



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 province, country, and ZIP or foreign postal code CLEVELAND, OH 44105 F Name and address of principal officer PATRICIA GULLIAN 4800 BROADWAY AVENUE CLEVELAND, OH 44105	D Employer identification number 34-0714776 E Telephone number (216) 641-8948 G Gross receipts \$ 2,742,124 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1926 M State of legal domicile OH
J Website: ▶ UNIVERSITYSETTLEMENT NET K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE OFFER THE INDIVIDUALS AND FAMILIES WE SERVE RESOURCES BY WHICH THEY CAN LEARN, GROW, AND THRIVE IN AN EFFORT TO FULFILL OUR MISSION, UNIVERSITY 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																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																									
	3 Number of voting members of the governing body (Part VI, line 1a)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">3</td><td style="text-align: right;">17</td></tr> <tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td style="text-align: right;">17</td></tr> <tr><td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td><td style="text-align: right;">69</td></tr> <tr><td>6 Total number of volunteers (estimate if necessary)</td><td style="text-align: right;">497</td></tr> <tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td style="text-align: right;">0</td></tr> <tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td style="text-align: right;">0</td></tr> </table>	3	17	4 Number of independent voting members of the governing body (Part VI, line 1b)	17	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	69	6 Total number of volunteers (estimate if necessary)	497	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	7b Net unrelated business taxable income from Form 990-T, line 34	0												
3	17																									
4 Number of independent voting members of the governing body (Part VI, line 1b)	17																									
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	69																									
6 Total number of volunteers (estimate if necessary)	497																									
7a Total unrelated business revenue from Part VIII, column (C), line 12	0																									
7b Net unrelated business taxable income from Form 990-T, line 34	0																									
Revenue		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td style="text-align: right;">2,550,290</td><td style="text-align: right;">2,664,512</td></tr> <tr><td>9 Program service revenue (Part VIII, line 2g)</td><td style="text-align: right;">15,999</td><td style="text-align: right;">13,478</td></tr> <tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td style="text-align: right;">-64,225</td><td style="text-align: right;">358</td></tr> <tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td style="text-align: right;">22,932</td><td style="text-align: right;">59,714</td></tr> <tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td style="text-align: right;">2,524,996</td><td style="text-align: right;">2,738,062</td></tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,550,290	2,664,512	9 Program service revenue (Part VIII, line 2g)	15,999	13,478	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-64,225	358	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,932	59,714	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,524,996	2,738,062						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	2,550,290	2,664,512																								
9 Program service revenue (Part VIII, line 2g)	15,999	13,478																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-64,225	358																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,932	59,714																								
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,524,996	2,738,062																								
Expenses		<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td><td style="text-align: right;">1,587,852</td><td style="text-align: right;">1,647,216</td></tr> <tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,536</td><td></td><td></td></tr> <tr><td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td><td style="text-align: right;">999,710</td><td style="text-align: right;">971,175</td></tr> <tr><td>18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</td><td style="text-align: right;">2,587,562</td><td style="text-align: right;">2,618,391</td></tr> <tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td style="text-align: right;">-62,566</td><td style="text-align: right;">119,671</td></tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,587,852	1,647,216	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,536			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	999,710	971,175	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,587,562	2,618,391	19 Revenue less expenses Subtract line 18 from line 12	-62,566	119,671
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,587,852	1,647,216																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,536																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	999,710	971,175																								
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,587,562	2,618,391																								
19 Revenue less expenses Subtract line 18 from line 12	-62,566	119,671																								
Net Assets or Fund Balances		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr><td>20 Total assets (Part X, line 16)</td><td style="text-align: right;">1,418,067</td><td style="text-align: right;">1,413,993</td></tr> <tr><td>21 Total liabilities (Part X, line 26)</td><td style="text-align: right;">362,938</td><td style="text-align: right;">239,193</td></tr> <tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td style="text-align: right;">1,055,129</td><td style="text-align: right;">1,174,800</td></tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	1,418,067	1,413,993	21 Total liabilities (Part X, line 26)	362,938	239,193	22 Net assets or fund balances Subtract line 21 from line 20	1,055,129	1,174,800												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	1,418,067	1,413,993																								
21 Total liabilities (Part X, line 26)	362,938	239,193																								
22 Net assets or fund balances Subtract line 21 from line 20	1,055,129	1,174,800																								

