

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- 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) Room/suite
4800 BROADWAY AVENUE

City or town, state or province, country, and ZIP or foreign postal code
CLEVELAND, OH 44127

F Name and address of principal officer:
EARL PIKE
4800 BROADWAY AVENUE
CLEVELAND, OH 44127

D Employer identification number
34-0714776

E Telephone number
(216) 641-8948

G Gross receipts \$ 4,659,764

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)

H(c) Group exemption number ▶

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

J Website: ▶ UNIVERSITYSETTLEMENT.NET

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	61
6 Total number of volunteers (estimate if necessary)	147
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,840,077	4,633,345
9 Program service revenue (Part VIII, line 2g)	14,310	430
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,112	939
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,480	-11,362
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,837,019	4,623,352

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)	1,600,796	1,822,686
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶116,180		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,339,784	1,569,398
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,940,580	3,392,084
19 Revenue less expenses. Subtract line 18 from line 12	-103,561	1,231,268

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,337,104	2,966,905
21 Total liabilities (Part X, line 26)	138,762	537,295
22 Net assets or fund balances. Subtract line 21 from line 20	1,198,342	2,429,610

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: 2021-05-17

EARL PIKE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ ZINNER & CO LLP		2021-05-17		P00233254
Firm's address ▶ 3201 ENTERPRISE PARKWAY SUITE 410 CLEVELAND, OH 441227329			Firm's EIN ▶ 34-1663731	
			Phone no. (216) 831-0733	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE OFFER THE INDIVIDUALS AND FAMILIES WE SERVE RESOURCES BY WHICH THEY CAN LEARN, GROW, AND THRIVE. IN AN EFFORT TO FULFILL OUR MISSION, UNIVERSITY SETTLEMENT IS COMMITTED TO:*EXCELLENCE IN ALL ASPECTS OF OUR WORK*SERVING OUR CLIENTS WITH RESPECT AND DIGNITY*A CUSTOMER-CENTRIC ORIENTATION TO OUR PROGRAMS AND SERVICES*HAVING OUR 'FEET IN THE STREET' TO ENCOURAGE AUTHENTIC COMMUNITY ENGAGEMENT AND ONGOING COMMUNITY DIALOGUE*ALIGNING OUR PROGRAMS AND SERVICES TO ADDRESS CURRENT AND PRESSING COMMUNITY NEEDS AND BEING NIMBLE SO AS TO BE ABLE TO ADJUST OFFERINGS IN LINE WITH EVOLVING COMMUNITY NEEDS*BUILDING OUR VISIBILITY IN THE COMMUNITY TO BE AS ACCESSIBLE AS POSSIBLE TO THOSE WE STRIVE TO PARTNER WITH AND SERVE*OPERATING WITH A COLLABORATIVE SPIRIT

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 606,932 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,399,487 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 383,600 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 710,905 including grants of \$) (Revenue \$ 430)

4e Total program service expenses ▶ 3,100,924

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	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? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	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? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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:

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for various contributions and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Table for Other Revenue with multiple sub-sections (3-11) and a final 12 Total revenue row. Includes columns for (i) Real, (ii) Personal, (i) Securities, (ii) Other, and Business Code.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,751	144,848	9,765	8,138
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	1,363,367	1,213,397	81,802	68,168
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	153,699	146,014	4,611	3,074
10 Payroll taxes	142,869	132,007	6,075	4,787
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	8,045	4,022	4,023	
13 Office expenses	1,994	1,159	63	772
14 Information technology				
15 Royalties				
16 Occupancy	104,294	101,165		3,129
17 Travel	50,987	49,128	905	954
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,501	32,762	1,206	533
20 Interest	2,998	2,323	659	16
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,077	16,010	35,067	
23 Insurance	40,387	38,771	404	1,212
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	536,318	536,318	0	0
b PROFESSIONAL FEES	400,444	372,413	20,022	8,009
c SUPPLIES & FOOD	244,488	227,374	2,445	14,669
d REPAIRS AND RENTAL	48,496	43,909	2,701	1,886
e All other expenses	45,369	39,304	5,232	833
25 Total functional expenses. Add lines 1 through 24e	3,392,084	3,100,924	174,980	116,180
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	234,183	2	751,067	
	3 Pledges and grants receivable, net	636,517	3	1,732,901	
	4 Accounts receivable, net		4		
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	21,118	9	23,314	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,200,595			
	b Less: accumulated depreciation	741,266	436,602	10c	459,329
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11	8,684	12	294	
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,337,104	16	2,966,905		
Liabilities	17 Accounts payable and accrued expenses	64,344	17	109,549	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	74,418	23	65,246	
	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	0	25	362,500	
	26 Total liabilities. Add lines 17 through 25	138,762	26	537,295	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	667,164	27	593,308	
	28 Net assets with donor restrictions	531,178	28	1,836,302	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	1,198,342	32	2,429,610		
33 Total liabilities and net assets/fund balances	1,337,104	33	2,966,905		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,623,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,392,084
3	Revenue less expenses. Subtract line 2 from line 1	3	1,231,268
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,198,342
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,429,610

