

ZINNER & CO. LLP  
3201 ENTERPRISE PARKWAY, SUITE 410  
CLEVELAND, OH 44122-7329

UNIVERSITY SETTLEMENT, INC.  
4800 BROADWAY AVENUE  
CLEVELAND, OH 44127

|||||

CLIENT COPY

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CLIENT COPY

ZINNER & CO., LLP  
3201 ENTERPRISE PARKWAY, SUITE 410  
CLEVELAND, OHIO 44122-7329  
(216) 831-0733

UNIVERSITY SETTLEMENT, INC.  
4800 BROADWAY AVENUE  
CLEVELAND, OH 44127

UNIVERSITY SETTLEMENT, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT  
ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

VERY TRULY YOURS,

ZINNER & CO., LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

<b>Prepared for</b>	UNIVERSITY SETTLEMENT, INC. 4800 BROADWAY AVENUE CLEVELAND, OH 44127
<b>Prepared by</b>	ZINNER & CO. LLP 3201 ENTERPRISE PARKWAY, SUITE 410 CLEVELAND, OH 44122-7329
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNIVERSITY SETTLEMENT, INC.

EIN or SSN

\*\*-\*\*\*4776

Name and title of officer or person subject to tax

EARL PIKE EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 4 columns: Line number, Form type, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize ZINNER & CO. LLP to enter my PIN 14776. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34418712419

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SUSAN D. KRANTZ

Date 05/15/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNIVERSITY SETTLEMENT, INC.</b>	Taxpayer identification number (TIN) <b>** - *** 4776</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4800 BROADWAY AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CLEVELAND, OH 44127</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ **EARL PIKE**  
**4800 BROADWAY AVE - CLEVELAND, OH 44127**

Telephone No. ▶ **216-641-8948** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNIVERSITY SETTLEMENT, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4800 BROADWAY AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>CLEVELAND, OH 44127</b> <b>F</b> Name and address of principal officer: <b>EARL PIKE</b> <b>4800 BROADWAY AVENUE, CLEVELAND, OH 44127</b>	<b>D</b> Employer identification number <b>** - ***4776</b> <b>E</b> Telephone number <b>216-641-8948</b> <b>G</b> Gross receipts \$ <b>4,806,292.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>UNIVERSITYSETTLEMENT.NET</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1926</b>
		<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE OFFER THE INDIVIDUALS AND FAMILIES WE SERVE THE RESOURCES BY WHICH THEY CAN LEARN, GROW, AND</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>25</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>25</b></span> <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>83</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>47</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">4,851,876.</td> <td style="text-align: right;">4,801,274.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">87.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">-904.</td> <td style="text-align: right;">-195.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">39,419.</td> <td style="text-align: right;">-25,970.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">4,890,478.</td> <td style="text-align: right;">4,775,109.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	4,851,876.	4,801,274.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	87.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	-904.	-195.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	39,419.	-25,970.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	4,890,478.	4,775,109.							
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>EARL PIKE, EXECUTIVE DIRECTOR</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SUSAN D. KRANTZ</b>	Preparer's signature <b>SUSAN D. KRANTZ</b>	Date <b>05/15/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00233254</b>
	Firm's name ▶ <b>ZINNER &amp; CO. LLP</b> Firm's address ▶ <b>3201 ENTERPRISE PARKWAY, SUITE 410 CLEVELAND, OH 44122-7329</b>	Firm's EIN ▶ <b>** - ***3731</b> Phone no. (216) 831-0733		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF UNIVERSITY SETTLEMENT IS TO OFFER THE INDIVIDUALS AND FAMILIES WE SERVE THE RESOURCES BY WHICH THEY CAN LEARN, GROW, AND THRIVE. THIS MISSION IS GUIDED BY THE FOLLOWING PRINCIPLES: \*EXCELLENCE IN ALL ASPECTS OF OUR WORK

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 808,551. including grants of \$ ) (Revenue \$ ) SMART, YOUNG, AND SIGNIFICANT (SMARTY'S) OUT-OF-SCHOOL TIME PROGRAM OFFERS STUDENTS A SAFE AND CREATIVE SPACE TO SPEND THEIR OUT-OF-SCHOOL TIME HOURS. EVERY WEEKDAY UNTIL 6PM, CHILDREN IN GRADES K-7 PARTICIPATE IN HOMEWORK HELP, READING AND STEM LESSONS, ACTIVITIES THAT IMPROVE THEIR SOCIAL/EMOTIONAL COMPETENCIES, SERVICE-LEARNING PROJECTS, AND MORE. PREVENTION PROGRAM ADDRESSES DRUG REFUSAL SKILLS, SELF-ESTEEM, AND CONNECTIONS WITH OTHER NON-USING PEERS.

4b (Code: ) (Expenses \$ 470,465. including grants of \$ ) (Revenue \$ ) HUNGER CENTER - OFFERS A VARIETY OF PROGRAMS AND SERVICES AIMED AT ADDRESSING HUNGER, FOOD INSECURITY, AND POOR NUTRITION AMONG ALL MEMBERS OF THE COMMUNITY.

