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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 UNIVERSITY SETTLEMENT INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 4800 BROADWAY AVENUE

City or town, state or country, and ZIP + 4  
 CLEVELAND, OH 44105

**D** Employer identification number  
 34-0714776

**E** Telephone number  
 (216) 641-8948

**G** Gross receipts \$ 2,177,681

**F** Name and address of principal officer  
 TRACEY MASON  
 4800 BROADWAY AVE  
 CLEVELAND, OH 44105

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ UNIVERSITYSETTLEMENT NET

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1926 **M** State of legal domicile OH

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 SEE SCHEDULE O FOR MISSION STATEMENT THE SETTLEMENT'S MISSION IS TO FOSTER STRONG AND INDEPENDENT INDIVIDUALS AND FAMILIES BY PROVIDING INNOVATIVE, VALUED AND COLLABORATIVE SERVICES THAT MEET THE EVOLVING NEEDS OF THE BROADWAY/SLAVIC VILLAGE COMMUNITY IN AN EFFORT TO FULFILL OUR MISSION, THE SETTLEMENT IS COMMITTED TO -EXCELLENCE IN ALL ASPECTS OF OUR WORK -SERVING OUR CLIENTS WITH RESPECT AND DIGNITY -A CUSTOMER-CENTRIC ORIENTATION TO OUR PROGRAMS AND SERVICES -HAVING OUR "FEET IN THE STREET" TO ENCOURAGE AUTHENTIC COMMUNITY ENGAGEMENT AND ONGOING COMMUNITY DIALOGUE -ALIGNING OUR PROGRAMS AND SERVICES TO ADDRESS CURRENT AND PRESSING COMMUNITY NEEDS AND BEING NIMBLE SO AS TO BE ABLE TO ADJUST 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 THE SETTLEMENT IS A COMMUNITY CENTER THAT AIMS TO IMPROVE THE QUALITY OF LIFE FOR ALL PEO

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	20
<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	42
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	300
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	2,328,679
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	25,914	21,591	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	66,729	1,301	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,135	78,682	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,462,457	2,177,587	

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,279,239	1,202,625
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶111,092		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,011,821	950,510
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,291,060	2,153,135
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	171,397	24,452

		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16) . . . . .	1,539,133
<b>21</b> Total liabilities (Part X, line 26) . . . . .	504,945	686,958	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,034,188	926,710	

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\* | 2011-02-15  
 Signature of officer | Date

DEBORAH SABO BOARD TREASURER  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ ROLLAND B STANDISH | Date 2011-04-15 | Check if self-employed  | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ H & J CERTIFIED PUBLIC ACCOUNTANTS INC | EIN ▶ | Phone no ▶ (440) 951-2997  
 37131 EUCLID AVENUE  
 WILLOUGHBY, OH 44094

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

SEE SCHEDULE O FOR MISSION STATEMENT THE SETTLEMENT'S MISSION IS TO FOSTER STRONG AND INDEPENDENT INDIVIDUALS AND FAMILIES BY PROVIDING INNOVATIVE, VALUED AND COLLABORATIVE SERVICES THAT MEET THE EVOLVING NEEDS OF THE BROADWAY/SLAVIC VILLAGE COMMUNITY IN AN EFFORT TO FULFILL OUR MISSION, THE SETTLEMENT IS COMMITTED TO -EXCELLENCE IN ALL ASPECTS OF OUR WORK -SERVING OUR CLIENTS WITH RESPECT AND DIGNITY -A CUSTOMER-CENTRIC ORIENTATION TO OUR PROGRAMS AND SERVICES -HAVING OUR "FEET IN THE STREET" TO ENCOURAGE AUTHENTIC COMMUNITY ENGAGEMENT AND ONGOING COMMUNITY DIALOGUE -ALIGNING OUR PROGRAMS AND SERVICES TO ADDRESS CURRENT AND PRESSING COMMUNITY NEEDS AND BEING NIMBLE SO AS TO BE ABLE TO ADJUST 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 THE SETTLEMENT IS A COMMUNITY CENTER THAT AIMS TO IMPROVE THE QUALITY OF LIFE FOR ALL PEO