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	***** Signature of officer	2017-05-12 Date
	PATRICIA GULLIAN INTERIM EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2017-05-12	Check <input type="checkbox"/> if self-employed	PTIN P00233254
	Firm's name ▶ ZINNER & CO LLP			Firm's EIN ▶ 34-1663731	
	Firm's address ▶ 3201 ENTERPRISE PARKWAY SUITE 410 CLEVELAND, OH 441227329			Phone no (216) 831-0733	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE OFFER THE INDIVIDUALS AND FAMILIES WE SERVE RESOURCES BY WHICH THEY CAN LEARN, GROW, AND THRIVE IN AN EFFORT TO FULFILL OUR MISSION, UNIVERSITY 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

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 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 \$ 468,980 including grants of \$) (Revenue \$)

HOUSING FOCUSES ON PROVIDING HOUSING TO FAMILIES WHO ARE RESIDING IN ONE OF CUYAHOGA COUNTY'S SHELTERS THE GOAL OF THE PROGRAM IS TO ADDRESS THE BARRIERS THAT HAVE LED THE FAMILY TO HOMELESSNESS AND GUIDE THEM DOWN THE PATH TO SELF-SUFFICIENCY

4b (Code) (Expenses \$ 413,522 including grants of \$) (Revenue \$)

FAMILY TO FAMILY PROGRAM STRENGTHENS THE CAPACITY OF FAMILIES WITH CHILDREN UNDER 18 AND RELATIVES TO MAINTAIN CHILDREN WITHIN THE FAMILY STRUCTURE BY RESOLVING ISSUES THAT BROUGHT THEM INTO THE PUBLIC WELFARE SYSTEM FAMILY TO FAMILY SERVICES ARE PROVIDED THROUGH A PARTNERSHIP WITH CUYAHOGA COUNTY'S DIVISION OF CHILDREN AND FAMILY SERVICES

4c (Code) (Expenses \$ 179,189 including grants of \$) (Revenue \$)

TAPESTRY SYSTEM OF CARE SERVES FAMILIES WITH A CHILD/REN WITH BEHAVIORAL CONCERNS OR OTHER MENTAL HEALTH ISSUES THE PROGRAM IS A PARTNERSHIP BETWEEN UNIVERSITY SETTLEMENT, APPLEWOOD CENTERS AND CUYAHOGA COUNTY'S DIVISION OF CHILDREN AND FAMILY SERVICES

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,307,131 including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 2,368,822

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, tax-exempt bond issues, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

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.

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

Section 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 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 in Schedule O		
1b	Enter the number of voting members included in 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?		No
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

Section 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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in 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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed OH
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 PATRICIA GULLIAN 4800 BROADWAY AVE CLEVELAND, OH 44105 (216) 641-8948