4c (Code: ) (Expenses \$ 1,349,167. including grants of \$ ) (Revenue \$ ) COMMUNITY BASED SERVICES (CBS) PROGRAMS, (FORMERLY FAMILY TO FAMILY PROGRAM) ASSISTS THOSE FAMILIES WHO ARE INVOLVED WITH, OR WHO ARE AT RISK OF BECOMING INVOLVED WITH, THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES. RESOURCES ARE ALSO MADE AVAILABLE TO FOSTER, ADOPTIVE, AND KINSHIP CAREGIVERS BOTH WITHIN UNIVERSITY SETTLEMENT, AND ACROSS THE COMMUNITIES. CBS SERVICES SERVE THE BROADWAY COMMUNITY AND THE SOUTHWEST COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,002,905. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,631,088.



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EARL PIKE EXECUTIVE DIRECTOR	40.00			X			111,918.	0.	0.	
(2) MARTIN HALE SECRETARY	2.00	X		X			0.	0.	0.	
(3) BRIAN KING DIRECTOR	2.00	X					0.	0.	0.	
(4) JOHN KOCSIS PRESIDENT	6.00	X		X			0.	0.	0.	
(5) ANNA MARIA MOTTA FINANCE COMMITTEE CO-CHAIR	4.00	X		X			0.	0.	0.	
(6) QUOVADA BASS ADVANCEMENT COMMITTEE CHAI	5.00	X					0.	0.	0.	
(7) BRANDON MORRIS TREASURER	4.00	X		X			0.	0.	0.	
(8) CARRIE MILLER DIRECTOR	2.00	X					0.	0.	0.	
(9) CYNTHIA CONNOLLY VICE PRESIDENT	4.00	X		X			0.	0.	0.	
(10) DAVE MARGOLIUS DIRECTOR	1.00	X					0.	0.	0.	
(11) EMILY HAGAN DIRECTOR	3.00	X					0.	0.	0.	
(12) JOZEFF GEBOLYS DIRECTOR	2.00	X					0.	0.	0.	
(13) MAYIA ALLEN DIRECTOR	1.00	X					0.	0.	0.	
(14) RICHARD GIBSON DIRECTOR	1.00	X					0.	0.	0.	
(15) SCOTT VILLANI DIRECTOR	1.00	X					0.	0.	0.	
(16) SHAILAJA DUNN DIRECTOR	3.00	X					0.	0.	0.	
(17) STEPHANIE MERCADO DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN ZINN DIRECTOR	1.00	X						0.	0.	0.
(19) WENDY REGOECZI DIRECTOR	1.00	X						0.	0.	0.
(20) ANDREW MARTIN DIRECTOR	3.00	X						0.	0.	0.
(21) PAT SHIELDS DIRECTOR	1.00	X						0.	0.	0.
(22) HANNAH ILLENCIK DIRECTOR	1.00	X						0.	0.	0.
(23) RUSSELL HOLMES DIRECTOR	1.00	X						0.	0.	0.
(24) MARLENA BOYCE DIRECTOR	1.00	X						0.	0.	0.
(25) PERCIVAL KANE, JR. DIRECTOR	1.00	X						0.	0.	0.
(26) BRIDGET PHELAN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								111,918.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								111,918.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,531.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	71,950.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,807,991.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,919,802.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 490,811.				
	<b>h Total.</b> Add lines 1a-1f .....			4,801,274.			
	Program Service Revenue	<b>2 a</b> _____	Business Code				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			14.		14.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	209.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	-209.					
<b>d</b> Net gain or (loss) .....			-209.		-209.		
<b>8 a</b> Gross income from fundraising events (not including \$ 71,950. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	30,974.					
<b>c</b> Net income or (loss) from fundraising events .....			-30,974.		-30,974.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUES	Business Code	900099	5,004.	5,004.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			5,004.			
<b>12 Total revenue.</b> See instructions .....			4,775,109.	5,004.	0.	-31,169.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,417.	93,821.	6,325.	5,271.
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	1,726,560.	1,536,638.	103,594.	86,328.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	231,019.	219,468.	6,931.	4,620.
10 Payroll taxes	161,596.	149,311.	6,871.	5,414.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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	1,384.	805.	44.	535.
14 Information technology				
15 Royalties				
16 Occupancy	79,996.	77,596.		2,400.
17 Travel	46,059.	44,380.	818.	861.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,230.	33,454.	1,231.	545.
20 Interest	34,154.	26,465.	7,510.	179.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,328.	16,088.	35,240.	
23 Insurance	51,303.	49,251.	513.	1,539.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROFESSIONAL FEES</b>	651,940.	606,304.	32,597.	13,039.
b <b>CONTRIBUTED FOOD</b>	487,436.	487,436.	0.	0.
c <b>SUPPLIES &amp; FOOD</b>	172,154.	160,103.	1,722.	10,329.
d <b>REPAIRS AND RENTAL</b>	76,477.	69,244.	4,259.	2,974.
e All other expenses	88,252.	60,724.	26,170.	1,358.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,000,305.	3,631,088.	233,825.	135,392.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,796,893.	<b>2</b>	1,413,400.
	<b>3</b> Pledges and grants receivable, net .....	1,738,618.	<b>3</b>	1,307,594.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	29,146.	<b>9</b>	29,772.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,740,281.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 824,666.	1,454,220.	<b>10c</b> 1,915,615.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,018,877.	<b>16</b>	4,666,381.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	91,195.	<b>17</b>	105,876.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,065,246.	<b>23</b>	385,765.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	462,500.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,618,941.	<b>26</b>	491,641.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	506,598.	<b>27</b>	2,064,485.
	<b>28</b> Net assets with donor restrictions .....	2,893,338.	<b>28</b>	2,110,255.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,399,936.	<b>32</b>	4,174,740.
<b>33</b> Total liabilities and net assets/fund balances .....	5,018,877.	<b>33</b>	4,666,381.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,775,109.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,000,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	774,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,399,936.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,174,740.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,460,247.	2,840,077.	4,633,345.	4,851,876.	4,801,274.	19,586,819.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,460,247.	2,840,077.	4,633,345.	4,851,876.	4,801,274.	19,586,819.
<b>5</b> 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) .....						1,423,411.
<b>6 Public support.</b> Subtract line 5 from line 4.						18,163,408.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	2,460,247.	2,840,077.	4,633,345.	4,851,876.	4,801,274.	19,586,819.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,808.	12,112.	939.	300.	14.	17,173.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,583.	15,807.	25,050.	51,213.	5,004.	108,657.
<b>11 Total support.</b> Add lines 7 through 10						19,712,649.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	28,177.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	92.14 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	93.89 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable 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	<b>Total</b> 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	<b>Excess distributions carryover to 2022.</b> 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		