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,217,087 including grants of \$ ) (Revenue \$ )

SOCIAL SERVICES TO FAMILIES AND INDIVIDUALS INCLUDING RENTAL OF HOUSING TO LOW INCOME FAMILIES SEE SCHEDULE O FOR 2010 ACCOMPLISHMENTS 2010 ACCOMPLISHMENTS -UNIVERSITY SETTLEMENT PARTNERED WITH THE CENTER FOR NONPROFIT EXCELLENCE TO DEVELOP PROGRAMMATIC CENTERS OF EXCELLENCE AND PROVIDE EVIDENCE-BASED SERVICES THAT ARE MEASUREABLE AND THAT IMPROVE OUR CAPACITY TO MAKE INFORMED DECISIONS ABOUT AGENCY MANAGEMENT AND PROGRAMMING THE END RESULT WAS A COMPREHENSIVE LOGIC MODEL FOR EACH PROGRAM WE RUN -UNIVERSITY SETTLEMENT'S HUNGER CENTER HAS UNDERGONE BOTH PHYSICAL AND OPERATIONAL RENOVATIONS TO IMPROVE THE EXPERIENCE OF BOTH CLIENTS AND VOLUNTEERS BY TRANSFORMING THE HUNGER CENTER INTO THE AGENCY'S "CORE POINT OF ENTRY," WE ENGAGE MORE VOLUNTEERS AND PROVIDE ADDITIONAL SERVICES TO CLIENTS BEYOND GROCERIES THE ADDITION OF TRAINED VOLUNTEERS TO WORK ONE-ON-ONE WITH CLIENTS TO IDENTIFY NEEDS IN ADDITION TO HUNGER RELIEF HAS DRASTICALLY ENHANCED THE SERVICE EXPERIENCE FOR THE CLIENT, AND HAS ALLOWED US TO PROVIDE MULTIPLE CRITICAL LONG-TERM VOLUNTEER OPPORTUNITIES TO THE RIGHT PEOPLE WE HAVE ADDED TWO CUBICLES WITH TELEPHONE AND COMPUTER ACCESS TO FACILITATE ANY WORK THAT MAY NEED TO GO IN TO IDENTIFYING ADDITIONAL RESOURCES UNIVERSITY SETTLEMENT MAY BE ABLE TO PROVIDE, AS WELL AS THOSE OUR COMMUNITY PARTNERS MAY BE BETTER EQUIPPED TO PROVIDE WE RECENTLY INSTALLED NEW FLOORING AND WALLS, AND INSTALLED ADDITIONAL SHELVING TO IMPLEMENT A "CHOICE" PANTRY, A MODEL THAT PRIORITIZES BOTH THE DIGNITY OF THE SHOPPER AS WELL AS THE NUTRITIONAL VALUE OF THE FOOD BEING DISTRIBUTED -OUR HEALTHY FATHERING PROGRAM STRENGTHENS RELATIONSHIPS BETWEEN FATHERS AND THEIR CHILDREN AND HELPS FATHERS DEVELOP A POSITIVE ATTITUDE AND STRONGER COMMITMENT TO FAMILY GROUP MEETINGS AND OUTINGS ENGAGED 400 FATHERS AND MORE THAN 450 CHILDREN IN 2010 -WITH THE GENEROUS SUPPORT OF A NUMBER OF COMMUNITY PARTNERS, WE RENOVATED AND RESTORED THE HISTORIC PANEK BUILDING THIS HISTORIC BUILDING HOUSES 8 FORMERLY HOMELESS FAMILIES PARTICIPATING IN OUR DIRECT HOUSING PROGRAM ON ITS SECOND AND THIRD FLOORS, AS WELL AS EXTRA CLASSROOM SPACE FOR OUR YOUTH PROGRAMMING, INCLUDING OUR ANNUAL SUMMER CAMP (FREE OF CHARGE TO PARTICIPANTS) AND OUR STRIVE DRUG PREVENTION AND EDUCATION PROGRAM ON ITS FIRST FLOOR -OUR FIRST ANNUAL TASTE OF SLAVIC VILLAGE BROUGHT 200 GUESTS TOGETHER AT SOKOL GREATER CLEVELAND'S BOHEMIAN HALL TO LEARN ABOUT AND SUPPORT OUR HUNGER CENTER - ONE OF THE LARGEST IN CUYAHOGA COUNTY THE EVENT RAISED 20,000, ALLOWING US TO PROVIDE A MONTHLY 3-5 DAY SUPPLY OF FOOD TO NEARLY 400 FAMILIES OVER THE COURSE OF THE YEAR, AND ESTABLISHED ITSELF AS THE AGENCY'S SIGNATURE FUNDRAISING EVENT