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) GEOFFREY GOSS PRESIDENT	5 00	X		X			0	0	0	
(2) LISA D DENT DIRECTOR	2 00	X					0	0	0	
(3) STEVE DOMINISH DIRECTOR	2 00	X					0	0	0	
(4) SARENA HOLDER DIRECTOR	2 00	X					0	0	0	
(5) SEAN E BRADY DIRECTOR	2 00	X					0	0	0	
(6) SEAN KILBANE TREASURER	5 00	X		X			0	0	0	
(7) T DANIEL REYNOLDS VICE-PRESIDENT	5 00	X		X			0	0	0	
(8) MARTIN R HALE DIRECTOR	2 00	X					0	0	0	
(9) BRIAN KING DIRECTOR	2 00	X					0	0	0	
(10) JOHN KOCSIS DIRECTOR	2 00	X					0	0	0	
(11) JEANNE M MATTERN SECRETARY	5 00	X		X			0	0	0	
(12) MARK MELVIN DIRECTOR	2 00	X					0	0	0	
(13) BRIAN MITCHELL DIRECTOR	2 00	X					0	0	0	
(14) ANNA MOTTA DIRECTOR	2 00	X					0	0	0	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 250,054				
	b	Membership dues	1b				
	c	Fundraising events	1c 50,725				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,520,543				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 843,190				
	g	Noncash contributions included in lines 1a-1f \$	175,159				
	h	Total. Add lines 1a-1f		2,664,512			
Program Service Revenue	2a	PROGRAM SERVICE FEES	Business Code 900099	13,478	13,478		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		13,478			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		358		358	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	18,000			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	18,000			
	d	Net rental income or (loss)		18,000	18,000		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 50,725 of contributions reported on line 1c) See Part IV, line 18	a	11,079			
			b Less direct expenses	4,062			
			c Net income or (loss) from fundraising events		7,017		7,017
	9a	Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold					
		c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS REVENUES	900099	34,697			34,697	
		b					
		c					
		d All other revenue					
		e Total. Add lines 11a-11d		34,697			
12	Total revenue. See Instructions		2,738,062	31,478	0	42,072	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	94,266	83,897	5,656	4,713
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,314,853	1,170,219	78,891	65,743
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	122,622	116,491	3,679	2,452
10	Payroll taxes	115,475	106,696	4,910	3,869
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,645	822	823	
13	Office expenses	1,735	1,009	55	671
14	Information technology				
15	Royalties				
16	Occupancy	61,946	60,088		1,858
17	Travel	46,856	45,148	832	876
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,831	11,235	413	183
20	Interest	9,189	7,120	2,021	48
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,838	13,114	28,724	
23	Insurance	50,393	48,377	504	1,512
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROFESSIONAL FEES	409,489	380,825	20,474	8,190
b	CONTRIBUTED FOOD	173,031	173,031	0	0
c	SUPPLIES & FOOD	99,919	92,923	1,001	5,995
d	COMMUNICATION	21,062	19,493	927	642
e	All other expenses	42,241	38,334	3,123	784
25	Total functional expenses. Add lines 1 through 24e	2,618,391	2,368,822	152,033	97,536
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	315,599	2	307,268
	3 Pledges and grants receivable, net	339,404	3	594,061
	4 Accounts receivable, net	282,963	4	15,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,452	9	10,266
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,295,701		
	b Less accumulated depreciation	10b 809,144	466,887	10c 486,557
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,762	15	841
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,418,067	16	1,413,993	
Liabilities	17 Accounts payable and accrued expenses	137,009	17	77,712
	18 Grants payable		18	
	19 Deferred revenue	40,777	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	185,152	23	161,481
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	362,938	26	239,193
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	713,297	27	799,398
	28 Temporarily restricted net assets	341,832	28	375,402
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,055,129	33	1,174,800	
34 Total liabilities and net assets/fund balances	1,418,067	34	1,413,993	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,738,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,618,391
3	Revenue less expenses Subtract line 2 from line 1	3	119,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,055,129
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,174,800

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

Additional Data

Software ID:

Software Version:

EIN: 34-0714776

Name: UNIVERSITY SETTLEMENT INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 223,493 including grants of \$) (Revenue \$)

ADULT WELLNESS PROGRAM ASSISTS OLDER AND DISABLED ADULTS BY GIVING THEM THE OPPORTUNITY TO BE ACTIVELY ENGAGED IN HOLISTIC WELLNESS THE PROGRAM PROVIDES TRANSPORTATION, NUTRITION AND WELLNESS SERVICES

(Code) (Expenses \$ 164,599 including grants of \$) (Revenue \$)