**Part VI**

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

Horizontal lines for supplemental information input.

CLIENT COPY



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**UNIVERSITY SETTLEMENT, INC.**

Employer identification number

**\*\* - \*\*\*4776**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>UNIVERSITY SETTLEMENT, INC.</b>	Employer identification number  <b>** - ***4776</b>
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**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	US SMALL BUSINESS ADMINISTRATION 1350 EUCLID AVE #211 CLEVELAND, OH 44115	\$ 329,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	21ST CCLC ODA MOUND 11154 25 SOUTH STREET COLUMBUS, OH 43215-4183	\$ 119,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	21ST CCLC SMARTY'S 13747 25 SOUTH STREET COLUMBUS, OH 43215-4183	\$ 199,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	21ST CENTURY USI 10907 25 SOUTH STREET COLUMBUS, OH 43215-4183	\$ 114,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CMSD - AB HART 1111 SUPERIOR AVE. CLEVELAND, OH 44114	\$ 96,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CMSD-MOUND 1111 SUPERIOR AVE. CLEVELAND, OH 44114	\$ 179,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNIVERSITY SETTLEMENT, INC.</b>	Employer identification number  <b>** - ***4776</b>
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**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
7	COMMUNITY BASED SERVICES (F2F)  3955 EUCLID AVE  CLEVELAND, OH 44115	\$ 585,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE CALLAHAN FOUNDATION  4760 RICHMOND RD. STE 400  WARRENSVILLE HEIGHTS, OH 44128	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE GEORGE GUND FOUNDATION 45 WEST PROSPECT AVENUE, 1845 GUILDHALL BUILDING  CLEVELAND, OH 44115	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THIRD FEDERAL  7007 BROADWAY AVE.  CLEVELAND, OH 44105	\$ 190,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THIRD FEDERAL-MOUND  7007 BROADWAY AVE.  CLEVELAND, OH 44105	\$ 96,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**UNIVERSITY SETTLEMENT, INC.**

**\*\* - \*\*\*4776**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNIVERSITY SETTLEMENT, INC.</b>	Employer identification number  <b>** - *** 4776</b>
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**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **UNIVERSITY SETTLEMENT, INC.** Employer identification number **\*\*-\*\*\*4776**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,328.		53,328.
b Buildings		496,860.	336,552.	160,308.
c Leasehold improvements		360,854.	226,719.	134,135.
d Equipment		329,239.	261,395.	67,844.
e Other		1,500,000.		1,500,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,915,615.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE TASTE OF SLAVIC VILL (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	71,950.		71,950.
	2	Less: Contributions	71,950.		71,950.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,755.		1,755.
	7	Food and beverages	3,374.		3,374.
	8	Entertainment	650.		650.
	9	Other direct expenses	25,195.		25,195.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			30,974.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-30,974.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **UNIVERSITY SETTLEMENT, INC.** Employer identification number: **\*\* - \*\*\* 4776**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	9	487,436.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( MISCELLANEOUS )	X	6	3,375.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information with a large diagonal watermark reading 'CLIENT COPY'.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNIVERSITY SETTLEMENT, INC.

