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



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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

Prepared for	UNIVERSITY SETTLEMENT, INC.
	4800 BROADWAY AVENUE CLEVELAND, OH 44127
Prepared by	ZINNER & CO. LLP 3201 ENTERPRISE PARKWAY, SUITE 410 CLEVELAND, OH 44122-7329
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	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.

Earm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

nding <u>JUN 30</u>, 20<u>22</u> **20**

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

2027

OMB No. 1545-0047

Name o	f filer	GO to www.iis.gov/Formoo/9	TE for the latest information.	EIN or SSN
	UNIVERSITY SETT	LEMENT, INC.		**-***4776
Name a	nd title of officer or person subject to tax	EARL PIKE		
		EXECUTIVE DIRECT	OR	
Part				
Form 5 or 10a which	the box for the return for which you ar i330 filers may enter dollars and cents below, and the amount on that line for ever is applicable, blank (do not enter - ne line in Part I.	. For all other forms, enter whole of the return being filed with this fo	dollars only. If you check the box on orm was blank, then leave line 1b, 2b	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check here	b Total revenue, if any (Form	990, Part VIII, column (A), line 12)	ть <u>4,775,109.</u>
2a	Form 990-EZ check here			2b
3a	Form 1120-POL check here		line 22)	
4a	Form 990-PF check here >		income (Form 990-PF, Part V, line 5)	
5a	Form 8868 check here	b Balance due (Form 8868, li	ne 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part	III, line 4)	6b
7a	Form 4720 check here		III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of ta	x year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II		9b
10a	Form 8038-CP check here		requested (Form 8038-CP, Part III,	
Part	penalties of perjury, I declare that X		cer or Person Subject to Ta	
interm ackno of any entry t financi later th payme persor	with a state agency(ies) regulating on the return's disclosure consent As an officer or person subject to t	electronic return originator (ERO) ection of the transmission, (b) the S. Treasury and its designated Firated in the tax preparation softwaccount. To revoke a payment, I rent (settlement) date. I also authormation necessary to answer inquignature for the electronic return a ERO firm name LLP ERO firm name 21 electronically filed return. If I his charities as part of the IRS Fed/S screen. ax with respect to the entity, I will	to send the return to the IRS and to be reason for any delay in processing inancial Agent to initiate an electronicare for payment of the federal taxes nust contact the U.S. Treasury Finarize the financial institutions involved irries and resolve issues related to the and, if applicable, the consent to electrons to the consent to electrons and the consent to ele	receive from the IRS (a) an the return or refund, and (c) the date or funds withdrawal (direct debit) owed on this return, and the notal Agent at 1-888-353-4537 no d in the processing of the electronic he payment. I have selected a corronic funds withdrawal. Denter my PIN 14776 Enter five numbers, but do not enter all zeros a copy of the return is being filed orementioned ERO to enter my PIN he tax year 2021 electronically filed
	IRS Fed/State program, I will enter e of officer or person subject to tax	my PIN on the return's disclosure		Date ▶
Part	III Certification and Author	entication		
	EFIN/PIN. Enter your six-digit electron	-	2441071041	
numbe	er (EFIN) followed by your five-digit self-	selected PIN.	34418712419 Do not enter all zeros	9
submi	y that the above numeric entry is my P ting this return in accordance with the ess Returns.	· ·		
ERO's	ignature SUSAN D. KRA I	NTZ	Date ▶ <u>05</u> /	15/23
		ERO Must Retain This Fo	orm - 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)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print **-***4776 UNIVERSITY SETTLEMENT, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4800 BROADWAY AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 44127 CLEVELAND, OH Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 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) Form 8870 12 06 Form 990-T (corporation) 07 EARL PIKE The books are in the care of ► 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 」. 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. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions.