**4b** (Code ) (Expenses \$ 481,349 including grants of \$ ) (Revenue \$ )

CHILD DEVELOPMENT AND DAY CARE SEE SCHEDULE O FOR 2010 ACCOMPLISHMENTS 2010 ACCOMPLISHMENTS - IN APRIL 2010, THREE TEENAGERS WHO PARTICIPATE IN OUR STRIVE DRUG PREVENTION/EDUCATION PROGRAM JOINED A PREVENTION SPECIALIST AT THE PRIDE 2010 NATIONAL CONFERENCE IN LOUISVILLE, KENTUCKY, FREE OF CHARGE TO THE PARTICIPANTS THE CONFERENCE FOCUSED ON BRINGING YOUTH TOGETHER FROM ACROSS THE NATION TO SHARE AND LEARN ABOUT COMBATTING THE ISSUES OF DRUGS AND ALCOHOL IN THEIR OWN COMMUNITIES IT WAS THE FIRST TIME THE PARTICIPATING TEENS FLEW IN AN AIRPLANE, STAYED IN AN UPSCALE HOTEL, OR ATE IN A VARIETY OF RESTAURANTS

**4c** (Code ) (Expenses \$ 190,596 including grants of \$ ) (Revenue \$ )

GENERAL NUTRITION AND GROUP DAY CARE SERVICES TO THE ELDERLY SEE SCHEDULE O FOR 2010 ACCOMPLISHMENTS 2010 ACCOMPLISHMENTS -UNIVERSITY SETTLEMENT RECENTLY TRANSFORMED ITS TRADITIONAL SENIOR CENTER INTO ONE OF NORTHEAST OHIO'S ONLY WELLNESS CENTERS FOR LOW-INCOME SENIORS, PROVIDING A HOLISTIC APPROACH TO SERVING THE NEEDS OF THE ELDERLY POPULATION SENIORS PARTICIPATE IN PROGRAMMING THAT SERVES SIX DIMENSIONS OF WELLNESS (EMOTIONAL, SOCIAL, INTELLECTUAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL) UNIVERSITY SETTLEMENT RECEIVED A BRAND NEW WHEELCHAIR-ACCESSIBLE VEHICLE THROUGH A STATE OF OHIO VEHICLE PURCHASE PROGRAM THE VEHICLE CONTAINS SPACE FOR 14 PASSENGERS (INCLUDING 2 WHEELCHAIRS) THIS BRINGS OUR FLEET OF AVAILABLE VEHICLES FOR THE ADULT WELLNESS PROGRAM TO TWO, EXPANDING OUR CAPACITY TO REACH AND ENGAGE MORE SENIORS THROUGH OUR ON-SITE WELLNESS PROGRAM, OR BY PROVIDING TRANSPORTATION FOR BASIC, ESSENTIAL TRIPS IN THE COMMUNITY AS WELL AS OUT-OF-COUNTY FIELD TRIPS




**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 1,889,032

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>		No
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i> 	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i> 	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>		No
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 20		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 42		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>OH</b>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>▶</b> TRACEY MASON 4800 BROADWAY AVE CLEVELAND, OH 44105 (216) 641-8948