Employer identification number

\*\* - \*\*\*4776

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THRIVE. THIS MISSION IS GUIDED BY THE FOLLOWING PRINCIPLES:

\*EXCELLENCE IN ALL ASPECTS OF OUR WORK

\*SERVING OUR COMMUNITY WITH RESPECT AND DIGNITY

\*A COMMUNITY-CENTRIC ORIENTATION TO OUR PROGRAMS AND SERVICES

\*HAVING OUR "FEET IN THE STREET" TO ENCOURAGE AUTHENTIC COMMUNITY

ENGAGEMENT AND ON-GOING COMMUNITY DIALOGUE

\*ALIGNING OUR PROGRAMS AND SERVICES TO ADDRESS CURRENT AND PRESSING

COMMUNITY NEEDS AND BEING NIMBLE SO AS TO BE ABLE TO ADJUST OUR

OFFERINGS IN LINE WITH EVOLVING COMMUNITY NEEDS

\*BUILDING OUR VISIBILITY IN THE COMMUNITY TO BE AS ACCESSIBLE AS

POSSIBLE TO THOSE WE STRIVE TO PARTNER WITH AND SERVE

\*OPERATING WITH A COLLABORATIVE SPIRIT

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

\*SERVING OUR COMMUNITY WITH RESPECT AND DIGNITY

\*A COMMUNITY-CENTRIC ORGANIZATION

\*HAVING OUR "FEET IN THE STREET" TO ENCOURAGE AUTHENTIC COMMUNITY

ENGAGEMENT AND ON-GOING COMMUNITY DIALOGUE

\*ALIGNING OUR PROGRAMS AND SERVICES TO ADDRESS CURRENT AND PRESSING

COMMUNITY NEEDS AND BEING NIMBLE SO AS TO BE ABLE TO ADJUST OUR

OFFERINGS IN LINE WITH EVOLVING COMMUNITY NEEDS

\*BUILDING OUR VISIBILITY IN THE COMMUNITY TO BE AS ACCESSIBLE AS

POSSIBLE TO THOSE WE STRIVE TO PARTNER WITH AND SERVE

\*OPERATING WITH A COLLABORATIVE SPIRIT

Name of the organization <b>UNIVERSITY SETTLEMENT, INC.</b>	Employer identification number <b>** - ***4776</b>
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEO SKILL CORPS AMERICORPS PROGRAM - LED BY UNIVERSITY SETTLEMENT, WORKS WITH PARTNER AGENCIES TO HOST AMERICORPS MEMBERS TO ADDRESS ISSUES OF FINANCIAL LITERACY, WORKFORCE DEVELOPMENT AND TRAINING, AND ADULT LITERACY.

EXPENSES \$ 149,966. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER (MJCEC) IS COMMITTED TO IMPROVING ACCESS TO RESOURCES AND PROGRAMMING THAT EDUCATE, EMPOWER, AND STRENGTHEN INDIVIDUALS THROUGH THE INNOVATIVE USE OF TECHNOLOGY.

EXPENSES \$ 62,426. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADULT WELLNESS PROGRAM HELPS SENIORS AGED 60 AND OLDER, AND ADULTS WITH DISABILITIES AGED 18-59, AGE SUCCESSFULLY AND REMAIN INDEPENDENT BY ENGAGING IN ACTIVITIES THAT ENHANCE THEIR PHYSICAL AND COGNITIVE WELLBEING.

EXPENSES \$ 310,191. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRANSITION-IN-PLACE HOUSING PROGRAM (TIP) ASSISTS FORMERLY HOMELESS FAMILIES WHO ARE EXITING THE CUYAHOGA COUNTY SHELTER SYSTEM, UP TO ONE YEAR OF INTENSIVE CASE MANAGEMENT TO HELP PROVIDE FAMILIES WITH THE RESOURCES NEEDED TO REMAIN STABLY HOUSED.

EXPENSES \$ 224,076. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RISE (RE-INTEGRATION SERVICES & EMPOWERMENT) PROGRAM LAUNCHED IN EARLY 2021 TO PROVIDE CASE MANAGEMENT SERVICES TO INDIVIDUALS WHO WERE RECENTLY INCARCERATED AND ARE TRANSITIONING BACK INTO THE COMMUNITY. SERVICES FOCUS ON EMPLOYMENT AND SECURING INCOME, ADDRESSING MENTAL

Name of the organization <b>UNIVERSITY SETTLEMENT, INC.</b>	Employer identification number <b>** - ***4776</b>
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HEALTH AND ADDICTION, AND ACCESSING MAINSTREAM BENEFITS, TO NAME A FEW.  
EXPENSES \$ 19,415. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FATHERHOOD CONNECTIONS FOCUSES ON FATHERS AT WILLOW, MOUND, A.B. HART,  
AND WARNER ROAD GIRL'S ACADEMY (ALL CLEVELAND METROPOLITAN SCHOOLS).  
PROGRAM OFFERS CASE MANAGEMENT, SUPPORT GROUPS, PARENT EDUCATION  
SESSIONS, AND ADVOCACY FOR FATHERS.  
EXPENSES \$ 236,831. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:  
PRIOR TO FILING, THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE,  
FINANCE STAFF, AND THE EXECUTIVE DIRECTOR FOR REVIEW AND APPROVAL. AT THE  
NEXT REGULARLY SCHEDULED BOARD MEETING, THE 990 IS PRESENTED TO THE FULL  
BOARD OF DIRECTORS FOR REVIEW. THE FORM 990 IS DISTRIBUTED IN ADVANCE OF  
THE BOARD MEETING IN ORDER TO ENSURE THAT DIRECTORS HAVE AN OPPORTUNITY FOR  
MEANINGFUL REVIEW. A BOARD OFFICER SIGNS THE 990.

