

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: UNIVERSITY SETTLEMENT INC
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 4800 BROADWAY AVENUE Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CLEVELAND, OH 44105

D Employer identification number: 34-0714776
E Telephone number: (216) 641-8948
G Gross receipts \$ 2,521,970

F Name and address of principal officer: EARL PIKE, 4800 BROADWAY AVENUE, CLEVELAND, OH 44105

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: UNIVERSITYSETTLEMENT NET

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1926

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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 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)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	61
6 Total number of volunteers (estimate if necessary)	535
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,565,714	2,460,247
9 Program service revenue (Part VIII, line 2g)	22,332	13,350
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,618	3,808
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,321	23,325
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,677,985	2,500,730
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)	1,513,036	1,523,763
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶95,427		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	979,993	1,036,261
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,493,029	2,560,024
19 Revenue less expenses Subtract line 18 from line 12	184,956	-59,294

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,476,928	1,457,295
21 Total liabilities (Part X, line 26)	117,158	155,392
22 Net assets or fund balances Subtract line 21 from line 20	1,359,770	1,301,903

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: _____ Date: 2019-03-20
EARL PIKE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2019-03-20 Check 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

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 \$ 449,040 including grants of \$) (Revenue \$)

See Additional Data

4b (Code) (Expenses \$ 428,089 including grants of \$) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 327,068 including grants of \$) (Revenue \$)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,090,105 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,294,302

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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? (Yes); 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: a The governing body? (Yes); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

Table with 3 columns: Question, Yes, No. Rows include: 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, [X] Another's website, [X] 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: EARL PIKE 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) STEVE DOMINISH DIRECTOR	2 00	X						0	0	0
(2) SEAN KILBANE TREASURER	5 00	X		X				0	0	0
(3) MARTIN R HALE DIRECTOR	2 00	X						0	0	0
(4) BRIAN KING DIRECTOR	2 00	X						0	0	0
(5) JOHN KOCSIS VICE PRESIDENT	5 00	X		X				0	0	0
(6) JEANNE M MATTERN PRESIDENT	5 00	X		X				0	0	0
(7) ANNA MARIA MOTTA SECRETARY	5 00	X		X				0	0	0
(8) QUOVADA BASS DIRECTOR	2 00	X						0	0	0
(9) JEFF BODZIONY DIRECTOR	2 00	X						0	0	0
(10) ZOE BREEN WOOD DIRECTOR	2 00	X						0	0	0
(11) CHERYL O'MALLEY DIRECTOR	2 00	X						0	0	0
(12) BRANDON MORRIS DIRECTOR	2 00	X						0	0	0
(13) JOHN RUTLEDGE DIRECTOR	2 00	X						0	0	0
(14) REBECCA BASH DIRECTOR	2 00	X						0	0	0
(15) BRIAN HAGAN DIRECTOR	2 00	X						0	0	0
(16) TAMERA STIRES DIRECTOR	2 00	X						0	0	0
(17) SCOTT VILLANI DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(18) TONY WILLIAMS DIRECTOR	2 00	X						2,000	0	0
(19) PATRICIA GULLIAN INTERIM EXECUTIVE DIRECTOR	40 00			X				74,626	0	0
(20) EARL PIKE EXECUTIVE DIRECTOR (FROM 11-1-17)	40 00			X				8,750	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								85,376	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) 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	368,771				
	b Membership dues	1b					
	c Fundraising events	1c	57,525				
	d Related organizations	1d					
	e Government grants (contributions)	1e	912,541				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,121,410				
	g Noncash contributions included in lines 1a-1f \$ _____		358,366				
	h Total. Add lines 1a-1f			2,460,247			
Program Service Revenue			Business Code				
	2a PROGRAM SERVICE FEES		900099	13,350	13,350		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			13,350				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			750		750	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			16,500				
		b Less rental expenses		0			
		c Rental income or (loss)		16,500			
	d Net rental income or (loss)			16,500	16,500		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			18,740	800			
		b Less cost or other basis and sales expenses		16,482	0		
		c Gain or (loss)		2,258	800		
	d Net gain or (loss)			3,058		3,058	
	8a Gross income from fundraising events (not including \$ 57,525 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b		4,758		
c Net income or (loss) from fundraising events				-4,758		-4,758	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUES	900099		11,583	11,583			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			11,583				
12 Total revenue. See Instructions			2,500,730	41,433	0	-950	