EXTENDED TO MAY 15, 2023

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

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

<u> </u>	רטו נוונ	e 2021 calendar year, or tax year beginning ししし エ, ムしムエ and e	inding U	UN 30, 2022	
В	Check if applicabl	e: C Name of organization		D Employer identific	cation number
	Addre chang				-
L	Name chang	Doing business as		**-***47	76
	Initial return Final return		Room/suite	E Telephone number 216 – 641 –	
	termin			G Gross receipts \$	4,806,292.
	ated Amenoreturn	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44127		H(a) Is this a group re	
	Application	F Name and address of principal officer: EARL PIKE		for subordinates	
	pendi		127	H(b) Are all subordinates in	
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o			list. See instructions
		te: VNIVERSITYSETTLEMENT.NET		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: OH
	art I	Summary	12 1000		, otato or rogal dominono,
		Briefly describe the organization's mission or most significant activities: WE OF	FER T	HE INDIVIDU	ALS AND
Activities & Governance	-	FAMILIES WE SERVE THE RESOURCES BY WHICH	THEY	CAN LEARN,	GROW, AND
rna	1	Check this box if the organization discontinued its operations or dispos	$\overline{}$		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	25
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			25
Š		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			83
ij	1	Total number of volunteers (estimate if necessary)			47
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		4,851,876.	4,801,274.
ğ		Program service revenue (Part VIII, line 2g)		87.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-904.	-195.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,419.	-25,970.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,890,478.	4,775,109.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,081,013.	2,224,592.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 135,39	92.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,839,139.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,920,152.	4,000,305.
	19	Revenue less expenses. Subtract line 18 from line 12		970,326.	774,804.
Net Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		5,018,877.	4,666,381.
t As	21	Total liabilities (Part X, line 26)		1,618,941.	491,641.
遣	22	Net assets or fund balances. Subtract line 21 from line 20		3,399,936.	4,174,740.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Circulum of afficer		Data	
Sig		Signature of officer		Date	
He	re	EARL PIKE, EXECUTIVE DIRECTOR			
		Type or print name and title	11	Date Check	PTIN
ъ.		Print/Type preparer's name Preparer's signature		: t	
Pai		SUSAN D. KRANTZ SUSAN D. KRANTZ	ĮΟ	5/15/23 self-employe	
	parer	Firm's name ZINNER & CO. LLP	110	Firm's EIN ▶	**-***3731
US	Only	Firm's address 3201 ENTERPRISE PARKWAY, SUITE 4	ŧΤU	. / 2	16\021 0722
_		CLEVELAND, OH 44122-7329		Phone no. (2	16)831-0733
Ma	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 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.
	1 240 165
4c	<u> </u>
	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	
	(Expenses \$ 1,002,905 • including grants of \$) (Revenue \$)
_4e	
	Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
р	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) UNIVERSITY SETTLEM Part IV | Checklist of Required Schedules (continued)

	Charles of the data of the transfer of the tra		1	1
00	Did the every institute was set as see the set of 000 of swants as at how assistance to set for demonstric individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEh		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		122
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			٠,
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
OZ.	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ _v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		┼^
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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			$\lfloor X \rfloor$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion 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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EARL PIKE - 216-641-8948			
	4800 BROADWAY AVE, CLEVELAND, OH 44127			

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.