FORM 990, PART VI, SECTION B, LINE 12C:  
CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY OFFICERS AND  
DIRECTORS. CONFLICTS OF INTEREST NOTED ARE CIRCULATED TO COMMITTEE CHAIRS  
IN ORDER TO REQUIRE A VOLUNTEER(S) RECUSAL ON MATTERS WHERE A CONFLICT OF  
INTEREST EXISTS, IF ANY.

FORM 990, PART VI, SECTION B, LINE 15:  
15-A: THE EXECUTIVE COMMITTEE IS THE RESPONSIBLE BODY FOR THE ANNUAL  
COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR. COMPENSATION IS AWARDED  
COMMENSURATE WITH PERFORMANCE AND IS EVALUATED IN RELATION TO OTHER

Name of the organization

UNIVERSITY SETTLEMENT, INC.

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\*\* - \*\*\*4776

NORTHEASTERN OHIO NONPROFITS OF SIMILAR MISSIONS AND FINANCIAL CAPACITIES.

15-B: THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR THE ANNUAL COMPENSATION REVIEW OF THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION.

COMPENSATION IS AWARDED COMMENSURATE WITH PERFORMANCE AND IS EVALUATED IN RELATION TO OTHER NORTHEASTERN OHIO NONPROFITS OF SIMILAR MISSIONS AND FINANCIAL CAPACITIES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, FORM 990, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 CAN ALSO BE FOUND ON SEVERAL PUBLICLY ACCESSIBLE WEBSITES.

FORM 990, PART XIII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ACCOMPLISHMENTS

UNIVERSITY SETTLEMENT'S (US) HUNGER CENTER SERVICES IS COMPRISED OF A CHOICE MODEL FOOD PANTRY, A COMMUNITY MEAL, AND A MONTHLY MOBILE PANTRY. THE PANTRY IS OPEN TUESDAY THROUGH FRIDAY 11:30A-2P. NEIGHBORS CAN VISIT ONCE A MONTH TO SELECT 3-5 DAYS' WORTH OF GROCERIES. THROUGH THE PANTRY, FAMILIES AND INDIVIDUALS RECEIVE PANTRY STAPLES, FRESH BREAD, FRESH PRODUCE, AND VARIOUS PERISHABLE AND NON-PERISHABLE ITEMS. EVERY TUESDAY EVENING, COMMUNITY RESIDENTS CAN JOIN US FOR A FREE, HOT COMMUNITY MEAL. THE FIRST MONDAY OF THE MONTH, US HOSTS A MOBILE PANTRY THROUGH THE GREATER CLEVELAND FOOD BANK (GCFB).

Name of the organization

UNIVERSITY SETTLEMENT, INC.

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US DISTRIBUTED 140,941 POUNDS OF FRESH PRODUCE IN 2022.

GROCERIES THROUGH THE FOOD PANTRY WERE PROVIDED TO 4,219 UNDUPLICATED

NEIGHBORS FOR A TOTAL OF 16,344 TOTAL PEOPLE SERVED THROUGHOUT THE

YEAR. 235,806 LBS. OF FOOD WAS DISTRIBUTED THROUGH THE PANTRY. THE US

COMMUNITY MEAL SERVED 6,434 HOT MEALS TO 411 UNDUPLICATED NEIGHBORS.

EACH MONTH AN AVERAGE OF 40 GROCERY BAGS WERE PREPARED AND DELIVERED TO

THE COMMUNITY APARTMENT BUILDINGS FOR SENIORS.

NEO SKILL CORPS IS AN AMERICORPS PROGRAMS WHICH PARTNERS WITH UP TO 10

NONPROFIT ORGANIZATIONS TO PROVIDE FINANCIAL LITERACY, ADULT LITERACY

AND WORKFORCE DEVELOPMENT TO ADULTS IN NORTHEAST OHIO. MEMBERS ARE

ASSIGNED TO PARTNER AGENCIES (HOST SITES) TO FACILITATE MONEY

MANAGEMENT WORKSHOPS ADDRESSING TOPICS SUCH AS SETTING REALISTIC GOALS,

CREDIT MANAGEMENT AND SETTING A BUDGET BASED ON PERSONAL INCOME AND

EXPENSES. PARTICIPANTS HAVE THE OPTION TO REQUEST INDIVIDUAL COACHING

TO ADDRESS PERSONAL ISSUES AND DEVELOP A PLAN TO MAKE ADJUSTMENTS WHERE

NEEDED. MEMBERS ALSO FACILITATE WORKFORCE DEVELOPMENT PROGRAMS ON

TOPICS SUCH AS DIGITAL LITERACY, CUSTOMER SERVICE, MANUFACTURING,

CULINARY BASICS, CONSTRUCTION SAFETY AND HEALTH CARE PREPARATION,

EMPLOYABILITY SKILLS AND JOB SEARCHING.