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 34-0714776

Name: UNIVERSITY SETTLEMENT INC

Form 990 (2019)

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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 180,766 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 \$ 38,601 including grants of \$) (Revenue \$ 430)

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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 253,983 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 \$ 85,864 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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 84,668 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 \$ 49,554 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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 17,469 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

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

(A) Name and Title	(B) Average hours per week (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			
STEVE DOMINISH DIRECTOR	1.00	X						0	0	0
MARTIN HALE SECRETARY	1.00	X		X				0	0	0
BRIAN KING DIRECTOR	1.00	X						0	0	0
JOHN KOCSIS PRESIDENT	3.00	X		X				0	0	0
JEANNE MATTERN FORMER PRESIDENT	3.00	X		X				0	0	0
ANNA MARIA MOTTA FINANCE COMMITTEE CO-CHAIR	1.00	X		X				0	0	0
QUOVADA BASS ADVANCEMENT COMMITTEE CHAIR	1.00	X						0	0	0
JEFF BODZIONY DIRECTOR	1.00	X						0	0	0
ZOE BREEN WOOD DIRECTOR	1.00	X						0	0	0
BRANDON MORRIS TREASURER	1.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JOHN RUTLEDGE DIRECTOR	1.00	X						0	0	0
TONY WILLIAMS DIRECTOR	1.00	X						0	0	0
CARRIE MILLER DIRECTOR	1.00	X						0	0	0
CYNTHIA CONNOLLY VICE PRESIDENT	1.00	X		X				0	0	0
DAVE MARGOLIUS DIRECTOR	1.00	X						0	0	0
EMILY HAGAN DIRECTOR	1.00	X						0	0	0
JOSHUA INGRAHAM DIRECTOR	1.00	X						0	0	0
JOZEFF GEBOLYS DIRECTOR	1.00	X						0	0	0
MAYIA ALLEN DIRECTOR	1.00	X						0	0	0
RICHARD GIBSON DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
SCOTT VILLANI DIRECTOR	1.00	X						0	0	0
SHAILAJA DUNN DIRECTOR	1.00	X						0	0	0
STEPHANIE MERCADO DIRECTOR	1.00	X						0	0	0
STEPHEN ZINN DIRECTOR	1.00	X						0	0	0
TAMERA STIRES DIRECTOR	1.00	X						0	0	0
WENDY REGOECZI DIRECTOR	1.00	X						0	0	0
EARL PIKE EXECUTIVE DIRECTOR	40.00			X				112,334	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,664,512	2,565,714	2,460,247	2,840,077	4,633,345	15,163,895
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	2,664,512	2,565,714	2,460,247	2,840,077	4,633,345	15,163,895
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) . . .						2,000,315
6 Public support. Subtract line 5 from line 4.						13,163,580

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,664,512	2,565,714	2,460,247	2,840,077	4,633,345	15,163,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	358	595	3,808	12,112	939	17,812
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.). . .	59,714	81,321	11,583	15,807	25,050	193,475
11 Total support. Add lines 7 through 10						15,375,182
12 Gross receipts from related activities, etc. (see instructions)					12	63,900

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 2019 (line 6, column (f) divided by line 11, column (f))	14	85.620 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	86.020 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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>	Yes	No
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? Yes 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? Yes 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 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	305,925	190,935
c Leasehold improvements		328,999	201,022	127,977
d Equipment		321,408	234,319	87,089
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				459,329

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM AND DISABILITY LOANS	362,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	362,500

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	4,659,764
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	36,412	
e	Add lines 2a through 2d		2e	36,412
3	Subtract line 2e from line 1		3	4,623,352
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,623,352

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	3,428,496
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	36,412	
e	Add lines 2a through 2d		2e	36,412
3	Subtract line 2e from line 1		3	3,392,084
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	3,392,084

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.