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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	54,498	48,503	3,270	2,725
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	1,219,916	1,085,725	73,195	60,996
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	136,829	129,987	4,105	2,737
10 Payroll taxes	112,520	103,965	4,785	3,770
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	3,999	1,999	2,000	
13 Office expenses	1,952	1,135	62	755
14 Information technology				
15 Royalties				
16 Occupancy	71,194	69,058		2,136
17 Travel	67,236	64,784	1,194	1,258
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,948	10,396	383	169
20 Interest	3,361	2,604	739	18
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,691	14,322	31,369	
23 Insurance	47,742	45,833	477	1,432
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 CONTRIBUTED FOOD	258,253	258,253		
b SUPPLIES & FOOD	239,726	222,945	2,397	14,384
c PROFESSIONAL FEES	181,110	168,432	9,056	3,622
d MISCELLANEOUS EXPENSE	39,658	19,829	19,829	
e All other expenses	65,391	46,532	17,434	1,425
25 Total functional expenses. Add lines 1 through 24e	2,560,024	2,294,302	170,295	95,427
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	460,038	2	313,765
	3 Pledges and grants receivable, net	513,204	3	657,477
	4 Accounts receivable, net		4	
	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	9,362	9	12,933
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,188,582		
	b Less accumulated depreciation	715,462		
		470,392	10c	473,120
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	8,334	12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	15,598	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,476,928	16	1,457,295	
Liabilities	17 Accounts payable and accrued expenses	18,910	17	69,813
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	98,248	23	85,579
	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	117,158	26	155,392
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	985,873	27	856,690
	28 Temporarily restricted net assets	373,897	28	445,213
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	1,359,770	33	1,301,903
	34 Total liabilities and net assets/fund balances	1,476,928	34	1,457,295

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	2,500,730
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,560,024
3	Revenue less expenses Subtract line 2 from line 1	3	-59,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,359,770
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	1,500
7	Investment expenses	7	-73
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	1,301,903

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	2a	No
b 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	2b	Yes
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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?	3a	No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:

Software Version:

EIN: 34-0714776

Name: UNIVERSITY SETTLEMENT INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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 ACTIVITIES

Form 990, Part III, Line 4b:

THE 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, Line 4c:

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

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

(Code) (Expenses \$ 296,896 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

(Code) (Expenses \$ 222,675 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

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

(Code) (Expenses \$ 194,884 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 \$ 169,075 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 \$ 127,318 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

(Code) (Expenses \$ 60,925 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

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

(Code) (Expenses \$ 18,332 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

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,202,923	2,606,435	2,664,512	2,565,714	2,460,247	12,499,831
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,202,923	2,606,435	2,664,512	2,565,714	2,460,247	12,499,831
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,615,179
6	Public support. Subtract line 5 from line 4						10,884,652

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,202,923	2,606,435	2,664,512	2,565,714	2,460,247	12,499,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-6,964	57,910	358	595	3,808	55,707
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	123,520	14,442	59,714	81,321	11,583	290,580
11	Total support. Add lines 7 through 10						12,846,118
12	Gross receipts from related activities, etc (see instructions)					12	78,869

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	84.730%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	93.780%

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 .035	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 34-0714776

Name: UNIVERSITY SETTLEMENT INC

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,328		53,328
b Buildings		496,860	275,299	221,561
c Leasehold improvements		328,999	177,436	151,563
d Equipment		309,395	262,727	46,668
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				473,120

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI 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	2,507,320
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	1,905	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	4,758	
e	Add lines 2a through 2d		2e	6,663
3	Subtract line 2e from line 1		3	2,500,657
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	73	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	73
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,500,730