AMERICORPS MEMBERS SERVED MORE THAN 807 INDIVIDUALS IN 2022. THIS

RESULTED IN MORE THAN 100 PARTICIPANTS OBTAINING NEW BANK ACCOUNTS,

REDUCING CHECK CASHING FEES BY \$24,100. WE ASSISTED 25 PEOPLE OBTAIN

EMPLOYMENT WHICH ADDED MORE THAN \$10,000 IN NEW TAXABLE REVENUE TO THE

CITY OF CLEVELAND.

Name of the organization

UNIVERSITY SETTLEMENT, INC.

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THE ADULT WELLNESS PROGRAM IS A MONDAY-FRIDAY PROGRAM THAT SERVES ADULTS THAT ARE 60 YEARS OR OLDER AND INDIVIDUALS THAT ARE 18-59 AND HAVE A DISABILITY. THE PROGRAM MEETS FROM 10:30A-3:30P AND OFFERS THREE DISTINCT SERVICES INCLUDING CONGREGATE MEALS, TRANSPORTATION AND ADULT DEVELOPMENT. THE CONGREGATE MEAL PROGRAM CONSISTS OF LUNCH, A SNACK, AND A CARRYOUT MEAL PROVIDED TO CLIENTS ON A DAILY BASIS. THE PROGRAM PROVIDES TRANSPORTATION TO AND FROM THE PROGRAM AND FOR SPECIAL OUTINGS. THESE OUTINGS INCLUDE RECREATIONAL AND CULTURAL TRIPS TO PLACES LIKE AREA PARKS, RESTAURANTS, AND MUSEUMS. THE ADULT DEVELOPMENT ACTIVITIES ARE BASED ON THE HETTLER WELLNESS MODEL WHICH IS COMPRISED OF PROGRAMMING INCLUDING THE CATEGORIES OF PHYSICAL, EMOTIONAL, INTELLECTUAL, SOCIAL, SPIRITUAL AND OCCUPATIONAL WELLNESS. A VARIETY OF ACTIVITIES ARE OFFERED THROUGHOUT THE YEAR INCLUDING ART AND MUSIC CLASSES, SEWING WORKSHOPS, GARDENING AND NUTRITIONAL PRESENTATIONS, AND HEALTH AND WELLNESS LESSONS.

IN 2022, A TOTAL OF 68 UNDUPLICATED CLIENTS WERE SERVED. THERE WERE 647 HOT MEALS DELIVERED AND 959 CONGREGATE MEALS SERVED. THE PROGRAM PROVIDED 1,700 ONE WAY TRIPS, INCLUDING CLIENT TRANSPORTATION AND DELIVERIES. FINALLY, THE PROGRAM SERVED 4,712 TOTAL UNITS (HOURS) OF ADULT DEVELOPMENT ACTIVITIES WHICH INCLUDE PHYSICAL, COGNITIVE, AND RECREATIONAL PROGRAMMING, BOTH IN-PERSON AND REMOTELY.

FATHERHOOD CONNECTIONS PROVIDES INTENSIVE CASE MANAGEMENT SERVICES AND SUPPORT GROUPS TO HELP NON-CUSTODIAL FATHERS OVERCOME BARRIERS THAT PREVENT INVOLVEMENT IN THE LIVES OF THEIR CHILDREN. FATHERHOOD SUPPORT GROUPS RESUMED IN THE NEIGHBORHOOD SCHOOLS AFTER TWO YEARS, DUE TO THE RESTRICTIONS OF COVID 19. OUTDOOR OUTINGS FOR DADS AND THEIR



Name of the organization

UNIVERSITY SETTLEMENT, INC.

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CHILDREN WERE OFFERED AGAIN, WHICH PROVIDED OPPORTUNITIES FOR QUALITY EXPERIENCES. THE FATHERHOOD PROGRAM SERVED 157 FATHERS WITHIN THE SCHOOLS AND THE COMMUNITY.

THE RISE (RE-INTEGRATION SERVICES & EMPOWERMENT) PROGRAM WAS LAUNCHED TO WORK WITH FAMILIES THAT HAVE A FAMILY MEMBER WHO HAS RECENTLY BEEN RELEASED FROM INCARCERATION AND IS ATTEMPTING TO RE-ENTER THE FAMILY CORE. THIS PROGRAM CONSISTS OF CASE MANAGEMENT AND SUPPORT GROUPS. REFERRALS FOR THE PROGRAM COME FROM THE CUYAHOGA COUNTY OFFICE OF REENTRY, LOCAL PRE-RELEASE CENTERS, HALF-WAY HOUSES, AND OTHER IN-HOUSE AND COMMUNITY ORGANIZATIONS. STILL A RELATIVELY NEW PROGRAM, 17 RETURNING CITIZENS RECEIVED CASE MANAGEMENT SERVICES AND ATTENDED GROUP MEETINGS.