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) Total events
		THE TASTE OF SLAVIC VILLAGE (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))
1	Gross receipts	62,135		7,193	69,328
2	Less: Contributions	62,135		7,193	69,328
3	Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	250			250
	5 Noncash prizes	459			459
	6 Rent/facility costs	2,853			2,853
	7 Food and beverages	3,988			3,988
	8 Entertainment	1,910			1,910
	9 Other direct expenses	26,952			26,952
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-36,412

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 | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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		9,005	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	225	536,318	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS TICKETS)	X	18	2,100	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 didn't 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
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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.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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. A BOARD OFFICER 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.

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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.

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FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED SINCE LAST YEAR.

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ACCOMPLISHMENTS	<p>THE YEAR 2020 CREATED A UNIQUE SET OF CHALLENGES FOR PROGRAMS AND STAFF AT UNIVERSITY SETTLEMENT AS THE COVID-19 CRISIS DISRUPTED REGULAR DAY-TO-DAY ACTIVITIES. AS SERVICES WERE IN HIGH DEMAND, STAFF HAD TO CREATE SYSTEMS TO SERVE THE COMMUNITY THROUGH SAFE PRACTICES TO BENEFIT BOTH THE COMMUNITY AND STAFF. TECHNOLOGY BECAME A CRITICAL ELEMENT TO PROVIDING SERVICES THAT HAD ALWAYS BEEN IN PERSON. SOCIAL DISTANCING AND MASKING BECAME THE RULE OF THE HUB FOR THE ENTIRE YEAR. UNIVERSITY SETTLEMENT'S (US) HUNGER CENTER SERVICES ARE COMPRISED OF A CHOICE MODEL FOOD PANTRY, A COMMUNITY MEAL, AND A MONTHLY MOBILE PANTRY. THE PANTRY IS OPEN TUESDAY THROUGH FRIDAY 11:30AM-2PM. NEIGHBORS CAN VISIT AS NEEDED TO SELECT 3-5 DAYS' WORTH OF GROCERIES. THROUGH THE PANTRY, FAMILIES AND INDIVIDUALS RECEIVE PANTRY STAPLES, FRESH BREAD, FRESH PRODUCE, AND VARIOUS PERISHABLE AND NON-PERISHABLE ITEMS. EVERY TUESDAY EVENING, COMMUNITY RESIDENTS COME FOR A FREE, HOT COMMUNITY MEAL. THE FIRST MONDAY OF THE MONTH, US HOSTS A MOBILE PANTRY THROUGH THE GREATER CLEVELAND FOOD BANK (GCFB). DURING THE LAST YEAR, THE HUNGER CENTER SERVED 6,002 UNDUPLICATED INDIVIDUALS THROUGH THE FOOD PANTRY, 513 UNDUPLICATED INDIVIDUALS THROUGH THE COMMUNITY MEAL, 1,762 UNDUPLICATED INDIVIDUALS THROUGH THE MOBILE PANTRY, AND DELIVERED 1,570 GROCERY BAGS TO HOMEBOUND SENIORS. FIRST TIME VISITS TO THE PANTRY INCLUDED 3,247 INDIVIDUALS. FRESH PRODUCE IN THE AMOUNT 121,765 POUNDS WAS DISTRIBUTED DURING THE MOBILE PANTRY. NEO SKILL CORPS IS AN AMERICORPS PROGRAM THAT PROVIDES DIRECT INSTRUCTION ON FINANCIAL LITERACY AND WORKFORCE DEVELOPMENT FOR ADULTS FACING BARRIERS TO EMPLOYMENT, ADVANCEMENT AND POST-SECONDARY EDUCATION. AMERICORPS IS A FEDERAL PROGRAM ADMINISTERED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE AND FUNDED BY A GRANT FROM SERVEOHIO. THE STATE COMMISSION ON SERVICE AND VOLUNTEERISM (SERVEOHIO) STRIVES TO PROVIDE SERVICE TO ADDRESS COMMUNITY PROBLEMS, STRENGTHEN COMMUNITIES, ENCOURAGE RESPONSIBILITY AND EXPAND VOLUNTEER OPPORTUNITIES. UNIVERSITY SETTLEMENT IS THE LEAD AGENCY RESPONSIBLE FOR THE DAY-TO-DAY ADMINISTRATIVE OVERSIGHT OF THE PROGRAM'S DESIGN, IMPLEMENTATION AND MEMBER MANAGEMENT. DURING 2019-2020, NEO SKILL CORPS DID NOT MEET ITS PERFORMANCE MEASURES DUE TO ALL OF UNIVERSITY SETTLEMENT'S HOST SITES BEING CLOSED AS A RESULT OF COVID-19 RESTRICTIONS PLACED IN FEBRUARY. MANY OF THESE SITES REMAIN CLOSED IN 2021, WHICH HAS HAD A DRAMATIC IMPACT ON PARTICIPANT ENROLLMENT AND A NEGATIVE EFFECT IN THE ABILITY TO CONTINUE PROGRAMMING AS ORIGINALLY DESIGNED. IN-PERSON CLASSES HAVE NOT BEEN POSSIBLE DUE TO HEALTH AND SAFETY CONCERNS OF CLIENTS, AMERICORPS MEMBERS AND PROGRAM STAFF. THE ADULT WELLNESS PROGRAM IS A MONDAY-FRIDAY, 9:30AM-2:30PM PROGRAM THAT SERVES ADULTS THAT ARE 60 YEARS OR OLDER, AND INDIVIDUALS THAT ARE 18-59 THAT HAVE A DISABILITY. THE PROGRAM OFFERS THREE DISTINCT SERVICES INCLUDING CONGREGATE MEALS, TRANSPORTATION, AND ADULT DEVELOPMENT. THE CONGREGATE MEAL</p>