HUNGER CENTER PROVIDES PANTRY, CONGREGATE MEAL, AND OTHER NUTRITIONAL SUPPORT TO FAMILIES THE HUNGER CENTER IS A HOST SITE FOR SHOES AND CLOTHES FOR KIDS AND IS A BENEFITS BANK SITE AS WELL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 53,397 including grants of \$) (Revenue \$)

FATHERHOOD CONNECTION SERVES FATHERS WHO HAVE CHILDREN IN VARIOUS SCHOOLS IN THE BROADWAY/SLAVIC VILLAGE COMMUNITY THE GOAL IS TO STRENGTHEN THE RELATIONSHIP BETWEEN FATHERS AND THEIR CHILDREN THROUGH INCREASED QUALITY INTERACTIONS

(Code) (Expenses \$ 81,315 including grants of \$) (Revenue \$)

THE BUILDING STRONG FAMILIES PROGRAM WAS DEVELOPED AND IMPLEMENTED TO STRENGTHEN FAMILIES THROUGH EMPOWERMENT SESSIONS AND STRENGTHS-BASED CASE MANAGEMENT SERVICES THESE SERVICES ARE OPEN-ENDED, ALLOWING EACH FAMILY THE TIME NEEDED TO ACHIEVE THEIR IDENTIFIED GOALS THE MAJORITY OF FAMILIES SERVED RESIDE IN THE BROADWAY/SLAVIC VILLAGE COMMUNITY, THOUGH SOME OF THE REFERRED FAMILIES RESIDE IN GREATER CLEVELAND SERVICES ARE FOCUSED ON ADDRESSING BARRIERS THAT ARE COMMON TO FAMILIES WHO RESIDE IN LOW-INCOME NEIGHBORHOODS, WITH GOALS CONCENTRATED IN THE AREAS OF HEALTH, EMPLOYMENT, LEGAL ISSUES, PARENTING AND EDUCATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 17,922 including grants of \$) (Revenue \$)

MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER PROVIDES ACCESS TO TECHNOLOGY-BASED RESOURCES AND PROGRAMMING THAT EDUCATES, EMPOWERS, AND STRENGTHENS INDIVIDUALS THROUGH THE INNOVATIVE USE OF TECHNOLOGY

(Code) (Expenses \$ 186,297 including grants of \$) (Revenue \$)

NEO LITERACY CORPS IS AN AMERICORPS PROGRAM FOCUSING ON BUILDING THE CAPACITY OF NONPROFIT AGENCIES IN CUYAHOGA COUNTY BY PROVIDING QUALITY LITERACY SERVICES TO YOUTH AND ADULTS THE PROGRAM IS A PARTNERSHIP BETWEEN UNIVERSITY SETTLEMENT AND THE LITERACY COOPERATIVE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 267,721 including grants of \$) (Revenue \$)

OUT OF SCHOOL TIME YOUTH PROGRAMS SERVE YOUTH IN GRADES K-12 IN A VARIETY OF YEAR-ROUND CAPACITIES, INCLUDING EDUCATIONAL SUPPORT, ENRICHMENT SUPPORT, AND SUMMER CAMP

(Code) (Expenses \$ 312,387 including grants of \$) (Revenue \$)

YOUTH DEPARTMENT'S SMARTY'S PROGRAM IS A CRITICAL OUT-OF-SCHOOL TIME (OST) PROGRAM THAT IS DESIGNED TO ESTABLISH A COMMUNITY LEARNING CENTER WHERE YOUTH RECEIVE DAILY HOMEWORK HELP AND TUTORING IN THE CORE SUBJECTS OF READING AND MATH YOUTH ARE ALSO OFFERED A BROAD ARRAY OF ENRICHMENT ACTIVITIES THAT CAN COMPLEMENT THEIR REGULAR ACADEMICS, ARTS, MUSIC, SCIENCE, TECHNOLOGY, RECREATION, SERVICE LEARNING PROJECTS, AND DRUG AND ALCOHOL PREVENTION ACTIVITES