THE TRANSITION-IN-PLACE HOUSING PROGRAM PROVIDES ONE YEAR OF INTENSIVE CASE MANAGEMENT TO NEWLY HOUSED FAMILIES EXITING THE CUYAHOGA COUNTY SHELTER SYSTEM. WHILE PARTICIPATING IN CASE MANAGEMENT, FAMILIES ALSO RECEIVE A TEMPORARY RENTAL ASSISTANCE VOUCHER THROUGH EDEN, INC. PROGRAM SERVICES ADHERE TO THE RAPID RE-HOUSING (RRH) MODEL. STAFF AND FAMILIES COLLABORATE TO ADDRESS THE BARRIERS THAT LED TO HOMELESSNESS, AND TOGETHER THEY CREATE A HOUSING STABILIZATION PLAN. THIS BENCHMARK SYSTEM REQUIRES STAFF AND FAMILIES TO MEET REGULARLY TO ASSESS PROGRESS AND LINK FAMILIES TO ADDITIONAL SERVICES IN-HOUSE AND THROUGHOUT THE COMMUNITY.

IN 2022, 61 HOUSEHOLDS WERE SERVED. THIRTY-FOUR FAMILIES HAD AN INCOME LEVEL OF \$13,000 AND BELOW. THE BARRIERS THAT LED TO HOMELESSNESS CAN BE PLENTIFUL BUT THE FAMILIES ARE DETERMINED TO BECOME ANCHORED IN THE COMMUNITY AND WORK TOWARDS HOUSING STABILIZATION.

Name of the organization

UNIVERSITY SETTLEMENT, INC.

Employer identification number

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THE SMART, YOUNG, AND SIGNIFICANT (SMARTY'S) PROGRAM IS AN EVIDENCE-BASED EDUCATIONAL AND DEVELOPMENTAL PROGRAM SERVING YOUTH IN GRADES KINDERGARTEN-FIFTH GRADE THAT ATTEND SCHOOL IN THE SLAVIC VILLAGE NEIGHBORHOOD. THE PROGRAM'S MAIN OBJECTIVES ARE TO BOOST ACADEMICS, IMPROVE SOCIAL EMOTIONAL LEARNING COMPETENCIES, AND INCREASE FAMILY INVOLVEMENT. SMARTY'S AFTERSCHOOL PROGRAM OPERATES FIVE DAYS A WEEK THROUGHOUT THE SCHOOL YEAR. ADDITIONALLY, A SIX-WEEK SUMMER CAMP IS OFFERED TO FURTHER ENRICH AND PREVENT THE "SUMMER SLIDE". THE SMARTY'S PROGRAM SERVED 42 INDIVIDUALS AND 39 INDIVIDUALS THROUGHOUT SUMMER CAMP. THROUGHOUT THE YEAR, 81 INDIVIDUALS WERE SERVED IN TOTAL.

THE PREVENTION PROGRAM IS DESIGNED TO REDUCE STUDENTS' INTENTION TO USE ALCOHOL, TOBACCO, AND OTHER DRUGS, WHILE PROMOTING PROSOCIAL ATTITUDES, SKILLS, AND BEHAVIORS. THE FIVE SOCIAL AND EMOTIONAL LEARNING (SEL) CORE COMPETENCIES BEING TAUGHT INCLUDE: SELF-AWARENESS, SELF-MANAGEMENT, SOCIAL AWARENESS, RELATIONSHIP SKILLS, AND RESPONSIBLE DECISION MAKING. THE IMPORTANCE OF DEVELOPING THESE SKILLS IS TO HELP INDIVIDUALS SET AND REACH GOALS, MANAGE OBSTACLES AND STRESSES RELATED TO ACADEMICS AND SOCIAL DYNAMICS, AND TO PROVIDE ALTERNATIVES TO RISKY BEHAVIOR. LIONS QUEST AND CENTERVENTION CURRICULUMS WERE USED FOR PROGRAM LESSONS, TO SERVE STUDENTS IN GRADES K-8TH. THE GOAL OF PREVENTION PROGRAMMING IS TO INCREASE PROTECTIVE FACTORS THAT ALLOW CHILDREN TO SUCCEED, WHILE HELPING TO REMOVE BARRIERS AND DECREASE RISK FACTORS.

COMMUNITY YOUTH RECEIVE PROGRAMMING THROUGH DIRECT SERVICES BY ENROLLING IN UNIVERSITY SETTLEMENT'S OUT-OF-SCHOOL TIME PROGRAM.