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ACCOMPLISHMENTS	<p>AL PROGRAM CONSISTS OF BREAKFAST, LUNCH, AND A SNACK PROVIDED TO CLIENTS ON A DAILY BASIS. THE PROGRAM CONTRACTS OUT TO A TRANSPORTATION COMPANY TO PROVIDE TRANSPORTATION TO OUR CLIENTS TO AND FROM THEIR HOMES TO THE AGENCY. THE ADULT DEVELOPMENT ACTIVITIES ARE BASED ON THE HETTLER WELLNESS MODEL THAT IS COMPRISED OF PROGRAMMING INCLUDING THE CATEGORIES OF PHYSICAL, EMOTIONAL, INTELLECTUAL, SOCIAL, SPIRITUAL, AND OCCUPATIONAL WELLNESS. IN THE LAST YEAR, THE PROGRAM SERVED 71 UNDUPLICATED CLIENTS. STAFF SERVED 2,992 MEALS THROUGH A DELI VERY OFF-SITE MODEL, WHICH BEGAN IN MARCH 2020. THROUGH THE BASIC NEEDS CARES ACT AND PC'S FOR PEOPLE, THE PROGRAM WAS ABLE TO PROVIDE 50 SENIORS WITH COMPUTERS, HOT SPOTS AND INTERNET ACCESS FOR SIX MONTHS. THIS ENABLED PROGRAM PARTICIPANTS TO JOIN SESSIONS THAT STAFF FACILITATED. THE SESSIONS OFFERED RECREATIONAL AND EDUCATIONAL ACTIVITIES BY VIDEO, WHICH PROVIDED COGNITIVE STIMULATION AND SOCIAL ENGAGEMENT TO THE SENIORS THROUGHOUT THE YEAR. UNIVERSITY SETTLEMENT (US) SERVES AS THE LEAD AGENCY FOR MOUND STEM AND A.B.HART SCHOOLS IN THE COMMUNITY WRAPAROUND STRATEGY. US PROVIDES OVERSIGHT TO THE TWO SITE COORDINATORS WHO SUPPORT THE SCHOOLS THROUGH THE RECRUITMENT AND COORDINATION OF COMMUNITY RESOURCES TO MEET THE ACADEMIC NEEDS OF STUDENTS AS WELL AS SUPPORT THEIR FAMILIES. DUE TO THE PANDEMIC, THE SCHOOLS HAD IN PERSON SESSIONS AS WELL AS VIRTUAL SESSIONS. THE SITE COORDINATORS HAD TO WORK WITH FAMILIES TO MAKE CERTAIN THEIR TECHNOLOGY WAS RUNNING AND THAT THE STUDENTS JOINED THE SESSIONS AS SCHEDULED. SERVICES WERE PROVIDED TO MANY OF THE FAMILIES, AS THERE WAS AN INCREASED NEED FOR FOOD, BUS PASSES, MEALS, AND HOLIDAY SUPPORT. THE COORDINATORS MADE THE BEST OF THIS UNPRECEDENTED SITUATION BY SUPPORTING CHILDREN AND PARENTS TO THEIR BEST ABILITY. DURING THE COURSE OF THE PROGRAM YEAR, STRENGTHENING FAMILIES STAFF OFFER STRENGTHS-BASED CASE MANAGEMENT, FAMILY-CENTERED PARENT EDUCATION SESSIONS, AND HOST PARENT CAFES TO PROVIDE FEEDBACK TO PROGRAM STAFF AND TO HELP FAMILIES LEARN THE SKILLS NECESSARY TO ADVOCATE FOR THEIR NEEDS. ONCE ENROLLED INTO THE PROGRAM, FAMILIES WORK WITH STAFF TO IDENTIFY THEIR NEEDS AND SET PERSONAL GOALS IN 5 AREAS - HEALTHCARE, EMPLOYMENT, LEGAL ISSUES, PARENTING, AND EDUCATION. THOUGH STAFF MEET WITH CLIENTS REGULARLY TO TRACK PROGRESS TOWARD MEETING THEIR GOALS, THE DURATION OF CASE MANAGEMENT IS DEPENDENT ON THE INDIVIDUAL NEEDS OF THE FAMILY. OFTEN, PROGRAM STAFF UTILIZE WRAPAROUND SUPPORT TO PROVIDE CLIENTS WITH ITEMS SUCH AS BUS PASSES, CLEANING SUPPLIES, AND RENTAL ASSISTANCE TO ENSURE THAT CLIENTS CAN CONTINUE TO ATTEND THE PROGRAM, AND THAT BOTH PARENTS AND CHILDREN REMAIN SAFELY HOUSED. IN ADDITION, MANY OF THOSE SERVED BY THE PROGRAM ATTEND THE FAMILY EDUCATION SESSIONS (8 WEEKS) DESIGNED TO SUPPORT CLIENTS AND COMMUNITY MEMBERS AS THEY IDENTIFY, AND WORK TOWARD OVERCOMING THEIR BARRIERS TO SUCCESS. TO SUPPORT CLIENTS AFTER THEY COMPLETE THE PROGRAM, THREE PARENT CAFES ARE HERE</p>