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

Public Charity Status and Public Support

OMB No 1545-0047
2015
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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, etc; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc (see instructions) 12 82,465
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 14, 15. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 94.660%
15 Public support percentage for 2014 Schedule A, Part II, line 14 15 95.990%

16a 33 1/3% support test—2015. 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—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2014. 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 VI 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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.)						
13 Total support. (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 section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? If "Yes," complete Part II 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** 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.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** 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? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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	
e 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 1-1/2% 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 0.35	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 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-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,328		53,328
b Buildings		548,092	306,336	241,756
c Leasehold improvements		287,280	157,502	129,778
d Equipment		407,001	345,306	61,695
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 486,557

Part II Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,742,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	4,062	
e	Add lines 2a through 2d		2e	4,062
3	Subtract line 2e from line 1		3	2,738,062
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,738,062

Part III Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,622,453
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	4,062	
e	Add lines 2a through 2d		2e	4,062
3	Subtract line 2e from line 1		3	2,618,391
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,618,391

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES

Part XIII Supplemental Information (continued)

Return Reference	Explanation
SCHEDULE D, PARTS XI AND XII, LINE 2D	FUNDRAISING EXPENSES ARE REPORTED ON SCHEDULE G

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY SETTLEMENT INC

Employer identification number

34-0714776

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

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

		(a)Event #1 THE TASTE OF SLAVIC VILLAGE (event type)	(b)Event #2 SCHOOL UNIFORMS (event type)	(c)Other events <hr/> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	50,725	11,079		61,804
	2 Less Contributions	50,725			50,725
	3 Gross income (line 1 minus line 2)		11,079		11,079
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	792			792
	8 Entertainment	600			600
	9 Other direct expenses	2,670			2,670
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,062
11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,017	

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

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 entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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

Name ▶ _____

Address ▶ _____

16 Gaming 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 proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization UNIVERSITY SETTLEMENT INC	Employer identification number 34-0714776
---	---

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6	173,211	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EDUCATIONAL SUPPLIES AND UNIFORMS)	X	2,700	1,948	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	29	
--	-----------	--

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

Part II Supplemental Information.