Part XII 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	2,565,187
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	405	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	4,758	
e	Add lines 2a through 2d		2e	5,163
3	Subtract line 2e from line 1		3	2,560,024
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	2,560,024

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-0714776

Name: UNIVERSITY SETTLEMENT INC

Supplemental Information

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PARTS XI AND XII, LINE 2D	FUNDRAISING EVENT EXPENSES ARE REPORTED IN REVENUE ON THE FORM 990

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		THE TASTE OF SLAVIC VILLAGE (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	57,525			57,525
2	Less Contributions	57,525			57,525
3	Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	207			207
	6 Rent/facility costs	600			600
	7 Food and beverages	1,174			1,174
	8 Entertainment	400			400
	9 Other direct expenses	2,377			2,377
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,758
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,758	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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	%
b	An outside facility	%

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 provide any additional information (see instructions).

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	X		100,298	FAIR MARKET VALUE
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	176	258,068	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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?		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 nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.

2017**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 A, LINE 2	CHERYL O'MALLEY AND BRIAN HAGAN HAVE A FAMILY RELATIONSHIP JEANNE MATTERN AND TAMERA STIRES HAVE A BUSINESS RELATIONSHIP SEAN KILBANE AND BRANDON MORRIS HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Other Information

Return Reference	Explanation
ACCOMPLISHMENTS	<p>UNIVERSITY SETTLEMENT'S (US) HUNGER CENTER SERVICES INCLUDE A CHOICE MODEL FOOD PANTRY, A COMMUNITY MEAL, AND A MONTHLY MOBILE PANTRY THE PANTRY IS OPEN TUESDAY THROUGH FRIDAY, 11 30 AM - 2 00 PM NEIGHBORS CAN VISIT ONCE A MONTH TO SELECT 3-5 DAYS' WORTH OF GROCERIES THROUGH THE PANTRY, FAMILIES AND INDIVIDUALS RECEIVE PANTRY STAPLES, FRESH BREAD, FRESH P RODUCE, AND VARIOUS PERISHABLE AND NON-PERISHABLE ITEMS EVERY TUESDAY EVENING, COMMUNITY RESIDENTS CAN COME IN FOR A FREE, HOT COMMUNITY MEAL THE FIRST MONDAY OF THE MONTH, US HO STS A MOBILE PANTRY THROUGH THE GREATER CLEVELAND