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

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

Name and title	(A)	(B)	l	41 1120		C)	прсі	isai	(D)	(E)	(F)
Nour Specific Week (list any hours for related organizations below line) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours for related organizations) Nour Specific Week (list any hours) Nour Specific Week (list any ho			(do		Pos	ition		one			
Compensation for related organizations below inel Compensation from the organization (W2/1099-MISC) 1099-MEC) 1099-MEC		· ·	box	, unle	ss pe	rson i	is bot	h an	·	•	
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Care		1 '	direct				p			•	•
Care			tee or	stee			en sa te			`	
Care		organizations	Itrus	nal tr		oyee	ompe		1099-NEC)		
Carry Carr		1	ividua	titutio	cer	/emp/	hest o	mer			organizations
X	(4)	,	티	lns	JH0	Ke	Hig	Por			
C2 MARTIN HALE C2.00 X X X X X X X X X		40.00			l 🕶				111 010	0	0
SECRETARY		2 00			Λ				111,910.	0.	<u> </u>
Setan King		2.00	v		v				<u></u>	0	0
Director X		2 00	Δ		Λ				0.	0.	<u> </u>
(4) JOHN KOCSIS	, , ,	2.00	\mathbf{x}						0.1	0	0
Resident		6.00							0.	0.	<u> </u>
(5) ANNA MARIA MOTTA	, -,	0.00	x		x				0.	0.	0.
FINANCE COMMITTEE CO-CHAIR		4.00	-			-					
Column C			X		x				0.	0.	0.
ADVANCEMENT COMMITTEE CHAI (7) BRANDON MORRIS TREASURER (8) CARRIE MILLER DIRECTOR (9) CYNTHIA CONNOLLY VICE PRESIDENT (10) DAVE MARGOLIUS DIRECTOR (11) EMILY HAGAN DIRECTOR (12) JOZEFF GEBOLYS DIRECTOR (13) MAYIA ALLEN DIRECTOR (14) RICHARD GIBSON DIRECTOR (15) SCOTT VILLANI DIRECTOR (16) SHAILAJA DUNN DIRECTOR (17) STEPHANIE MERCADO (10) O. (10) O. (10) O. (11) O. (11) O. (12) O. (13) MAYIA DUNN DIRECTOR (14) RICHARD GIBSON (15) SCOTT VILLANI DIRECTOR (16) SHAILAJA DUNN DIRECTOR (17) STEPHANIE MERCADO (17) STEPHANIE MERCADO (18) O. (19) O. (10) O. (10) O. (11) O. (11) O. (12) O. (13) O. (14) O. (15) SCOTT VILLANI DIRECTOR (15) SCOTT VILLANI DIRECTOR (16) SHAILAJA DUNN DIRECTOR (17) STEPHANIE MERCADO (18) O. (19) O. (10) O. (10) O. (10) O. (11) STEPHANIE MERCADO (10) O. (11) O. (11) O. (12) O. (12) O. (13) O. (14) O. (15) SCOTT VILLANI DIRECTOR (15) O. (16) O. (17) STEPHANIE MERCADO		5.00									
TREASURER	ADVANCEMENT COMMITTEE CHAI		x	1					0.	0.	0.
CARRIE MILLER	(7) BRANDON MORRIS	4.00									_
DIRECTOR X	TREASURER		Х		Х				0.	0.	0.
O	(8) CARRIE MILLER	2.00									
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1.00 DAVE MARGOLIUS	(9) CYNTHIA CONNOLLY	4.00									
DIRECTOR X	VICE PRESIDENT		Х		Х				0.	0.	0.
O	(10) DAVE MARGOLIUS	1.00								_	_
DIRECTOR X			X						0.	0.	0.
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DIRECTOR X		0.00	X						0.	0.	0.
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Form 990 (2021) UNIVERSI	TY SETTI	LEN	ME1	NT,	.]	INC	·		**-***4	776	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck r ss per nd a di	ition more rson i	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	I -	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom th ganizat d relat anizati	e ion ed
(18) STEPHEN ZINN	1.00	,,							0			0
DIRECTOR	1 00	Х		Ш				0.	0.			0.
(19) WENDY REGOECZI	1.00	. ,							0			^
DIRECTOR	3.00	Х		Н				0.	0.			0.
(20) ANDREW MARTIN DIRECTOR	3.00	x						0.	0.			0.
(21) PAT SHIELDS	1.00			Н								
DIRECTOR		х						0.	0.			0.
(22) HANNAH ILLENCIK	1.00											
DIRECTOR		Х						0.	0.			0.
(23) RUSSELL HOLMES	1.00											
DIRECTOR		Х						0.	0.			0.
(24) MARLENA BOYCE	1.00											
DIRECTOR		Х						0.	0.			0.
(25) PERCIVAL KANE, JR.	1.00											
DIRECTOR		Х						0.	0.			0.
(26) BRIDGET PHELAN	1.00								_			
DIRECTOR		Х						0.	0.			0.
1b Subtotal							>	111,918.	0.			0.
c Total from continuation sheets to Part V							>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	111,918.	0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wr	no re	eceived more than \$100	,000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,		-	•	•	•	-	_	•	•		res	
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15										4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch į	oers	on .				5		X
Section B. Independent Contractors	<u> </u>											
1 Complete this table for your five highest co		•							•	sation	from	
the organization. Report compensation for (A)	trie caleridar y	ear	enai	ng w	/11/1	or w	ILITIII	(B)	year.		C)	
Name and business	address	N	ONE	3				Description of s	ervices (nsatio	n