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

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
UNIVERSITY SETTLEMENT INC

Employer identification number

34-0714776

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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.
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) RESUSAL ON MATTERS WHERE A CONFLICT OF INTEREST EXISTS, IF ANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED SINCE LAST YEAR.
ACCOMPLISHMENTS	<p>SMARTY'S (SMART, YOUNG, AND SIGNIFICANT) YOUTH PROGRAM (IN-SCHOOL AND AFTER SCHOOL) SMART Y'S OFFERS TRADITIONAL AFTERSCHOOL PROGRAMMING WITH HOMEWORK HELP AND TUTORING THE PROGRA M INCORPORATES REMEDIAL EDUCATION ACTIVITIES INCLUDING THE CORE SUBJECTS OF READING AND MATH, AND OFFERS YOUTH, AGES 5 TO 17, A BROAD ARRAY OF ENRICHMENT ACTIVITIES IN THE ARTS, MUSIC, AND TECHNOLOGY TO COMPLEMENT THEIR REGULAR ACADEMIC PROGRAMS THERE ARE ALSO RECREATI ONAL ACTIVITIES, ENTREPRENEURIAL EXPOSURES, A SERVICE LEARNING PROJECT, AND CHARACTER BUILDING INSTRUCTION PROGRAMMING IS HELD AT WILLOW SCHOOL DURING THE DAY AND ON-SITE AT UNIVERSITY SETTLEMENT DURING AFTERSCHOOL HOURS DURING THE SUMMER MONTHS SMARTY'S SUMMER CAMP FOCUSES ON ONE THING, KEEPING THE CHILDREN ENGAGED TO STOP THE LOSS OF ACADEMIC SKILLS AND KNOWLEDGE KNOWN IN ACADEMIC CIRCLES AS "THE SUMMER ACHIEVEMENT GAP," IT AFFECTS ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN GENERAL, BUT LOW-INCOME AND MINORITY STUDENTS ARE ESPECIALLY AT RISK THROUGHOUT THE YEAR, 125 YOUTH ATTENDED THE PROGRAM AND THE FOLLOWING OUTCOMES WERE ACHIEVED 95% OF STUDENTS IMPROVED THEIR READING SCORES, 90% IMPROVED MATH SCORES ON NORTHWEST EVALUATION ASSOCIATION (NWEA) ASSESSMENT TESTS, AND 100% OF STUDENTS IMPROVED THEIR SOCIAL-EMOTIONAL COMPETENCY SCORES WRAP-AROUND SCHOOLS UNIVERSITY SETTLEMENT CONTINUES TO BE THE LEAD AGENCY FOR THE COMMUNITY WRAPAROUND INITIATIVE WITH FULL-TIME SITE COORDINATORS BASED AT MOUND STEM SCHOOL AND FULLERTON ELEMENTARY SCHOOL FULLERTON ELEMENTARY THE SITE COORDINATOR FACILITATED A DONATION OF 200 COATS FOR STUDENTS AND FORGED PARTNERSHIPS WITH EIGHT ORGANIZATIONS IN ORDER TO OFFER ADDITIONAL IN-SCHOOL PROGRAMMING FULLERTON SCHOOL WAS RECOGNIZED AS HAVING THE HIGHEST PARENT INVOLVEMENT RATE IN THE SCHOOL DISTRICT AND AS AN A-LIST SCHOOL FOR FAMILY ENGAGEMENT THE SITE COORDINATOR ASSISTED IN THE COORDINATION OF 32 PARENT EVENTS WITH A TOTAL OF 638 PARENTS ATTENDING MOUND STEM THE SITE COORDINATOR PARTNERED WITH ELEVEN COMMUNITY ORGANIZATIONS TO PROVIDE PROGRAMMING TO STUDENTS PARENT ENGAGEMENT INCREASED BY 25% OVER THE PREVIOUS YEAR THE SUSPENSION RATE WAS REDUCED THROUGH SCHOOL-WIDE EFFORTS AND THE EFFORTS OF THE SITE COORDINATOR MOUND STEM SCHOOL WAS A CMSD SUMMER SCHOOL AND THE SITE COORDINATOR PROVIDED EXTENDED SERVICES EACH DAY AFTER THE SCHOOL SESSION