FOOD BANK (GCFB) AT EACH MOBILE PANTRY, US RECEIVES 10,000-12,000 LBS OF FRESH PRODUCE DURING THE LAST PROGRAM YEAR, THE PANTRY SERVED 4,618 UNDUPLICATED INDIVIDUALS FOR A TOTAL OF 15,379 SERVICES, TOTALING APPROXIMAT ELY 138,411 MEALS THE US COMMUNITY MEAL SERVED APPROXIMATELY 5,634 HOT MEALS TO 527 UNDUPLICATED INDIVIDUALS EACH WEEK AN AVERAGE OF 30 MEALS ARE PREPARED AND DELIVERED TO THE AL EXIA AND LOUREXIS APARTMENTS IN SLAVIC VILLAGE PARTNERING WITH THE GCFB ALLOWED THE HUNGE R CENTER TO DISTRIBUTE JUST OVER 103,000 LBS OF FRESH PRODUCE TO OVER 3,156 NEIGHBORS NE O SKILL CORPS IS AN AMERICORPS PROGRAM WHICH PARTNERS WITH 10 NONPROFIT ORGANIZATIONS TO P ROVIDE FINANCIAL LITERACY, ADULT LITERACY AND WORKFORCE DEVELOPMENT TO ADULTS IN NORTHEAST OHIO MEMBERS ARE ASSIGNED TO PARTNER AGENCIES (HOST SITES) TO FACILITATE MONEY MANAGEMEN T WORKSHOPS ADDRESSING TOPICS SUCH AS REALIST GOAL SETTING, CREDIT MANAGEMENT AND SETTING A BUDGET BASED ON PERSONAL INCOME AND EXPENSES PARTICIPANTS HAVE THE OPTION TO REQUEST IN DIVIDUAL COACHING TO ADDRESS PERSONAL ISSUES AND DEVELOP A PLAN TO MAKE ADJUSTMENTS WHERE NEEDED MEMBERS ALSO FACILITATE WORKFORCE DEVELOPMENT PROGRAMS ON TOPICS SUCH AS DIGITAL L ITERACY, CUSTOMER SERVICE, MANUFACTURING, CULINARY BASICS, HEALTH CARE PREPARATION, EMPLOY ABILITY SKILLS AND JOB SEARCHING NEO SKILLS CORPS SPONSORS TWO JOB FAIRS YEARLY TO HELP P ARTICIPANTS OBTAIN AND MAINTAIN EMPLOYMENT THROUGHOUT THE 2018 SERVICE YEAR, MEMBERS PROV IDED OVER 3,000 HOURS OF ADULT EDUCATION TO CLEVELAND RESIDENTS, AND 894 INDIVIDUALS ENROL LED IN FINANCIAL LITERACY TRAINING AND DEMONSTRATED INCREASED FINANCIAL KNOWLEDGE AS A RES ULT ADDITIONALLY, AMERICORPS MEMBERS WORKED WITH 363 PARTICIPANTS TO CREATE REALISTIC MON THLY BUDGETS BASED ON THEIR INCOME, AND 942 PARTICIPANTS ENROLLED IN WORK READINESS PROGRA MS THE ADULT WELLNESS PROGRAM IS OPEN MONDAY-FRIDAY, 9 30 AM -2 30 PM AND SERVES ADULTS T HAT ARE 60 YEARS AND OLDER AS WELL AS INDIVIDUALS THAT ARE 18-59 WHO HAVE A DISABILITY TH E PROGRAM OFFERS THREE DISTINCT SERVICES INCLUDING CONGREGATE MEALS, TRANSPORTATION AND AD ULT DEVELOPMENT THE CONGREGATE MEAL PROGRAM CONSISTS OF BREAKFAST, LUNCH AND A SNACK PROV IDED TO OUR PARTICIPANTS ON A DAILY BASIS THE PROGRAM CONTRACTS OUT TO A TRANSPORTATION C OMPANY TO PROVIDE TRANSPORTATION FOR OUR PARTICIPANTS TO AND FROM THEIR HOMES TO THE AGENC Y THE ADULT DEVELOPMENT ACTIV</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACCOMPLISHMENTS	<p>ITIES ARE BASED ON THE HETTLER WELLNESS MODEL THAT IS COMPRISED OF PROGRAMMING INCLUDING T HE CATEGORIES OF PHYSICAL, EMOTIONAL, INTELLECTUAL, SOCIAL, SPIRITUAL AND OCCUPATIONAL