAURA ROBLES	1.00	_	 -		×	1 0							
DIRECTOR		Х						0.		0.			0.
(19) CHARLES WILLE	1.00												
DIRECTOR		Х						0.		0.			0.
(20) HEATHER S WOOLF	1.00												_
DIRECTOR		Х	_					0.		0.			0.
			\vdash										
		-											
			_										
1b Subtotal						_		1,031,383.		0.	10	8,2	83.
c Total from continuation sheets to Part VI							-	0.		0.			0.
d Total (add lines 1b and 1c)								1,031,383.		0.	10	8,2	83.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			
compensation from the organization													8
												Yes	No
3 Did the organization list any former officer,	•	-	•	•	•		_		loyee on		_		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su									no organization		3		$\stackrel{\wedge}{\vdash}$
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	addroce							(B) Description of s	envices	C)) ompe		'n
THE IT COMPANY, 16 EMORY		CII	тт	F	1 0	<u></u>	_	Description of s	ei vices		ompe	isalio	'11
KNOXVILLE, TN 37917	I DACE,	50			Τ0	υ,	-	IT SERVICES			13	1.5	23.
							┪					_,,	

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2021) LEGAL A
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a	289,528.				
Contributions, Gifts, Grants and Other Similar Amounts				-			
င်္ခ ရွ		Membership dues 1b 1c		-			
ffs,		Related organizations 1d		-			
ig je		Government grants (contributions) 1e 5	,776,276.	-			
Sir			, 110, 210.	-			
utio	т	All other contributions, gifts, grants, and	110,481.				
들됨		similar amounts not included above 1f	110,401.	-			
out	_	Noncash contributions included in lines 1a-1f		6 176 205			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f		6,176,285.			
		AMMODNING BEEG BEGTEVED	Business Code	2 025	2 225		
Se	2 a	ATTORNEY FEES RECIEVED	541100	2,025.	2,025.		
ē <u>Š</u>	b						
S	С						
ar eve	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f)	2,025.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	>	8,273.			8,273.
	4	Income from investment of tax-exempt bond					
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c		1			
		Net rental income or (loss)	<u> </u>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	()	-			
	h	Less: cost or other basis		-			
ω	b						
ğ	_	and sales expenses 7b		-			
ther Revenue		Gain or (loss) 7c					
ت ح		Net gain or (loss)					
‡	8 а	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8		-			
		Less: direct expenses8	0				
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19		-			
		Less: direct expenses 9	b				
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory					
₁₀			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	541100	3,569.	3,569.		
ane	b						
eke	С						
Λišc	d	All other revenue					
2		Total. Add lines 11a-11d		3,569.			
	12	Total revenue. See instructions		6,190,152.	5,594.	0.	8,273.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	475,532.	345,217.	124,561.	5,754
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,399,764.	3,072,506.	270,163.	57,095
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	94,939.	84,387.	6,968.	3,584
9	Other employee benefits	511,913.	447,236.	46,553.	18,124
10	Payroll taxes	278,047.	240,709.	27,774.	9,564
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	33,950.	29,936.	3,395.	619
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	229,076.	199,016.	22,865.	7,195
14	Information technology	226,600.	200,194.	22,660.	3,746
15	Royalties				
16	Occupancy	184,035.	157,965.	23,463.	2,607
7	Travel	45,688.	41,114.	4,569.	5
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,990.	21,329.	2,399.	262
20	Interest	7,817.	4,093.	782.	2,942
21	Payments to affiliates	26.216	0.1.00		
22	Depreciation, depletion, and amortization	26,812.	24,088.	2,724.	
23	Insurance	26,604.	23,474.	2,660.	470
!4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	LIBRARY	20,104.	17,724.	2,010.	370
b	LITIGATION	4,089.	3,680.	409.	0
c		,	.,		<u> </u>
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,588,960.	4,912,668.	563,955.	112,337
26	Joint costs. Complete this line only if the organization	•			•
	reported in column (B) joint costs from a combined				
	advectional compaign and fundraining adjicitation				