<b>1b Total</b> . . . . .	79,662	6,905
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 190,500					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b> 1,293,158					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 592,355					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 139,546					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b> 2,076,013					
<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM SERVICE FEES	21,591	21,591			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b> 21,591					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b> 1,301				1,301	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b>	Royalties . . . . . <b>▶</b>					
	<b>6a</b>	Gross Rents	(i) Real 21,928				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss) 21,928				
	<b>d</b>	Net rental income or (loss) . . . . . <b>▶</b> 21,928		21,928			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			Gain or (loss)				
<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>						
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> 35,938						
		Less direct expenses . . . . . <b>b</b> 94					
		Net income or (loss) from fundraising events . . . . . <b>▶</b> 35,844		35,844			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
		Less direct expenses . . . . . <b>b</b>					
		Net income or (loss) from gaming activities . . . . . <b>▶</b>					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		Less cost of goods sold . . . . . <b>b</b>					
		Net income or (loss) from sales of inventory . . . . . <b>▶</b>					
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MISCELLANEOUS		20,910	20,910			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b> 20,910						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b> 2,177,587			100,273		1,301	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	79,662	69,126	5,796	4,740
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	946,242	821,092	68,845	56,305
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	54,775	47,711	2,606	4,458
<b>10</b>	Payroll taxes . . . . .	121,946	107,470	7,642	6,834
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	13,439	11,671	409	1,359
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	137,243	119,182	4,178	13,883
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	3,782	2,789	141	852
<b>14</b>	Information technology . . . . .	26,182	25,410	208	564
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	154,914	136,539	16,342	2,033
<b>17</b>	Travel . . . . .	35,786	35,352	7	427
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	12,496	11,476	369	651
<b>20</b>	Interest . . . . .	32,610	29,430	3,180	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	59,570	24,749	34,821	
<b>23</b>	Insurance . . . . .	50,038	45,806	2,856	1,376
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	DIRECT PROGRAM	205,887	205,887		
<b>b</b>	SUPPLIES & FOOD	194,441	186,950	3,067	4,424
<b>c</b>	COSTS OF SPECIAL EVENT	9,768			9,768
<b>d</b>	MISCELLANEOUS	9,349	3,387	2,544	3,418
<b>e</b>	FIELD TRIPS	5,005	5,005		
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	2,153,135	1,889,032	153,011	111,092
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	209,799	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	235,095
	<b>3</b> Pledges and grants receivable, net . . . . .	228,000	<b>3</b>	191,500
	<b>4</b> Accounts receivable, net . . . . .	212,620	<b>4</b>	279,296
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	1,637,461		
	<b>b</b> Less accumulated depreciation . . . . .	853,738	783,545	<b>10c</b> 783,723
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	105,169	<b>15</b>	124,054
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,539,133	<b>16</b>	1,613,668	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	67,746	<b>17</b>	106,488
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	435,199	<b>23</b>	547,809
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	2,000	<b>25</b>	32,661
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	504,945	<b>26</b>	686,958
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	806,188	<b>27</b>	709,543
	<b>28</b> Temporarily restricted net assets . . . . .	228,000	<b>28</b>	217,167
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,034,188	<b>33</b>	926,710	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,539,133	<b>34</b>	1,613,668	

**Part XI Financial Statements and Reporting**

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2009**

**Open to Public Inspection**

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY SETTLEMENT INC

Employer identification number

34-0714776

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,793,736	2,180,397	1,571,978	2,328,679	2,076,013	9,950,803
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,793,736	2,180,397	1,571,978	2,328,679	2,076,013	9,950,803
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						33,679
<b>6 Public Support.</b> Subtract line 5 from line 4						9,917,124

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1,793,736	5,406	1,571,978	2,328,679	2,076,013	9,950,803
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		5,406	1,797	1,517	1,301	10,021
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	103,444	206		1,575		105,225
<b>11 Total support</b> (Add lines 7 through 10)						10,066,049
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	438,548

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

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

<b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	98.520 %
<b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14	<b>15</b>	97.910 %

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

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

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY SETTLEMENT INC

Employer identification number 34-0714776

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Term endowment  %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	No

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		51,761		51,761
<b>b</b> Buildings . . . . .		1,088,124	441,113	647,011
<b>c</b> Leasehold improvements . . . . .		148,743	120,207	28,536
<b>d</b> Equipment . . . . .		348,833	292,418	56,415
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				783,723