WEL LNESS IN THE LAST PROGRAM YEAR, THE ADULT WELLNESS PROGRAM SERVED 63 INDIVIDUALS AND TRAN SPORTED 36 CLIENTS TO AND FROM THEIR HOMES AS WELL AS ON FIELD TRIPS WHICH TOTALED 2,003 T RIPS THE PROGRAM SERVED 3,257 MEALS INCLUDING BREAKFAST, LUNCH AND SNACK UNIVERSITY SETT LEMENT SERVES AS THE LEAD AGENCY FOR MOUND STEM AND FULLERTON SCHOOLS IN THE COMMUNITY WRA PAROUND STRATEGY UNIVERSITY SETTLEMENT PROVIDES OVERSITE TO THE SITE COORDINATORS WHO SUP PORT THE SCHOOLS THROUGH THE RECRUITMENT AND COORDINATION OF COMMUNITY RESOURCES TO MEET T HE ACADEMIC NEEDS OF STUDENTS AND SUPPORT THEIR FAMILIES BASED ON THE MONTH OF THE YEAR, SITE COORDINATORS MAY PROVIDE SERVICES TO 200-500 CHILDREN TYPES OF SERVICES INCLUDE PRO VIDING BUS PASSES, BACKPACKS, SCHOOL UNIFORMS, SHOES, COATS, GLOVES, BOOTS, AND HOLIDAY GI FTS AND MEALS PARENTS ARE REFERRED TO COMMUNITY RESOURCES TO RESOLVE ANY ISSUES THEY MAY HAVE DURING THE COURSE OF THE PROGRAM YEAR, STRENGTHENING FAMILIES PROGRAM STAFF OFFER ST RENGTH-BASED CASE MANAGEMENT, FAMILY-CENTERED FAMILY EDUCATION SESSIONS AND HOST PARENT CA FES TO PROVIDE FEEDBACK TO PROGRAM STAFF AND TO HELP FAMILIES LEARN THE SKILLS NECESSARY T O ADVOCATE FOR THEIR OWN NEEDS ONCE ENROLLED IN THE PROGRAM, PARTICIPANTS WORK WITH STAFF TO IDENTIFY THEIR NEEDS AND SET PERSONAL GOALS IN 5 AREAS, HEALTHCARE, EMPLOYMENT, LEGAL ISSUES, PARENTING, AND EDUCATION THOUGH STAFF MEETS WITH PARTICIPANTS REGULARLY TO TRACK PROGRESS TOWARD MEETING THEIR GOALS, THE DURATION OF CASE MANAGEMENT IS DEPENDENT UPON THE INDIVIDUAL NEEDS OF THE FAMILY OFTEN, PROGRAM STAFF PROVIDE PARTICIPANTS WITH ITEMS SUCH AS BUS PASSES, CLEANING SUPPLIES, AND RENTAL ASSISTANCE TO ENSURE THAT PARTICIPANTS CAN C ONTINUE TO ATTEND THE PROGRAM, AND THAT BOTH PARENTS AND CHILDREN REMAIN SAFELY HOUSED IN ADDITION, MANY OF THOSE SERVED BY THE PROGRAM ATTEND AN 8-WEEK LONG FAMILY EDUCATION PROG RAM DESIGNED TO SUPPORT PARTICIPANTS AND COMMUNITY MEMBERS AS THEY IDENTIFY AND WORK TOWAR D OVERCOMING THEIR BARRIERS TO PERSONAL SUCCESS TO SUPPORT PARTICIPANTS AFTER THEY COMPLE TE THE PROGRAM, 3 PARENT CAFES ARE HELD THROUGHOUT THE YEAR THESE INFORMAL GATHERINGS OFF ER FORMER AND CURRENT PARTICIPANTS THE OPPORTUNITY TO NETWORK AND SUPPORT EACH OTHER, AS W ELL AS PROVIDE FEEDBACK TO THE PROGRAM STAFF IN 2018, 100% OF FAMILIES WHO ATTENDED EDUCA TION SESSIONS IMPROVED THEIR PROTECTIVE FACTORS SURVEY SCORES AND 97% OF THOSE ENGAGED IN CASE MANAGEMENT MET A LEAST ONE CLIENT-DRIVEN GOAL THE SURVEY TESTS FAMILIES ON THEIR KNO WLEDGE IN THE DOMAINS OF FAMILY FUNCTIONING, SOCIAL SUPPORT, CONCRETE SUPPORT, AND NURTURI NG AND ATTACHMENT FATHERHOOD CONNECTIONS