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

Ра	rt \	/III						
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,	1,531. 71,950. 807,991. 919,802. 490,811. Business Code	4,801,274.			sections 512 - 514
ran }ev		d						
Б		е						
<u>r</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f	>				
	3 4 5		Investment income (including dividends, intereditors similar amounts) Income from investment of tax-exempt bond proparties	proceeds	14.			14.
		b c	Gross rents 6a 6b 6c (i) Real 6c 6c	(ii) Personal				
	_		Net rental income or (loss) Gross amount from sales of (i) Securities					
Revenue	7	b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7a 7b 209 7c 7c					
			Net gain or (loss)	<u> </u>	-209.			-209.
Other	8		Gross income from fundraising events (not including \$\frac{71,950.}{0}\$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	0. 30,974.				
		С	Net income or (loss) from fundraising events	<u></u>	-30,974.			-30,974.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			NI-t because on (I) forms manifest a still date.					
	10		Gross sales of inventory, less returns and allowances 10a					
		b	Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory	>				
Miscellaneous Revenue	11		MISCELLANEOUS REVENUES	Business Code 900099	5,004.	5,004.		
ella iver		b						
İsc		d	All other revenue					
Σ			Total. Add lines 11a-11d	_	5,004.			
	12		Total revenue. 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 respon	nse or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105,417.	93,821.	6,325.	5,271
6	trustees, and key employees	103,417.	73,021.	0,323.	5,271
O	persons (as defined under section 4958(f)(1)) and				
	navagna dagarihad in agatian 4000(a)(0)(D)				
7	Other salaries and wages	1,726,560.	1,536,638.	103,594.	86,328
8	Pension plan accruals and contributions (include	_,0,000	_,350,050		00,020
•	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):	,		,	- ,
	Management				
b	Legal				
С	Accounting				
	Lobbying				
	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	50.006	88 506		0 400
16	Occupancy	79,996.	77,596.	01.0	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	25 220	22 151	1 221	EAF
19	Conferences, conventions, and meetings	35,230.	33,454.	1,231.	545 179
20	Interest	34,154.	26,465.	7,510.	1/9
21	Payments to affiliates	51,328.	16,088.	35,240.	
22	Depreciation, depletion, and amortization	51,326.	49,251.	513.	1,539
23	Other expenses, Itemize expenses not covered	JI, JUJ.	49,431.	213.	1,333
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) PROFESSIONAL FEES	651,940.	606,304.	32,597.	13,039
a b	CONTRIBUTED FOOD	487,436.	487,436.	0.	0.
C	SUPPLIES & FOOD	172,154.	160,103.	1,722.	10,329
d	REPAIRS AND RENTAL	76,477.	69,244.	4,259.	2,974
	All other expenses	88,252.	60,724.	26,170.	1,358
25	Total functional expenses. Add lines 1 through 24e	4,000,305.	3,631,088.	233,825.	135,392
<u>25 </u>	Joint costs. Complete this line only if the organization	_, , ,	2,222,000		
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	. —				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,796,893.	2	1,413,400.
	3	Pledges and grants receivable, net			1,738,618.	3	1,307,594.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			29,146.	9	29,772.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,740,281.			
	b	Less: accumulated depreciation	10b	824,666.	1,454,220.	10c	1,915,615.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			5,018,877.	16	4,666,381.
	17	Accounts payable and accrued expenses			91,195.	17	105,876.
	18	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
iab		controlled entity or family member of any of the			4 0 4 5 0 4 4	22	
_	23	Secured mortgages and notes payable to unre			1,065,246.	23	385,765.
	24	Unsecured notes and loans payable to unrelat		_		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	460 500		0
		of Schedule D			462,500.		0.
	26	Total liabilities. Add lines 17 through 25			1,618,941.	26	491,641.
တ္က		Organizations that follow FASB ASC 958, ch	eck here	e ▶ X			
JCe		and complete lines 27, 28, 32, and 33.			F06 F00		0 064 405
ala	27	,			506,598.	27	2,064,485.
Net Assets or Fund Balances	28	Net assets with donor restrictions			2,893,338.	28	2,110,255.
ڌ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
χA	31	Retained earnings, endowment, accumulated			2 200 026	31	A 10A 040
ž	32	Total net assets or fund balances			3,399,936.	32	4,174,740.
	33	Total liabilities and net assets/fund balances			5,018,877.	33	4,666,381.