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	2,177,587
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	2,153,135
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	24,452
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	24,452

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,177,587
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,177,587
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	2,177,587

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	2,153,135
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,153,135
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	2,153,135

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
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**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>SPECIAL EVENTS</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	35,938			35,938
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	35,938			35,938
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	94			94
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				94
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				35,844	

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

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

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY SETTLEMENT INC

Employer identification number

34-0714776

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Cars, Food inventory, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 34-0714776  
**Name:** UNIVERSITY SETTLEMENT INC

**efile GRAPHIC print - DO NOT PROCESS** | **As Filed Data -** | **DLN: 93493105008171**

<b>SCHEDULE O</b> (Form 990)	<b>Supplemental Information to Form 990</b>  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	OMB No 1545-0047  <b>2009</b> <b>Open to Public Inspection</b>
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<b>Name of the organization</b> UNIVERSITY SETTLEMENT INC	<b>Employer identification number</b> 34-0714776
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	SEE SCHEDULE O FOR MISSION STATEMENT THE SETTLEMENT'S MISSION IS TO FOSTER STRONG AND INDEPENDENT INDIVIDUALS AND FAMILIES BY PROVIDING INNOVATIVE, VALUED AND COLLABORATIVE SERVICES THAT MEET THE EVOLVING NEEDS OF THE BROADWAY/SLAVIC VILLAGE COMMUNITY IN AN EFFORT TO FULFILL OUR MISSION, THE SETTLEMENT IS COMMITTED TO -EXCELLENCE IN ALL ASPECTS OF OUR WORK -SERVING OUR CLIENTS WITH RESPECT AND DIGNITY -A CUSTOMER-CENTRIC ORIENTATION TO OUR PROGRAMS AND SERVICES -HAVING OUR "FEET IN THE STREET" TO ENCOURAGE AUTHENTIC COMMUNITY ENGAGEMENT AND ONGOING COMMUNITY DIALOGUE -ALIGNING OUR PROGRAMS AND SERVICES TO ADDRESS CURRENT AND PRESSING COMMUNITY NEEDS AND BEING NIMBLE SO AS TO BE ABLE TO ADJUST 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 THE SETTLEMENT IS A COMMUNITY CENTER THAT AIMS TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE IN THE BROADWAY/SLAVIC VILLAGE NEIGHBORHOOD WE PROVIDE A FULL RANGE OF BASIC NEEDS SERVICES FOR PEOPLE OF ALL AGES WE ARE COMMITTED TO ENCOURAGING PEOPLE TO REALIZE THEIR INDIVIDUAL POTENTIAL AS CONTRIBUTING MEMBERS OF SOCIETY DRIVEN BY 500 VOLUNTEERS AND 32 EMPLOYEES, THE AGENCY SERVED 7,500 PEOPLE LAST YEAR