Form **990** (2021)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			967,282.	1	546,203.
	2	Savings and temporary cash investments			963,464.	2	1,046,305.
	3	Pledges and grants receivable, net			545,154.	3	511,554.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			32,818.	9	26,023.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	495,696. 376,185.	1		112 -11
	b	Less: accumulated depreciation	135,509.	10c	119,511.		
	11	Investments - publicly traded securities	10 111	11	- 1 150		
	12	Investments - other securities. See Part IV, lin	48,141.	12	54,468.		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	0 216	14	1 056		
	15	Other assets. See Part IV, line 11		2,316.	15	1,856.	
	16	Total assets. Add lines 1 through 15 (must e			2,694,684.	16	2,305,920.
	17	Accounts payable and accrued expenses	1	516,398.	17	503,948.	
	18	Grants payable	1,018,230.	18	245,731.		
	19	Deferred revenue			1,010,230.	19	243,731.
	20	Tax-exempt bond liabilities			14,902.	20	12,315.
	21	Escrow or custodial account liability. Comple			14,302.	21	12,313.
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sui controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr		Г		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lin					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,549,530.	26	761,994.
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X	<i></i>		•
es		and complete lines 27, 28, 32, and 33.		· —			
auc	27	Net assets without donor restrictions			716,944.	27	1,002,757.
Bal	28	Net assets with donor restrictions			428,210.	28	1,002,757. 541,169.
밀		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net	32	Total net assets or fund balances			1,145,154.	32	1,543,926.
_	33	Total liabilities and net assets/fund balances			2,694,684.	33	2,305,920.

Form **990** (2021)

OIII	1000 (2021) = ==================================		7 = 0 = 0 0	, 16	igc
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	6,19 5,58 60 1,14	38,9)1,1	60. 92.
6	Donated services and use of facilities	6	-!	50,5	93.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1!	51,8	<u> 27.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,5	13,9	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	\perp
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	I	Х	
L	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3a	+^	1
D	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	eu aud	3b	х	
	5. datate, orpiam, 5 corrodate o dire decembe diriy etepe taken to directige eden dedite	<u> </u>	ON		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LEGAL AID OF EAST TENNESSEE 58-9132803 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))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5984610.	5724528.	5632491.	5924083.	6176285.	29441997.
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	5984610.	5724528.	5632491.	5924083.	6176285.	29441997.
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.						29441997.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	5984610.	5724528.	5632491.	5924083.	6176285.	29441997.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,070.		12,173.	15,078.	8,273.	43,594.
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.)	740.		2,925.		3,569.	7,234.
11	Total support. Add lines 7 through 10						29492825.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	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	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li					14	99.83 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	99.86 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu		-	•			>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
Qh		
9b		
0-		
9c		
10a		
10b		
ıle A (Forn	n 990)	2021

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Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	tion of Type I capperang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			1
	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.	1		
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			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			1
	the supported organization(s).	1		
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?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	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))-		
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	,	N1 -
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			1
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
	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-function	ally integrated	Type III supporting orga	nization (see				
	instructions).	. •		•				

Schedule A (Form 990) 2021

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

LEGAL AID OF EAST TENNESSEE

58-9132803

organization type (check one).								
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; -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 year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this begins 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								
answer "No" on Part IV,	ution: 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 swer "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 the filing requirements of Schedule B (Form 990).							

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

LEGAL AID OF EAST TENNESSEE

Employer identification number 58-9132803

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,928,762.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$516,750 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 553,013.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$151,827.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 957,518.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>135,807.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LEGAL AID OF EAST TENNESSEE

58-9132803

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	0 9132003
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-11	I-21		Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** LEGAL AID OF EAST TENNESSEE 58-9132803 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 (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization LEGAL AID OF EAST TENNESSEE **Employer identification number** 58-9132803

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		n Jillilar Fulius (oi Account	.>. Complete if the	ne
	organization answered 165 offi offi 350, Falt IV, III	(a) Donor ac	vised funds	(b) Fund	s and other accou	unts
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	writing that the asset	s held in donor advise	ed funds		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal contr	ol?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	t grant funds can be ι	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose o	conferring		
_	impermissible private benefit?				Yes	No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, P	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically i	mportant land area	a
	Protection of natural habitat		Preservation of	a certified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the form o			
	day of the tax year.				Held at the End of th	ne Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a	,				
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished	or terminated by the	organization d	uring the tax	
	year ▶					
4	Number of states where property subject to conservation eas	•				
5	Does the organization have a written policy regarding the per	•	pection, handling of			
	violations, and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conse	ervation easen	nents during the y	ear
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conservati	ion easements	during the year	
_	\$					
8	Does each conservation easement reported on line 2(d) abov				,	
_	and section 170(h)(4)(B)(ii)?					L No
9	In Part XIII, describe how the organization reports conservation		·			
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that descr	ibes the	
Dai	organization's accounting for conservation easements. 't III Organizations Maintaining Collections of	Δrt Historical	Freseures or Otl	her Similar	Accate	
I a	Complete if the organization answered "Yes" on Form		riedsules, or ou		Assets.	
та	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub			· ·	IDIIC	
	service, provide in Part XIII the text of the footnote to its finar					
D	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in further	erance of publ	ic service,	
	provide the following amounts relating to these items:			▶ ^		
	(i) Revenue included on Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treation following accounts as a reliable to the respect to the following accounts as a reliable to the respect to the following accounts as a reliable to the respect to the following account to the following accounts as a reliable to the respect to the following accounts as a reliable to the respect to the following accounts as a reliable to the respect to the following accounts as a reliable to the respect to the respe			gain, provide		
	the following amounts required to be reported under FASB A			. .		
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X		<u></u>			. 000\ 000
LHA	For Paperwork Reduction Act Notice, see the Instructions	s ior Form 990.		3	Schedule D (Form	ı 99U) 2U27