Pa	rt 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				09.
2	Total expenses (must equal Part IX, column (A), line 25)	2				05.
3	Revenue less expenses. Subtract line 2 from line 1	3				04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	399	9,9	36.
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	1,7	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	tit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.	
The	organ	ization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:		. ,				,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
•		section 170(b)(1)(A)(iv). (C		g,,				
6		A federal, state, or local go	-	mental unit described in s	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C		a. part or no capport.			general	pasio accomba in
8		A community trust describe		(1)(A)(vi). (Complete Part	: 11.)			
9		An agricultural research org				ed in conju	inction with a land-grant	college
•		or university or a non-land-					-	
		university:	grant conege or agric	raitare (oce metractione).	Lintoi trio	marrio, oit	y, and state of the coneg	JO 01
10		An organization that norma	ılly receives (1) more	than 33 1/3% of its sun	port from	contributio	ons membershin fees a	nd aross receints from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Con		(ICSS SCOTIOTI TEX) III	JIII DUSING	Joes acqu	anca by the organization	arter durie do, 1375.
11		An organization organized		ively to test for public sa	fety See	section 50)9(a)(4)	
12		An organization organized a	-		-			e nurnoses of one or
-		more publicly supported or	·		•		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that						
а		Type I. A supporting orga						, aivina
		the supported organization						
		organization. You must o			i majomey	or tine dire		apporting
b		Type II. A supporting org			tion with it	s support	ed organization(s) by ha	avina
-		control or management o						-
		organization(s). You mus	11 / 7		u p u. u u		ormanago ano sap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
С	. [☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
_		its supported organizatio						
d		Type III non-functionally						ization(s)
_		that is not functionally int		,			• • • •	
		requirement (see instruct		• ,	•		•	
е		Check this box if the orga		-				
_		functionally integrated, or					, po ., . , po, . , po	
f	Ente	er the number of supported of		······ 9·-···				
q		vide the following information		ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (dee indiractional)				
Tota	al							

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

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

Sec	ction A. Public Support	,,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	` ,	` '	` ,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2,460,247.	2,840,077.	4,633,345.	4,851,876.	4,801,274.	19,586,819.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,460,247.	2,840,077.	4,633,345.	4,851,876.	4,801,274.	19,586,819.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,423,411.
	Public support. Subtract line 5 from line 4.						18,163,408.
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,460,247.	2,840,077.	4,633,345.	4,851,876.	4,801,274.	19,586,819.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	3,808.	12,112.	939.	300.	14.	17,173.
_	and income from similar sources	3,000.	12,112.	939.	300.	14.	17,173.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	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.
11	Total support. Add lines 7 through 10	11,303,	13/00/0	23,0301	31/2134	3,0010	19,712,649.
12	Gross receipts from related activities,	etc (see instruction	nne)			12	28,177.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v		<u> </u>	
	organization, check this box and stor					70 1 (0)(0)	
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (line 6, column (f), d	livided by line 11, o	olumn (f))		14	92.14 %
	Public support percentage from 2020					15	93.89 %
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(C) 2019	(u) 2020	(e) 2021	(i) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					+	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					+	
э	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					1	
/ a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					+	
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6					1	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					-	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	$33\ 1/3\%$ support tests - 2021. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
b	$33\ 1/3\%$ support tests - 2020. If the	organization did n	ot check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	3a		
	OI-		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	401		
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Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			·
	Did the averagination was ide to each of the averaged averaginations by the last day of the effile wearth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	Ŭ
1	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	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		A	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 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,
	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.)
-	(OCC IIIST dottorio.)
_	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THIRD FEDERAL FOUNDATION	1,411,917.	1,017,664.
GEORGE GUND FOUNDATION	800,000.	405,747.
	4.7	
Total Excess Contributions to Schedule A, Part II, Line 5		1,423,411.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