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	-UNIVERSITY SETTLEMENT PARTNERED WITH THE CENTER FOR NONPROFIT EXCELLENCE TO DEVELOP PROGRAMMATIC CENTERS OF EXCELLENCE AND PROVIDE EVIDENCE-BASED SERVICES THAT ARE MEASUREABLE AND THAT IMPROVE OUR CAPACITY TO MAKE INFORMED DECISIONS ABOUT AGENCY MANAGEMENT AND PROGRAMMING THE END RESULT WAS A COMPREHENSIVE LOGIC MODEL FOR EACH PROGRAM WE RUN -UNIVERSITY SETTLEMENT'S HUNGER CENTER HAS UNDERGONE BOTH PHYSICAL AND OPERATIONAL RENOVATIONS TO IMPROVE THE EXPERIENCE OF BOTH CLIENTS AND VOLUNTEERS BY TRANSFORMING THE HUNGER CENTER INTO THE AGENCY'S "CORE POINT OF ENTRY," WE ENGAGE MORE VOLUNTEERS AND PROVIDE ADDITIONAL SERVICES TO CLIENTS BEYOND GROCERIES THE ADDITION OF TRAINED VOLUNTEERS TO WORK ONE-ON-ONE WITH CLIENTS TO IDENTIFY NEEDS IN ADDITION TO HUNGER RELIEF HAS DRASTICALLY ENHANCED THE SERVICE EXPERIENCE FOR THE CLIENT, AND HAS ALLOWED US TO PROVIDE MULTIPLE CRITICAL LONG-TERM VOLUNTEER OPPORTUNITIES TO THE RIGHT PEOPLE WE HAVE ADDED TWO CUBICLES WITH TELEPHONE AND COMPUTER ACCESS TO FACILITATE ANY WORK THAT MAY NEED TO GO IN TO IDENTIFYING ADDITIONAL RESOURCES UNIVERSITY SETTLEMENT MAY BE ABLE TO PROVIDE, AS WELL AS THOSE OUR COMMUNITY PARTNERS MAY BE BETTER EQUIPPED TO PROVIDE WE RECENTLY INSTALLED NEW FLOORING AND WALLS, AND INSTALLED ADDITIONAL SHELVING TO IMPLEMENT A "CHOICE" PANTRY, A MODEL THAT PRIORITIZES BOTH THE DIGNITY OF THE SHOPPER AS WELL AS THE NUTRITIONAL VALUE OF THE FOOD BEING DISTRIBUTED -OUR HEALTHY FATHERING PROGRAM STRENGTHENS RELATIONSHIPS BETWEEN FATHERS AND THEIR CHILDREN AND HELPS FATHERS DEVELOP A POSITIVE ATTITUDE AND STRONGER COMMITMENT TO FAMILY GROUP MEETINGS AND OUTINGS ENGAGED 400 FATHERS AND MORE THAN 450 CHILDREN IN 2010 -WITH THE GENEROUS SUPPORT OF A NUMBER OF COMMUNITY PARTNERS, WE RENOVATED AND RESTORED THE HISTORIC PANEK BUILDING THIS HISTORIC BUILDING HOUSES 8 FORMERLY HOMELESS FAMILIES PARTICIPATING IN OUR DIRECT HOUSING PROGRAM ON ITS SECOND AND THIRD FLOORS, AS WELL AS EXTRA CLASSROOM SPACE FOR OUR YOUTH PROGRAMMING, INCLUDING OUR ANNUAL SUMMER CAMP (FREE OF CHARGE TO PARTICIPANTS) AND OUR STRIVE DRUG PREVENTION AND EDUCATION PROGRAM ON ITS FIRST FLOOR -OUR FIRST ANNUAL TASTE OF SLAVIC VILLAGE BROUGHT 200 GUESTS TOGETHER AT SOKOL GREATER CLEVELAND'S BOHEMIAN HALL TO LEARN ABOUT AND SUPPORT OUR HUNGER CENTER - ONE OF THE LARGEST IN CUYAHOGA COUNTY THE EVENT RAISED 20,000, ALLOWING US TO PROVIDE A MONTHLY 3-5 DAY SUPPLY OF FOOD TO NEARLY 400 FAMILIES OVER THE COURSE OF THE YEAR, AND ESTABLISHED ITSELF AS THE AGENCY'S SIGNATURE FUNDRAISING EVENT

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	2010 ACCOMPLISHMENTS - IN APRIL 2010, THREE TEENAGERS WHO PARTICIPATE IN OUR STRIVE DRUG PREVENTION/EDUCATION PROGRAM JOINED A PREVENTION SPECIALIST AT THE PRIDE 2010 NATIONAL CONFERENCE IN LOUISVILLE, KENTUCKY, FREE OF CHARGE TO THE PARTICIPANTS THE CONFERENCE FOCUSED ON BRINGING YOUTH TOGETHER FROM ACROSS THE NATION TO SHARE AND LEARN ABOUT COMBATTING THE ISSUES OF DRUGS AND ALCOHOL IN THEIR OWN COMMUNITIES IT WAS THE FIRST TIME THE PARTICIPATING TEENS FLEW IN AN AIRPLANE, STAYED IN AN UPSCALE HOTEL, OR ATE IN A VARIETY OF RESTAURANTS