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ACCOMPLISHMENTS	<p>LD THROUGHOUT THE YEAR. THESE INFORMAL GATHERINGS OFFER FORMER AND CURRENT CLIENTS THE OPP ORTUNITY TO NETWORK AND SUPPORT EACH OTHER, AS WELL AS PROVIDE FEEDBACK TO PROGRAM STAFF. IN THE LAST YEAR, 82 INDIVIDUALS PARTICIPATED IN FAMILY EMPOWERMENT SESSIONS. CONTINUALLY, 38 FAMILIES PARTICIPATED IN STRENGTHS-BASED CASE MANAGEMENT. ALL CLIENTS WHO PARTICIPATED IN CASE MANAGEMENT WERE PROGRESSING TOWARDS GOAL ATTAINMENT BY THE END OF THE YEAR. HOWEV ER, THOSE INDIVIDUALS WITH GOALS IN EMPLOYMENT AND EDUCATION HAD THE LOWEST PERCENT OF SUC CESS. DUE TO THE CHANGING CLIMATE OF COVID 19, THESE TWO AREAS WERE NEGATIVELY IMPACTED. M ANY CLIENTS HAD EXPERIENCED JOB LOSS, REDUCED HOURS, AND LIMITED JOB OPPORTUNITIES. IN THE AREA OF EDUCATION, MANY FACILITIES HAD STOPPED OFFERING CLASSES, OR OFFERED ONLY A FEW CL ASSES THAT DID NOT ALWAYS MEET THE SCHEDULE OF THE CLIENTS. FATHERHOOD CONNECTIONS FOCUSES ON FATHERS AT THE FOLLOWING SCHOOLS: MOUND, AB HART AND WARNER ROAD GIRL'S ACADEMY. THE P ROGRAM OFFERS CASE MANAGEMENT, SUPPORT GROUPS, FATHER CHILD ACTIVITIES AND EVENTS, AND PAR ENT EDUCATION SESSIONS. IN THE LAST PROGRAM YEAR, 100 UNDUPLICATED FATHERS PARTICIPATED IN VARIOUS PROGRAM ACTIVITIES, 57 FATHERS PARTICIPATED IN WEEKLY VIRTUAL SUPPORT GROUPS, AND CASE MANAGEMENT WAS PROVIDED TO 40 FATHERS. STAFF ASSISTED FATHERS WITH CUSTODY ISSUES, C HILD SUPPORT MODIFICATIONS, ESTABLISHING PARENTAL RIGHTS, AND RENTAL ASSISTANCE. THE TRANS ITION-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 MA NAGEMENT, FAMILIES ALSO RECEIVE A TEMPORARY RENTAL ASSISTANCE VOUCHER THROUGH EDEN, INC. P ROGRAM SERVICES ADHERE TO THE RAPID RE-HOUSING (RRH) MODEL. STAFF AND FAMILIES COLLABORATE TO ADDRESS THE BARRIERS THAT LED TO HOMELESSNESS, AND TOGETHER THEY CREATE A HOUSING STAB ILIZATION PLAN. THIS BENCHMARK SYSTEM REQUIRES STAFF AND FAMILIES TO MEET REGULARLY TO ASS ESS PROGRESS AND LINK FAMILIES TO ADDITIONAL SERVICES IN-HOUSE AND THROUGHOUT THE COMMUNIT Y. ON-SITE CLIENTS ARE REGULARLY REFERRED TO THE HUNGER CENTER AND FAMILY STABILIZATION SE RVICES AS WELL AS THE NEO SKILL CORPS, WHICH HELPS FAMILIES WITH FINANCIAL LITERACY, BUDGE TING, AND JOB READINESS. OFF-SITE CLIENTS ARE REFERRED TO MENTAL HEALTH</p>