2021

Name of the organization

UNIVERSITY SETTLEMENT,

Employer identification number

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

Name of organization

Employer identification number

UNIVERSITY SETTLEMENT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	21ST CCLC ODA MOUND 11154 25 SOUTH STREET COLUMBUS, OH 43215-4183	\$ 119,185.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	21ST CCLC SMARTY'S 13747 25 SOUTH STREET COLUMBUS, OH 43215-4183	\$ <u>199,108.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	21ST CENTURY USI 10907 25 SOUTH STREET COLUMBUS, OH 43215-4183	\$114,962.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CMSD - AB HART 1111 SUPERIOR AVE. CLEVELAND, OH 44114	\$ 96,593.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CMSD-MOUND 1111 SUPERIOR AVE. CLEVELAND, OH 44114	\$ <u>179,615.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNIVERSITY SETTLEMENT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE CALLAHAN FOUNDATION 4760 RICHMOND RD. STE 400 WARRENSVILLE HEIGHTS, OH 44128	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE GEORGE GUND FOUNDATION 45 WEST PROSPECT AVENUE, 1845 GUILDHALL BUILDING CLEVELAND, OH 44115	\$\$_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THIRD FEDERAL 7007 BROADWAY AVE. CLEVELAND, OH 44105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THIRD FEDERAL-MOUND 7007 BROADWAY AVE. CLEVELAND, OH 44105	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNIVERSITY SETTLEMENT, INC.

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) (f) Description of noncash property given (g) (h) Description of noncash property given (h) Pr	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** **-***4776 UNIVERSITY SETTLEMENT, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

UNIVERSITY SETTLEMENT, INC.

Employer identification number **-***4776

Pai			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Zener dameed range	(a) i and and an a second
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
3	are the organization's property, subject to the organization's	-	
6	Did the organization of property, subject to the organization of Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
	• •	or defici adviser, or for any ether purpose eer	
Pai			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
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, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footing	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.	(4) 10) 17	0: :: 4
Pai	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	•	erance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthera	ance 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 tre	- ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	collections of A		•		r Othe	r Similar As	sets/conti		aye Z
								•	rucu)	
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										
b	Scholarly research	е	,	Julier						
C 4	Preservation for future generations	alloctions and avalei	n haw th	av frutbart	bo ovacnizati	an'a ayam	ant nuvnaga in	Dod VIII		
4	Provide a description of the organization's co							Part Alli.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to							Yes		¬ Na
Pai	t IV Escrow and Custodial Arran									_ No_
. u.	reported an amount on Form 990, Pal		ste ii tile	organizatio	ni alisweleu	165 0111	om 990, Fait	10, 11116 9, 0		
12	Is the organization an agent, trustee, custod		diany for (contribution	ne or other as	sets not i	ncluded			
Ia								Yes		□No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							1 C S	_	_ NO
b	ii res, explain the arrangement iii art Alli	and complete the to	mowning to	abie.	4			Amoun	t	
c	Beginning balance						1c			
	Additions during the year						·			
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F							Yes	Т	No
	If "Yes," explain the arrangement in Part XIII.		•				·y ·		Ē	=
	rt V Endowment Funds. Complete i									
	<u>'</u>	(a) Current year		rior year	(c) Two year		d) Three years ba	ack (e) Fou	r years	back
1a	Beginning of year balance	,								
	Contributions									
С	Net investment earnings, gains, and losses									
d										
е	Other expenditures for facilities		K							
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	red for th	e organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations	,						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o			t or other	٠,	cumulated	(d) Boo	k valu	ıe
		basis (investr	nent)		(other)	depi	reciation		2 2	
	Land				3,328.		26 552			28.
	Buildings				6,860.		36,552.			08.
	Leasehold improvements				0,854.		26,719.			35.
d	Equipment				29,239.	2	61,395.			44.
_	Othor	I		ו הו			ı	i 50	u (

Schedule D (Form 990) 2021

1,915,615.