	t III Organizations Maintaining C	ollections of Art		asures, oi	Other	Simila		(contin		age Z
	Using the organization's acquisition, accession		-	-				COITE	ucu)	
•	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	e		nango progre						
c	Preservation for future generations	Č								
4	Provide a description of the organization's co	allections and explain	how they further th	e organizatio	n's evem	int nurno	se in Part	XIII		
5	During the year, did the organization solicit o						oc iiii ait	XIII.		
•	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		ne ii ine organizatio	ii anoworca	100 0111	01111 000	,, , a,, ,			
1a	Is the organization an agent, trustee, custodi	•	ary for contributions	s or other ass	ets not in	ncluded				
	on Form 990, Part X?							Yes	X	No
h	If "Yes," explain the arrangement in Part XIII									
~	The root, oxplain the arrangement in rail rail.	aria complete the following	owing table.					Amount	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						X	Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					·y·		_ 100	X	_
Par						0.				
	·	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	48,141.	37,703.	32	2,560.		35,503.		31,	050.
	Contributions	·	•							
	Net investment earnings, gains, and losses	6,985.	10,940.	5	5,585.		-2,502.		3,	223.
	Grants or scholarships	·	•							
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	658.	502.		442.		441.			408.
g	End of year balance	54,468.	48,141.	37	7,703.		32,560.		35,	503.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:						
	Board designated or quasi-endowment	100	%	,						
b	Permanent endowment	%	_							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	•	tion that are held an	nd administer	ed for the	e organiza	ation			
	by:	· ·				Ü		ſ	Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X, Ii	ine 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Ac	cumulate	ed	(d) Bool	k valu	е
		basis (investm		(other)	dep	reciation				
1a	Land			0,365.						65.
	Buildings		22	6,141.	2	22,1	73.		3,9	
	Leasehold improvements		7	9,275.		50,3	12.	28	8,9	63.
	Equipment									
	Other		14	9,915.	1	.03,7	00.	4 ($5, \overline{2}$	15.

Schedule D (Form 990) 2021

119,511.

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

Schedule D (Form 990) 2021 LEGAL AID O Part VII Investments - Other Securities.	F EAST TENNES	SEE 58	-9132803 Page
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	d-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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes"			
1. (a) Description of liability		,,, ,	(b) Book value
(1) Federal income taxes			1-7 511 14141
(2)			
(3)			
(4)			
(5)			
(6)			
\			i

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2021

(7) (8)