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<p>ACCOMPLISHMENTS CONTINUED</p>	<p>SERVICES, OHIO MEANS JOBS, THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES AMONG OTHERS. WHEN CLIENTS COMPLETE THEIR FOUR MONTHS OF CASE MANAGEMENT, PROGRAM STAFF REFER THEM TO THE COLLABORATIVE IN THEIR COMMUNITY TO PROVIDE LONGER-TERM SUPPORT AND SERVICES. IN THE LAST PROGRAM YEAR, 63 HOUSEHOLDS WERE SERVED WHICH INCLUDED 215 INDIVIDUALS. OF THESE INDIVIDUALS, 33 HAVE BEEN DIAGNOSED WITH MENTAL HEALTH ISSUES, 15 ARE VICTIMS OF DOMESTIC VIOLENCE, AND 20 HAD A FAMILY MEMBER WHO SUFFER FROM SUBSTANCE ABUSE. THE BARRIERS THAT LED TO HOME LESSNESS CAN BE PLENTIFUL, BUT THE FAMILIES ARE DETERMINED TO BECOME ANCHORED IN THE COMMUNITY AND WORK TOWARDS HOUSING STABILIZATION. THE PROGRAM SERVES ELEVEN ZIP CODES THROUGHOUT CUYAHOGA COUNTY, INCLUDING: 44103, 44104, 44105, 44106, 44108, 44111, 44112, 44120, 44121, 44127, AND 44128. THE SMARTY'S (SMART, YOUNG AND SIGNIFICANT) 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. DURING THE SCHOOL YEAR, THE FOLLOWING WERE OFFERED TO YOUTH: 471 ACADEMIC SESSIONS AND 339 SEL SESSIONS. EIGHTEEN FAMILY ENGAGEMENT EVENTS WERE OFFERED TO 60 FAMILIES AND NINE STAFF COMPLETED 473 HOURS OF PROFESSIONAL DEVELOPMENT. IN TOTAL, 78 YOUTH WERE SERVED. THE PROGRAM WAS HELD BOTH ON-SITE (JANUARY - MARCH) AND VIRTUALLY (APRIL - DECEMBER). THE YOUTH PREVENTION PROGRAM OFFERS WEEKLY PREVENTION EDUCATION PROGRAMMING THROUGH A SERVICE DELIVERY METHOD OF BOTH IN-PERSON AND VIRTUALLY. THE PROGRAM OPERATED DURING THE AFTERSCHOOL HOURS, PROVIDING SESSIONS TO 78 YOUTH. THE PROGRAM IS DESIGNED TO SUPPORT SOCIAL EMOTIONAL COMPETENCIES BY ENGAGING YOUTH IN DRUG FREE ACTIVITIES AND PREVENTION EDUCATION. BY THE END OF THE SCHOOL YEAR, 81% OF REGULAR ATTENDEES MAINTAINED A TYPICAL RATING OR SHOWED GROWTH IN THEIR SOCIAL EMOTIONAL COMPETENCIES. UNIVERSITY SETTLEMENT HAS BEEN THE LEAD AGENCY FOR THE DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) FOR THE BROADWAY FAMILY TO FAMILY CONTRACT FOR 20 YEARS. IN 2020, THE NAME OF THE PROGRAM WAS CHANGED TO BROADWAY COMMUNITY BASED SERVICES. THIS PROGRAM SERVES FAMILIES WITH CHILDREN UNDER THE AGE OF 18 WHO ARE IN OR AT RISK OF ENTERING THE CHILD WELFARE SYSTEM. STAFF CONNECT FAMILIES TO COMMUNITY BASED RESOURCES, PROVIDE MONTHLY SUPPORT TO FOSTER, ADOPTIVE AND KINSHIP FAMILIES, AND IS A VISITATION SITE FOR FAMILIES WHO ARE TRYING TO REGAIN CUSTODY OF THEIR CHILD. WHEN CHILDREN ARE UNABLE TO REMAIN IN THEIR HOMES, PARENTS ARE GRANTED WEEKLY VISITATIONS WITH THEIR CHILDREN TO HELP MAINTAIN THE PARENT/CHILD BOND. DURING THE PAST YEAR, BROADWAY-CBS STAFF HOUSED 258 VISITATIONS. TEAM DECISION MEETINGS (TDMs) ARE HELD WHEN FAMILIES AND</p>