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

Schedule I	O (Form 990) 2021	UNIVERSITY	SETTLEMENT,	INC.	**	-*** 4 776 Pag
		Other Securities.	•			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV,	line 11b. 9	See Form 990, Part X, line 12.	
(a) Descri		Ory (including name of security)	(b) Book value		c) Method of valuation: Cost or en	d-of-year market value
(1) Finance	ial derivatives					<u> </u>
. ,						
(3) Other	y riola equity interests					
(A)	-					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	//\	D 137 1 (D) 11 10) b				
		, Part X, col. (B) line 12.)				
Part VII		Program Related.	5 000 D 1 1 1 1 1			
					See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)				47		
(6)						
(7)						
(8)			`			
(9)						
Total. (Col.	(b) must equal Form 990	, Part X, col. (B) line 13.)				
Part IX	Other Assets.					
•	Complete if the orga	anization answered "Yes"	on Form 990, Part IV,	line 11d. 9	See Form 990, Part X, line 15.	
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)			7			
(6)						
(7)						
(8)						
(9)						
	umn (h) must egual Fo	orm 990, Part X, col. (B) lin	e 15)			
Part X			<i>0 10.)</i>			<u>I</u>
T GITT /	,		on Form 990 Part IV	line 11e o	or 11f. See Form 990, Part X, line 2	5
		escription of liability	on rom ood, rare rv,		7 111. GGG 1 G111 GGG, 1 d11 X, 1116 Z	(b) Book value
1. (1) [5]		occupation of liability				(b) Book value
	deral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

Schedule D (Form 990) 2021

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...

Total. (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

Par	t XI F	Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Retu	rn.
	C	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total rev	venue, gains, and other support per audited financial statements		1	4,775,109.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	ealized gains (losses) on investments	2a		
b	Donated	d services and use of facilities	2b		
С	Recover	ries of prior year grants	2c		
d	Other (D	Describe in Part XIII.)	2d		
е	Add line	es 2a through 2d		2e	
3	Subtrac	t line 2e from line 1		3	4,775,109.
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:		A	
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (D	Describe in Part XIII.)	4b		
С	Add line	es 4a and 4b		4c	0.
		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,775,109.
Par		Reconciliation of Expenses per Audited Financial St		Expenses per Re	turn.
	C	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total ex	penses and losses per audited financial statements			4,000,305.
2	Amount	s included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated	d services and use of facilities	2a		
b	Prior yea	ar adjustments	2b		
С	Other lo	osses	2c		
d	Other (D	Describe in Part XIII.)	2d		
е	Add line	es 2a through 2d		2e	
3	Subtrac	t line 2e from line 1		3	4,000,305.
4	Amount	s included on Form 990, Part IX, line 25, but not on line 1:			
		nent expenses not included on Form 990, Part VIII, line 7b			
b	Other (D	Describe in Part XIII.)	4b		
С	Add line	es 4a and 4b		4c	
		penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	4,000,305.
Par	t XIII S	Supplemental Information.			
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			art X, line 2; Part XI,
lines 2	2d and 4	lb; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional inform	nation.	