PROGRAMMING IS PROVIDED ON SITE AT UNIVERSITY SETTLEMENT. IN SCHOOL

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PREVENTION IS PROVIDED TO ST. STANISLAUS SCHOOL AND BROADWAY ACADEMY AT WILLOW. PREVENTION PROGRAMMING ALSO OCCURS FOR SIX WEEKS DURING THE SUMMER MONTHS. THE PREVENTION PROGRAM SERVED 218 INDIVIDUALS THROUGHOUT THE YEAR.

UNIVERSITY SETTLEMENT HAS BEEN THE LEAD AGENCY FOR THE DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) FOR THE BROADWAY COMMUNITY BASED SERVICES (FORMERLY FAMILY TO FAMILY) CONTRACT FOR 20 YEARS. THIS PROGRAM SERVES FAMILIES WITH CHILDREN UNDER THE AGE OF 18 WHO ARE IN OR AT RISK OF ENTERING THE CHILD WELFARE SYSTEM. STAFF CONNECT FAMILIES TO COMMUNITY BASED RESOURCES, PROVIDES MONTHLY SUPPORT TO FOSTER, ADOPTIVE AND KINSHIP FAMILIES, AND IS A VISITATION SITE FOR FAMILIES WHO ARE TRYING TO REGAIN CUSTODY OF THEIR CHILD. UNIVERSITY SETTLEMENT'S BROADWAY AND SOUTHWEST COMMUNITY BASED SERVICES PROGRAMS, FORMERLY KNOWN AS BROADWAY AND PARMA NEIGHBORHOOD COLLABORATIVES, SERVES FAMILIES IN THE FOLLOWING ZIP CODES:

BROADWAY COMMUNITY BASED SERVICES (BROADWAY CBS) - SERVICING AREA CODES 44105, 44125, AND 44127.

SOUTHWEST COMMUNITY BASED SERVICES (SWCBS) - SERVICING 44017, 44147, 44144, 44142, 44131, 44130, 44070, 44133, 44138, 44129, 44134, 44130, 44131, 44136, AND 44149.

THE BROADWAY CBS SERVED 244 FAMILIES AND THE SWCBS SERVED 180 FAMILIES. FAMILY TIME VISITS ARE OFFERED WHEN CHILDREN ARE UNABLE TO REMAIN IN THEIR HOME, DUE TO SAFETY CONCERNS, BROADWAY CBS AND SWCBS OFFER CAREGIVERS A HOME LIKE ENVIRONMENT TO VISIT THEIR CHILDREN ONCE A WEEK. THIS YEAR BROADWAY HOSTED 227 VISITS AND SWCBS OFFERED 134 VISITS.

UNIVERSITY SETTLEMENT CONTINUES TO PROVIDE SUPERVISION AND SUPPORT TO AN OHIOKAN NAVIGATOR THROUGH OUR PARTNERING AGENCY, KINNECT. THE

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NAVIGATOR'S PRIMARY FOCUS IS ON THE NEEDS

ACCOMPLISHMENTS CONTINUED

OF KINSHIP AND ADOPTIVE FAMILIES.

THE MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER (MJCEC) PROVIDES ACCESS TO RESOURCES AND PROGRAMMING THAT EDUCATE, EMPOWER AND STRENGTHEN INDIVIDUALS THROUGH THE INNOVATIVE USE OF TECHNOLOGY. THE MJCEC HOSTS TECHNOLOGY SESSION AIMED AT HELPING COMMUNITY MEMBERS OF ALL AGES TO BOTH LEARN ABOUT THE VARIOUS METHODS, AND ALSO TO FIND WAYS TO USE TECHNOLOGY TO IMPROVE THEIR LIVES PERSONALLY, ACADEMICALLY AND PROFESSIONALLY. THE MJCEC PROVIDED 365 SESSIONS (BOTH VIRTUAL AND ON-SITE) FOR 255 CLIENTS THROUGHOUT THE YEAR. A NUMBER OF THESE PARTICIPANTS ARE SENIORS AND CHILDREN ENROLLED IN AGENCY PROGRAMMING. IN 2023, UNIVERSITY SETTLEMENT WILL PARTNER WITH CUYAHOGA COMMUNITY COLLEGE TO BECOME A TRI-C ACCESS CENTER.

THE POLICY, ADVOCACY, AND COMMUNITY ENGAGEMENT DEPARTMENT, A STAFF OF FIVE, CONDUCTS REGULAR OUTREACH TO AND ENGAGEMENT WITH COMMUNITY MEMBERS, REACHING NEARLY 1,500 RESIDENTS ANNUALLY IN FACE-TO-FACE CONVERSATIONS ABOUT COMMUNITY CONCERNS, HIV/AIDS, DRUG/ALCOHOL USE, AND MORE. THE PACE DEPARTMENT SUPPORTS A 25+ MEMBER COMMUNITY ORGANIZATION THAT MEETS ON A WEEKLY BASIS TO ADDRESS SHARED CONCERNS; CONDUCTS REGULAR CLEAN-UP AND OTHER COMMUNITY IMPROVEMENT EVENTS; CONDUCTS WIDESPREAD VOTER REGISTRATION; AND ASSISTS IN OUTREACH FOR AN ACCURATE CENSUS COUNT.