ENDED MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER THE MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER (MJCEC) IS A PRODUCT OF THE MAGIC JOHNSON FOUNDATION THE MJCEC PROVIDES ETHNICALLY DIVERSE URBAN COMMUNITIES WITH ACCESS TO RESOURCES AND PROGRAMMING THAT EDUCATE, EMPOWER, AND STRENGTHEN INDIVIDUALS THROUGH THE INNOVATIVE USE OF TECHNOLOGY OVER THE PAST YEAR, MJCEC SERVED 683 INDIVIDUALS AND BEGAN DEVELOPMENT OF THE "EDUCADE" IN ITS ON-SITE SPACE THIS IS AN EDUCATIONAL ARCADE IN WHICH PEOPLE CAN ACTIVELY AND CREATIVELY USE TECHNOLOGY TO MEET THEIR NEEDS THE MJCEC ALSO CONTINUED ITS PARTNERSHIPS WITH SENIOR APARTMENTS ALEXIA, LOUREXIS, AND HARVARD VILLAGE TO OFFER TECH SUPPORT AND TRAINING CLASSES TO THE RESIDENTS IN PARTNERSHIP WITH RET3, THE CENTER WAS ABLE TO PROVIDE 40 LOW-COST COMPUTERS AND DEVICES TO COMMUNITY MEMBERS HUNGER CENTER UNIVERSITY SETTLEMENT OPERATES A FOOD PANTRY TO ADDRESS ISSUES OF FOOD INSECURITY THROUGHOUT THE YEAR, THE FOLLOWING DELIVERABLES WERE MET 233,133 MEALS WERE MADE POSSIBLE THROUGH GROCERY DISTRIBUTION, 105,103 POUNDS OF PRODUCE WERE DISTRIBUTED, AND OVER 9,000 HOT MEALS WERE SERVED AT THE WEEKLY COMMUNITY EVENING DINNERS TRANSITION-IN-PLACE HOUSING AS A PARTNER WITH CUYAHOGA COUNTY'S CONTINUUM OF CARE, THE HOUSING PROGRAM PROVIDED INTENSIVE CASE MANAGEMENT TO FAMILIES TRANSITIONING OUT OF THE SHELTER SYSTEM 80 FAMILIES WORKED WITH PROGRAM STAFF TO ACHIEVE THEIR GOALS AND ALL FAMILIES WERE PROVIDED WITH WRAPAROUND SERVICES AND REFERRALS TO COMMUNITY SUPPORT SERVICES AND RESOURCES FAMILY TO FAMILY FAMILY TO FAMILY (F2F) OFFERS CASE MANAGEMENT SERVICES TO FAMILIES WITH AT LEAST ONE CHILD THAT IS IN, OR IS AT RISK OF ENTERING THE WELFARE SYSTEM OVER 450 FAMILIES WERE PROVIDED SERVICES THROUGHOUT THE YEAR F2F ALSO PROVIDES SUPPORTIVE SERVICES TO ADOPTIVE, FOSTER, AND KINSHIP CAREGIVERS THROUGH UNITY CLUSTER MEETINGS AND RECRUITMENT EVENTS UNIVERSITY SETTLEMENT REMAINS THE LEAD AGENCY FOR THE BROADWAY COLLABORATIVE, WHICH NOW HAS 25 PARTNERS THE COLLABORATIVE EXISTS TO MEET THE NEEDS AND IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES RESIDING IN THE BROADWAY NEIGHBORHOOD BY ENHANCING THEIR ACCESSIBILITY TO COMMUNITY RESOURCES ADULT WELLNESS PROGRAM THE ADULT WELLNESS PROGRAM IS HOLISTIC IN ITS APPROACH AS IT FOCUSES ON THE INTELLECTUAL, SPIRITUAL, PHYSICAL, EMOTIONAL, OCCUPATIONAL, AND NUTRITIONAL WELLNESS FOR OLDER ADULTS AGE 60+ AND ADULTS WITH DISABILITIES AGE 18-59 PROGRAM PARTICIPANTS ARE PROVIDED WITH A NUTRITIOUS BREAKFAST, LUNCH, AND SNACK AND ENGAGE IN A VARIETY OF ACTIVITIES THROUGHOUT THE DAY THE ADULT WELLNESS PROGRAM SERVED CLOSE TO 25,000 MEALS IN 2016 AND 100% OF CLIENTS WERE OFFERED A VARIETY OF PROGRAMMING AND ACTIVITIES AN AVERAGE OF 35 CONSUMERS WERE PROVIDED TRANSPORTATION DAILY THE PROGRAM OFFERED "SATELLITE PROGRAMMING" AT BOTH