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

vame of the organization UNIVERS	SITY SETTLEMENT, II	NC.			**-**4	776	
	Complete if the organization answ		s" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not	
Indicate whether the organization rai	sed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individual Part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of n ation of g Il fundrais al (includi professic	on-govern sing of onal f	overnment grants nment grants events fficers, directors, tru fundraising services	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity (iii) Activity (iii) Activity		(iii) Did fundraiser nave custody or control of ontributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		\Box					
		++					
Total			—				
3 List all states in which the organization or licensing.			itions	s or has been notifie	d it is exempt from r	egistration	
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or 9	1-096	EZ .	Schedule	G (Form 990) 2021	

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			THE TASTE OF		NONE	1	
			SLAVIC VILL			(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
e le			(overletype)	(overletype)	(total frambol)		
Revenue			71,950.			71 050	
Re	1	Gross receipts	11,930.			71,950.	
			71 050			71 050	
	2	Less: Contributions	71,950.			71,950.	
					A		
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
es							
sue	6	Rent/facility costs	1,755.			1,755.	
Direct Expenses			,			,	
St E	7	Food and beverages	3,374.			3,374.	
je	′	1 ood and beverages	3,3,11			3,3,20	
	۰	Catastainment	650.			650.	
	8	Entertainment	25,195.			25,195.	
	9	Other direct expenses	<u> </u>			30,974.	
	10	Direct expense summary. Add lines 4 through				-30,974.	
	11					-30,974.	
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.			Τ	1	
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue				bingo/progressive bingo	., ,	col. (a) through col. (c))	
3ev							
_	1	Gross revenue					
SS	2	Cash prizes					
Direct Expenses							
xpe	3	Noncash prizes					
ΉE							
irec	4	Rent/facility costs					
D							
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No —		
				1			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•		
	-	2 3					
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)				
		riot garring moorne barrinary. Cabiract into 1	Trotti iii o i, colaitii (a)				
9	En	ter the state(s) in which the organization condu	icts gaming activities.				
		the organization licensed to conduct gaming a	-	etatos?		Yes No	
						. Lies Lino	
b If "No," explain:							
40-	\^/-	are only of the organization!	wolcod outer and ad at.	arminated during the fitter	.voor0	Yes No	
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Note If "Yes," explain:							
a	II "	res, explair.					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 UNIVERSITY SETTLEMENT, INC.	**-**4//6 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other of	
to administer charitable gaming?	L res No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events b	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gamin	g revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
C II Tes, enter harrie and address of the tillid party.	
Name	
Address ▶	
16 Gaming manager information:	
Garning manager information.	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	
retain the state gaming license?	Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations.	ations or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu	ımns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructio	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

UNIVERSITY SETTLEMENT, INC.

Employer identification number **-***4776

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		-	·e
		арріюавіс	items contributed	Form 990, Part VIII, line 1g	TIONOGON CONTINUE	ation a	nount	
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	х	9	107 126	DATO MADEDO	1 777	T TTT	
19	Food inventory	Λ	, 9	407,430.	FAIR MARKET	VA.	TOF.	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ► (MISCELLANEOUS)	Х	6	3.375.	FAIR MARKET	· WA	TIUE	
26	Other (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	**	· ·	373731		V		
27	Other (
28	Other (
29	Number of Forms 8283 received by the organization	zation durin	a the tax vear for c	ontributions				
	for which the organization completed Form 828		-					
		,	· ·				Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contribu	ıtions?	31		Х
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				_ _
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

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132142 11-17-21

Schedule M (Form 990) 2021

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.

► Attach to Form 990 or Form 990-EZ.

► Go to 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 *OPERATING WITH A COLLABORATIVE SPIRIT

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

Schedule O (Form 990) 2021

| "

Employer identification number **-***4776

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

UNIVERSITY SETTLEMENT, INC.

Employer identification number **-***4776

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

EXPENSES \$ 236,831. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

SESSIONS, AND ADVOCACY FOR FATHERS.

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.

Employer identification number **-**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).

THE COMMUNITY APARTMENT BUILDINGS FOR SENIORS.

EMPLOYABILITY SKILLS AND JOB SEARCHING.

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

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,

AMERICORPS MEMBERS SERVED MORE THAN 807 INDIVIDUALS IN 2022. 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.

Employer identification number **-***4776

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.

Employer identification number **-**4776

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.

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.

AN OHIOKAN NAVIGATOR THROUGH OUR PARTNERING AGENCY, KINNECT. THE

UNIVERSITY SETTLEMENT CONTINUES TO PROVIDE SUPERVISION AND SUPPORT TO

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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 THOUGH 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.