TAKES A SIMILAR APPROACH TO FAMILY DEVELOPMENT B UT WORKS SPECIFICALLY WITH FATHERS AND FATHER FIGURES TO HELP THEM INCREASE THEIR INVOLVEM ENT IN THEIR CHILDREN'S LIVES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACCOMPLISHMENTS	<p>BOTH AT HOME AND AT SCHOOL THIS PAST SPRING, FATHERHOOD CONNECTIONS HELD ITS ANNUAL FATHE R-DAUGHTER DANCE AT BOHEMIAN NATIONAL HALL NOW IN ITS 3RD YEAR, THE EVENT WAS ATTENDED BY OVER 400 INDIVIDUALS AND RAISED AWARENESS ABOUT THE CRUCIAL ROLE THAT FATHERS PLAY IN CHI LD DEVELOPMENT THE TRANSITION-IN-PLACE HOUSING PROGRAM PROVIDES FOUR MONTHS OF INTENSIVE CASE MANAGEMENT TO NEWLY HOUSED FAMILIES EXITING THE CUYAHOGA COUNTY SHELTER SYSTEM WHILE PARTICIPATING IN CASE MANAGEMENT, FAMILIES ALSO RECEIVE A TEMPORARY RENTAL ASSISTANCE VOUC HER THROUGH EDEN, INC PROGRAM SERVICES ADHERE TO THE RAPID RE-HOUSING (RRH) MODEL STAFF AND FAMILIES COLLABORATE TO ADDRESS THE BARRIERS THAT LED TO HOMELESSNESS AND TOGETHER TH EY CREATE A HOUSING STABILIZATION PLAN THIS BENCHMARK SYSTEM REQUIRES STAFF AND FAMILIES TO MEET REGULARLY TO ASSESS PROGRESS AND LINK FAMILIES TO ADDITIONAL SERVICES IN-HOUSE AND THROUGHOUT THE COMMUNITY ON-SITE, CLIENTS ARE REGULARLY REFERRED TO THE HUNGER CENTER AND FAMILY STABILIZATION SERVICES AS WELL AS THE NEO SKILL CORPS, WHICH HELPS FAMILIES WITH FINANCIAL LITERACY, BUDGETING, AND JOB READINESS OFF-SITE, CLIENTS ARE REFERRED TO MENTAL HEALTH SERVICES, OHIO MEANS JOBS, THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES, AND MAN Y OTHERS WHEN CLIENTS COMPLETE THEIR FOUR MONTHS OF CASE MANAGEMENT, PROGRAM STAFF REFER THEM TO THEIR LOCAL COMMUNITY COLLABORATIVE TO PROVIDE LONGER-TERM SUPPORT AND SERVICES I N 2018, 90% OF THE 52 FAMILIES SERVED DURING THE LAST YEAR HAVE MAINTAINED THEIR HOUSING F OR AT LEAST ONE MONTH AFTER COMPLETING THE PROGRAM OF THE FOUR FAMILIES WHO DID NOT, ALL BUT ONE FOUND OTHER SUITABLE HOUSING IN THE COMMUNITY FURTHERMORE, 100% OF PROGRAM CLIENT S ACCESSED IMPORTANT MAINSTREAM BENEFITS SUCH AS FOOD ASSISTANCE, HOME ENERGY ASSISTANCE, AND PIPP BENEFITS AT THE TIME THEY LEFT CASE MANAGEMENT ALL CLIENTS EXITED CASE MANAGEMENT T WITH MEDICAL INSURANCE COVERAGE IN PLACE THE SMARTY'S PROGRAM IS A CRITICAL OUT-OF-SCHO OL TIME (OST) PROGRAM THAT IS DESIGNED TO ESTABLISH A COMMUNITY LEARNING CENTER YOUTH REC EIVE 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 ACAD EMICS SUCH AS ARTS, MUSIC, SCIENCE, TECHNOLOGY, RECREATION, SERVICE LEARNING PROJECTS, AND DRUG AND ALCOHOL PREVENTION ACTIVITIES AS A RESULT OF THE SMARTY'S PROGRAM, STUDENT ATTE NDANCE AT LOCAL SCHOOLS INCREASED, SUSPENSION RATES HAVE DECREASED AND THE MAJORITY OF STU DENTS