THE STELLA WALSH RECREATION CENTER AND AT THE FLEET BRANCH LIBRARY THROUGH FOUNDATION SUPPORT SPECIAL EVENTS INCLUDED A LUAU AT THE RECREATION CENTER AND A SENIOR PROM HELD AT THE BOHEMIAN HALL THAT WAS ATTENDED BY 125 SENIORS BUILDING STRONG FAMILIES BUILDING STRONG FAMILIES IS THE UMBRELLA FOR TWO PROGRAMS FATHERHOOD CONNECTIONS AND STRENGTHENING FAMILIES THESE PROGRAMS PROVIDE CASE MANAGEMENT AND SUPPORT GROUPS TO HELP INCREASE FAMILY STRENGTHS, ENHANCE CHILD DEVELOPMENT AND REDUCE THE LIKELIHOOD OF CHILD ABUSE AND NEGLECT IT IS BASED ON ENGAGING FAMILIES TO WORK BETTER TOGETHER WHILE CONCURRENTLY BUILDING STRONG SOCIAL SUPPORTS LAST YEAR A TOTAL OF 36 FAMILIES RECEIVED CASE MANAGEMENT, WITH 83% COMPLETING THEIR CASE PLANS THE PROGRAMS HOSTED 16 ROUNDS OF EMPOWERMENT SESSIONS, AN 8-WEEK EDUCATIONAL CURRICULUM, AND ALL FAMILIES PARTICIPATING DEMONSTRATED SIGNIFICANT GROWTH THE PROGRAMS ALSO HOSTED THEIR FIRST EVER PARENT CAFE TO BRING FAMILIES TOGETHER FOR NETWORKING OPPORTUNITIES AMERICORPS NEO SKILL CORPS SERVICE MEMBERS AT 10 PARTNER AGENCIES PROVIDE FINANCIAL LITERACY AND WORKFORCE DEVELOPMENT SERVICES TO ADULTS ACROSS GREATER CLEVELAND AS A RESULT OF PROGRAMMING, 74 INDIVIDUALS SUCCESSFULLY OBTAINED NEW EMPLOYMENT, MORE THAN 500 WERE ASSISTED IN CREATING REALITY-BASED BUDGETS, AND NEARLY 80 WERE ASSISTED IN CREATING A DEBT REDUCTION PLAN BASED ON THEIR CREDIT SCORE THE PROGRAM ALSO HOSTED TWO JOB FAIRS THAT FEATURED A VARIETY OF EMPLOYERS, MOCK INTERVIEWS, AND SUPPORT IN COMPLETING JOB APPLICATIONS AGENCY-WIDE ACCOMPLISHMENTS - UNIVERSITY SETTLEMENT CELEBRATED 90 YEARS OF DEDICATED SERVICE TO THE COMMUNITY - COMPLETION OF ITS THREE-YEAR STRATEGIC PLAN - SELECTED AS A SOCIAL VENTURE PARTNER (SVP) INVESTEE WHICH PROVIDES UNIVERSITY SETTLEMENT WITH THE VAST NETWORK OF SVP PROFESSIONALS WHO COLLABORATE WITH STAFF AND THE BOARD OF DIRECTORS IN DEVELOPING STRATEGIES TO BEST SERVE THE NEEDS OF BROADWAY/SLAVIC VILLAGE - BACK TO SCHOOL FAIR SERVED 994 COMMUNITY YOUTH WITH BACKPACKS FILLED WITH SCHOOL SUPPLIES FAIR ALSO OFFERED MANY ACTIVITIES INCLUDING GAMES AND BOUNCY HOUSES, AS WELL AS FOOD IN ADDITION, A TOTAL OF 2,700 YOUTH RECEIVED BACK PACKS AND SCHOOL SUPPLIES DURING THE FIRST WEEKS OF SCHOOL - THE TASTE OF SLAVIC VILLAGE THE MOST SUCCESSFUL AGENCY FUNDRAISER TO DATE RAISING OVER \$50,000 - MAKE A DIFFERENCE DAY IN COLLABORATION WITH THE FORWARD CHURCH, NEO HANDS ON, BURLINGTON COAT FACTORY AND NEIGHBORHOOD TEENS, 253 COMMUNITY RESIDENTS RECEIVED NEW CLOTHING DONATED BY KIDS/FASHION DELIVERS - THANKSGIVING FOOD DISTRIBUTION PROVIDED TURKEY AND SIDES TO 120 FAMILIES SO THAT THEY COULD ENJOY THEIR OWN TRADITIONAL THANKSGIVING MEAL AT HOME - HOLIDAY GIFT DISTRIBUTION COLLECTED DONATIONS FROM BUSINESSES, CHURCHES AND INDIVIDUALS TO PROVIDE 320 CHILDREN OF PROGRAM FAMILIES WITH GIFTS FOR THE HOLIDAYS</p>