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ACCOMPLISHMENTS CONTINUED	<p>OTHER PROFESSIONALS MEET TO DISCUSS THE SAFETY AND WELFARE OF THE CHILDREN, AND DEVELOP A PLAN TO ADDRESS ANY NEEDS THE FAMILIES IDENTIFY. AGENCY STAFF SUPPORT AND ADVOCATE ON BEHALF OF THE FAMILIES AT THESE MEETINGS. STAFF ATTENDED 277 TDMS IN 2020. ALL PROGRAM SERVICES WERE OFFERED IN-PERSON. PROGRAM EVENTS THAT WERE DONE VIRTUALLY INCLUDED A SELF-CARE RETREAT, PAINT WITH US, AND SAVE OUR BABIES. IN APRIL 2020, UNIVERSITY SETTLEMENT ACQUIRED THE CONTRACT FOR THE SOUTHWEST COMMUNITY BASED SERVICES PROGRAM (SWCBS). THIS PROGRAM MIRROR S THE BROADWAY PROGRAM MENTIONED ABOVE. IT COVERS FOURTEEN COMMUNITIES IN SOUTHWEST CUYAHO GA COUNTY AND INCLUDES THE FOLLOWING ZIP CODES: 44070, 44017, 44138, 44142,44129, 44130, 4 4131, 44134, 44133, 44144, 44141, 44147, 44136, AND 44149. IN NINE MONTHS, THE PROGRAM REC EIVED 93 REFERRALS FOR SERVICE, HOSTED 218 FAMILY VISITS, AND ATTENDED 207 TEAM DECISION M EETINGS. THE MAGIC JOHNSON COMMUNITY EMPOWERMENT CENTER (MJCEC) PROVIDES ACCESS TO RESOURC ES 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 BOTH LEARN ABOUT THE VARIOUS USES OF TECHNOLOGY, AS WELL AS FIND WAYS TO USE TECHNOLOGY TO IMPROVE THEIR PERSONAL, ACADEMIC, AND PROFESSIONAL LIVES. THE MJCEC PROVIDED VIRTUAL PROGRAMMING FOR YOUTH IN UNIVERSITY SETTLEMENT'S SMARTY'S OUT-OF-SCHOOL-TIME PROG RAM. STUDENTS LEARNED ESSENTIAL READING AND MATH SKILLS, DIGITAL LITERACY, AND TOOK PART I N PROGRAMMING AIMED AT IMPROVING THEIR SOCIAL AND EMOTIONAL HEALTH. OLDER ADULTS AND COMMU NITY RESIDENTS ALSO RECEIVED VIRTUAL PROGRAMMING SERVICES.</p>