CONTINUE TO ACHIEVE IMPROVEMENTS IN TEST SCORES 80% OF THE 40 STUDENTS WHO PARTICIP ATED IN UNIVERSITY SETTLEMENT YOUTH PROGRAM IN 2018 ACCOMPLISHED AT LEAST ONE YEAR'S GROWT H IN READING, AND 76% EXPERIENCED AT LEAST ONE YEAR'S GROWTH IN MATH COMPETENCY AS MEASURE D BY THEIR NORTHWEST EVALUATION ASSESSMENT SCORES FURTHERMORE, 85% ALSO ACHIEVED IMPROVEM ENT IN THEIR MEASURED SOCIAL/EMOTIONAL COMPETENCY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACCOMPLISHMENTS (CONTINUED)	<p>THE FAMILY TO FAMILY PROGRAM ASSISTS FAMILIES WHO ARE INVOLVED WITH OR WHO ARE AT RISK OF BECOMING INVOLVED WITH, THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) FAMILIES RECEIVE ONE-TIME ASSISTANCE OR LONG-TERM CASE MANAGEMENT SERVICES WHICH ASSIST FAMILIES WITH THE RESOURCES AND SKILLS NEEDED TO EITHER REUNITE WITH THEIR CHILDREN IN PLACEMENT OR TO KEEP THE CHILDREN FROM BEING TAKEN INTO CUSTODY BY DCFS UNIVERSITY SETTLEMENT IS THE LEAD AGENCY IN THE BROADWAY COLLABORATIVE-A FORMAL, COLLABORATIVE PARTNERSHIP BETWEEN AGENCIES IN BROADWAY-SLAVIC VILLAGE LAST YEAR THE PROGRAM ASSISTED 259 FAMILIES, IN ADDITION TO HOSTING COMMUNITY EVENTS SUCH AS SAVE OUR BABIES THIS EVENT ATTRACTED OVER 25 NEW MOTHERS WHO ATTENDED IN ORDER TO GATHER INFORMATION ON SAFE SLEEP, RECEIVE A FREE BABY BOX, AND SPEAK TO EXPERTS ON INFANT CARE EVENTS LIKE THESE HELP TO PREPARE INDIVIDUALS FOR PARENTHOOD, PROVIDING KNOWLEDGE SO THEY CAN MAKE INFORMED DECISIONS ABOUT THE HEALTH AND WELLNESS OF THEIR CHILDREN, AND SO THAT THEY WILL NOT REQUIRE THE ASSISTANCE OF THE FAMILY TO FAMILY PROGRAM IN THE FUTURE THE MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER (MJCEC) PROVIDES ACCESS TO RESOURCES AND PROGRAMMING THAT EDUCATE, EMPOWER AND STRENGTHEN INDIVIDUALS THROUGH THE INNOVATIVE USE OF TECHNOLOGY THE MJCEC REGULARLY HOSTS CLASSES AIMED AT HELPING COMMUNITY MEMBERS OF ALL AGES TO LEARN ABOUT THE VARIOUS USES OF TECHNOLOGY AND FIND WAYS TO USE TECHNOLOGY TO IMPROVE THEIR LIVES PERSONALLY, ACADEMICALLY AND PROFESSIONALLY IN ADDITION TO HOLDING CLASSES ON-SITE, CLASSES AND TECH SUPPORT WERE PROVIDED AT FOUR LOCAL SENIOR HIGH-RISE APARTMENTS SO RESIDENTS COULD LEARN HOW TO BETTER UTILIZE TECHNOLOGY IN THEIR EVERYDAY LIFE THE MJCEC PROVIDED REGULAR PROGRAMMING FOR YOUTH IN UNIVERSITY SETTLEMENT'S SMARTY'S OUT-OF-SCHOOL-TIME PROGRAM STUDENTS LEARNED ESSENTIAL READING AND MATH SKILLS, DIGITAL LITERACY, AND TOOK PART IN PROGRAMMING AIMED AT IMPROVING THEIR SOCIAL AND EMOTIONAL HEALTH OLDER ADULTS AND COMMUNITY RESIDENTS ALSO RECEIVED REGULAR PROGRAMMING SERVICES THE MJCEC SERVED OVER 400 UNDUPLICATED INDIVIDUALS THROUGH ITS VARIOUS PROGRAMS AND SERVICES</p>