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	2010 ACCOMPLISHMENTS -UNIVERSITY SETTLEMENT RECENTLY TRANSFORMED ITS TRADITIONAL SENIOR CENTER INTO ONE OF NORTHEAST OHIO'S ONLY WELLNESS CENTERS FOR LOW-INCOME SENIORS, PROVIDING A HOLISTIC APPROACH TO SERVING THE NEEDS OF THE ELDERLY POPULATION SENIORS PARTICIPATE IN PROGRAMMING THAT SERVES SIX DIMENSIONS OF WELLNESS (EMOTIONAL, SOCIAL, INTELLECTUAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL) UNIVERSITY SETTLEMENT RECEIVED A BRAND NEW WHEELCHAIR-ACCESSIBLE VEHICLE THROUGH A STATE OF OHIO VEHICLE PURCHASE PROGRAM THE VEHICLE CONTAINS SPACE FOR 14 PASSENGERS (INCLUDING 2 WHEELCHAIRS) THIS BRINGS OUR FLEET OF AVAILABLE VEHICLES FOR THE ADULT WELLNESS PROGRAM TO TWO, EXPANDING OUR CAPACITY TO REACH AND ENGAGE MORE SENIORS THROUGH OUR ON-SITE WELLNESS PROGRAM, OR BY PROVIDING TRANSPORTATION FOR BASIC, ESSENTIAL TRIPS IN THE COMMUNITY AS WELL AS OUT-OF-COUNTY FIELD TRIPS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	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

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	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 RELATIONSHIP TO OTHER NORTHEASTERN OHIO NONPROFITS OF SIMILAR MISSIONS AND FINANCIAL CAPACITIES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR THE ANNUAL PERFORMANCE REVIEWS OF OTHER KEY PERSONNEL SALARIES AND ANY ANNUAL ADJUSTMENTS ARE AWARDED BASED ON PERFORMANCE AND ARE ALSO MONITORED AND COMPARED TO OTHER NORTHEAST OHIO NONPROFITS OF SIMILAR MISSIONS AND FINANCIAL CAPACITIES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, 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 PUBLICALLY-ACCESSIBLE WEBSITES

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 34-0714776  
**Name:** UNIVERSITY SETTLEMENT INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY STEFANI DIRECTOR	5 00	X						0	0	0
RYAN CROSS DIRECTOR	2 00	X						0	0	0
NANCY JONES DIRECTOR	2 00	X						0	0	0
DENNIS RUNYON DIRECTOR	5 00	X						0	0	0
MARY ELLEN TURNER DIRECTOR	5 00	X						0	0	0
ERIC CLEMENS DIRECTOR	2 00	X						0	0	0
PAUL CORRADO DIRECTOR	2 00	X						0	0	0
ELIZABETH JONES DIRECTOR	2 00	X						0	0	0
JAMES MURACO DIRECTOR	2 00	X						0	0	0
EDWARD KUKAWKA DIRECTOR	2 00	X						0	0	0
CRYSTAL ROBINSON DIRECTOR	2 00	X						0	0	0
DEBORAH SABO DIRECTOR	5 00	X						0	0	0
JENNIFER ALEXANDER DIRECTOR	2 00	X						0	0	0
MARILYN CHASE DIRECTOR	2 00	X						0	0	0
BOB DESKINS DIRECTOR	2 00	X						0	0	0
KRISTEN FRIEDT DIRECTOR	2 00	X						0	0	0
HAROLD HARRISON DIRECTOR	2 00	X						0	0	0
BRIAN MAMICH DIRECTOR	2 00	X						0	0	0
WENDY ROSETT DIRECTOR	2 00	X						0	0	0
JOSEPH TRIPI DIRECTOR	2 00	X						0	0	0
TRACEY MASON EXEC DIR	40 00			X				79,662	0	6,905

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
DIRECT PROGRAM	205,887	205,887		
SUPPLIES & FOOD	194,441	186,950	3,067	4,424
COSTS OF SPECIAL EVENT	9,768			9,768
MISCELLANEOUS	9,349	3,387	2,544	3,418
FIELD TRIPS	5,005	5,005		