Part XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	·g-
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	6,578,821.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		540,496.	_	
c Recoveries of prior year grants	2c		_	
d Other (Describe in Part XIII.)	2d			F40 40C
e Add lines 2a through 2d			2e	540,496.
3 Subtract line 2e from line 1			3	6,038,325.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		151,827.	-	
b Other (Describe in Part XIII.)			4.	151,827.
c Add lines 4a and 4b			4c 5	6,190,152.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per F		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12				-
Total expenses and losses per audited financial statements			1	6,180,049.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	540,496.		
b Prior year adjustments		•		
c Other losses				
d Other (Describe in Part XIII.)		50,593.		
e Add lines 2a through 2d			2e	591,089.
3 Subtract line 2e from line 1			3	5,588,960.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,588,960.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line 4	; Part)	K, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any accomplete the part to part to part to provide any accomplete the part to part to part to part to part t	dditional inforn	nation.		
DADE THE 1 TAYE OD				
PART IV, LINE 2B:				
I EGAL ATD HOLDS EINDS ON DEHALE OF THE SLIEN	IMO TNI O	NI TENIM MOIIO	m 3/	COLLYMA
LEGAL AID HOLDS FUNDS ON BEHALF OF ITS CLIEN	NIS IN C	TIENT TRUS	T A	COUNTS
FOR THE PURPOSE OF PAYING VARIOUS FEES OR CH	INDCEC Z	AC MAV ARTO	וח ש	TRING CASE
FOR THE FURFOSE OF FAIING VARIOUS FEED OR CI	IANGES F	O MAI AKID	ים בו	DRING CASE
WORK.				
motat.				
PART V, LINE 4:				
·				
THE ORGANIZATION ESTABLISHED AN ENDOWMENT FU	JND IN 1	L999 WHICH	IS I	HELD BY
THE EAST TENNESSEE FOUNDATION FOR THE PROVIS	SION OF	CIVIL LEGA	L S	ERVICES.
PART X, LINE 2:				
				D007
EXPLANATION: MANAGEMENT PERFORMS AN EVALUATE	LON OF A	ALL INCOME	'I'AX	POSTITONS
MAKEN OD EADEGMED NO DE MAKEN IN MILE COLLECT	אמת שר	ייים מודמגי	יפטא	TOV! C
TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE	OF PKEE	AKING THE		
132054 10-28-21			Sched	dule D (Form 990) 202 [.]

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LEGAL AID OF EAST TENNESSEE

 $Employer\ identification\ number \\ 58-9132803$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504(a)(2), 504(a)(4), and 504(a)(90) aggregations must complete lines 5.0			
_	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:	Eo.		x
a h	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		-23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
O	contingent on the net earnings of:			
_		6a		х
	The organization?			X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		-23
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•		8		х
9				
•		9		
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		^

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

Schedule J (Form 990) 2021

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

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

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

(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)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBRA HOUSE	(i)	171,686.	0.	0.	5,486.	14,617.	191,789.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RUSSELL FOWLER	(i)	157,665.	0.	0.	4,933.	7,274.	169,872.	0.
DIRECTOR OF LITIGATION AND ADVOCACY/	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFF ARMSTRONG	(i)	131,621.	0.	0.	4,290.	14,618.	150,529.	0.
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

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.

2021
Open to Public Inspection

Name of the organization

LEGAL AID OF EAST TENNESSEE

Employer identification number 58-9132803

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LAET STAFF ENGAGE IN EXTENSIVE COMMUNITY OUTREACH AND EDUCATION TO ENSURE ALL ARE AWARE OF OUR SERVICES AND LEGAL ISSUES THEY MAY BE OUR VAST COMMUNITY COLLABORATIONS ENSURE HOLISTIC SERVICES TO FACING. OUR CLIENTS SO THE FULL RANGE OF THEIR NEEDS MAY BE MET. OTHER COLLABORATIONS ALLOW US TO PARTNER ON A NUMBER OF GRANTS THAT ENHANCE SPECIALIZED SERVICES TO VARIOUS POPULATIONS THROUGHOUT OUR SERVICE AREA. OUR STATEWIDE COLLABORATIONS CONTINUE TO EXPAND AND INCREASE OUR ABILITY TO SERVE THOSE FACING CRISIS CIVIL LEGAL PROBLEMS. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION REDUCED THE NUMBER OF BOARD MEMBERS PER ITS BYLAWS FROM 24 TO 15. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE DRAFT FORM 990 IS SUPPLIED TO ALL MEMBERS OF THE BOARD BY EMAIL PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY REQUIRES BOARD MEMBERS TO ANNUALLY REVIEW CONFLICT OF INTEREST POLICY AND TO SIGN A STATEMENT. IF ANY POTENTIAL CONFLICTS EXIST,

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

REVIEWED BY AN INDEPENDENT COMMITTEE.

THE SALARIES OF THE EXECUTIVE DIRECTOR, TOP MANAGEMENT STAFF AND OFFICERS

ARE DETERMINED BY THE BOARD OF DIRECTORS. VARIOUS FUNDERS INCLUDING THE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization LEGAL AID OF EAST TENNESSEE	Employer identification number 58-9132803
FEDERAL LEGAL SERVICES CORPORATION AND LOCAL UNITED WAY OR	GANIZATIONS
REVIEW SALARIES AND WOULD CHALLENGE LEGAL AID IF SALARIES	WERE OUT OF LINE.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY RE	QUEST AT LEGAL
AID OF EAST TENNESSEE OFFICES.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PPP LOAN FORGIVEN (GRANT REVENUE) IN 2021 FOR TAX, 2020 FC)R
BOOK	-151,827.
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FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR	YEAR.